

**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](http://www.grossmont.edu/ace)

**Personal Information**

<hr/> Family Name	<hr/> First (Given) Name	<hr/> Middle Name	<hr/> Nickname
		/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Country of Citizenship	<hr/> Country of Birth	<hr/> Birth Date (mm/dd/yyyy)	
<hr/> 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](http://www.grossmont.edu/ace), 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: \_\_\_\_\_

**Visa Information**

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?**

<input type="checkbox"/> Friend or Relative (name) _____	<input type="checkbox"/> Language school (name) _____
<input type="checkbox"/> Agency (name) _____	<input type="checkbox"/> Website (name) _____
<input type="checkbox"/> Magazine / other print ad _____	<input type="checkbox"/> 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