**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](mailto: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.

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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.

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Signature of Student (or representative) Date