**APPLICATION**

**American Collegiate English
Grossmont College**

Check the ACE session for which you are applying:

|  |  |  |
| --- | --- | --- |
| [ ]  Summer Intensive - 8-week program starting in May or June [ ]  Fall Academic - 14-week program starting in August [ ]  Spring Academic - 14-week program starting in January  | Starting Date: |        |

Complete this form and send it with a check, money order, or credit card number for the nonrefundable application fee

of $125 to the following address. **In addition, send all other required documents so that we may issue your I-20.**

 American Collegiate English Program Or email application and documents to ace.grossmont@gcccd.edu

 Grossmont College

 8800 Grossmont College Drive For more info +1-619-644-7293 or Skype *ACE Grossmont College*

 El Cajon, CA 92020-1799, USA [www.grossmont.edu/ace](https://www.grossmont.edu/student-support/international-student-center/ace/index.php)

**Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |    |  |       |
| Family Name |  | First (Given) Name |  | Middle Name  |  | Nickname |
|       |  |       |  |    /   /     |  | [ ] Male [ ] Female |
| Country of Citizenship |  | Country of Birth |  | Birth Date (mm/dd/yyyy) |  |  |
| Your native language(s):  |  |

Address in Home Country (All applicants must provide the home country address)

|  |  |
| --- | --- |
| Street / Number: |       |
| City / State or Province: |       |
| Country / Postal Code: |       |
| Telephone (with all codes): |       |  |  |
| Email: |      |

Address in USA (Required for transfer students only)

|  |  |
| --- | --- |
| Street / Number: |       |
| City / State or Province: |       |
| Country / Postal Code: |       |

Friend or family member in USA (Optional)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Street Address: |       |
| City / State / Postal Code |       | Phone: |       |
| Email: |      |

**Educational Information**

|  |  |  |
| --- | --- | --- |
| 1. | Do you have a high school diploma?  | Yes:[ ]  No:[ ]  |
|  | If no, when will you receive your high school diploma? |   /  /      | (mm/dd/yyyy) |
|  |
| 2. | Can you communicate in English at an intermediate (middle) level?  | Yes:[ ]  No:[ ]  |
|  | If no, please visit our website [www.grossmont.edu/ace](https://www.grossmont.edu/student-support/international-student-center/ace/index.php), click on the link *Is ACE Right for You?* and take the self-assessment test.  |
|  |
| 3. | Have you ever taken the TOEFL? Yes:[ ]  No:[ ]  If yes, what was your score? |       |
|  |
| 4. | Do you plan to earn an American college or university degree? Yes: [ ]  No:[ ]  |
|  | If yes, to which college(s) or university(s) do you plan to apply:  |       |

|  |  |
| --- | --- |
| Are you now in the United States?  | Yes:[ ]  No:[ ]   |
| [ ] [ ] (**Applications for students applying from their own countries must be completed at least one month prior to the start of the session.)** |
|  |
| If you are in the U.S., what kind of visa do you have? F-1 [ ]  F-2[ ]  B-2 [ ]  J-1 [ ]  Other:  |       |
| If you are on an F-1 visa, what school issued your current I-20? |       |

**Financial Responsibility**

Read the following statement carefully and sign below to indicate that you understand and agree with all terms:

I understand that foreign nationals who come to the U.S. as language school students are expected to attend school a minimum of 18 hours per week, that no student should expect to hold a job, and that scholarships and financial aid are generally not available to visa students. I accept responsibility for my tuition, housing, and other living expenses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Medical Responsibility**

Check One:

[ ]  I have medical insurance for my stay in the U.S. [ ]  I will arrange for medical insurance and provide ACE with documentation

|  |  |
| --- | --- |
| Insurance Provider (Company Name): |       |
| Insurance Policy Number: |       |

In case of injury or illness, I grant permission for medical personnel to examine and treat me as necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**How did you learn about the ACE Program?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Friend or Relative (name) |       | [ ] Language school (name) |       |
| [ ] Agency (name) |       | [ ] Website (name) |       |
| [ ] Magazine / other print ad |       | [ ] Other (please specify) |       |

**Housing**: Would you like to receive information on homestay programs? Yes [ ]  No [ ]

**Confirmation of Acceptance:**

ACE must mail the original I-20 directly to the student. Please mail the acceptance letter and I-20 by (choose one):

[ ]  Air mail (First class mail within the U.S. Not trackable. Not recommended for overseas mailing.)

[ ]  Express courier service. I am including an additional $50 for this service. (Trackable, fast, secure. Recommended.)

|  |  |
| --- | --- |
| Name and address for I-20 mailing: |       |
| Phone:      |       |
| Email:       |      |

 I verify that all information provided on this form is accurate to the best of my knowledge.

\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student (or representative) Date