

SPRING INTERNATIONAL LANGUAGE CENTER

UNIVERSITY OF ARKANSAS

Please return this application with the following:
1. Non-refundable application fee: \$125. Please enclose check or international money order payable to "Spring International."
2. Statement of Financial Support: Please attach bank statement, affidavit of support, or other documents demonstrating financial support.
3. Copy of the first page of your passport.

Application for Admission

Attach
Photograph
Here

Please type or print very clearly.

Name: _____
Family Name First Name Middle Name

Home Address: _____
Number and Street

City _____ Postal Code _____ Country _____
Telephone: _____ Fax: _____ E-mail: _____

Country of Birth: _____ Country of Citizenship: _____

Sex: Male Female Date of Birth: ____/____/____ City of Birth: _____
Month Day Year

Are you married? Yes No If married, will your spouse come with you? Yes No

Please estimate your level of English: Beginner Low Intermediate High Intermediate Advanced

What TERM do you wish to begin studies: _____
(see calendar for dates) Fall I Term Fall II Term
 Spring I Term Spring II Term
 Summer Term

Do you have a friend or relative in the United States?

Name _____ Address _____ Telephone _____ Email _____

STUDENT SIGNATURE

I certify that I have read and do understand the information in this application, and that the information I have given is true and correct.

Signature _____ Date _____

FINANCIAL INFORMATION

Applications must have evidence of financial support for the period of their study in the United States. **Please provide statement of financial support from your bank, your family's bank, or your sponsor showing that you have sufficient funds to cover your expenses while in the United States.** Approximately **\$5500** must be available to cover tuition, food, housing, books, and miscellaneous expenses **for each nine-week term.**

How long do you plan to study at Spring International?: _____

Source for financial support: Personal Funds Family Funds Sponsor Other:

SPONSOR/GUARDIAN: I certify that the funds described above will be available to the applicant during his/her study at Spring International.

Name _____ Relationship to applicant _____ Telephone _____

Number and Street _____ City _____ Country _____

Signature of Sponsor/Guardian _____ Date _____

*Students must be 18 years of age and/or have the equivalent of a high school education.

Refund Policy can be found at: www.uark.edu/silc

Application for Housing

Please select your 1st, 2nd, and 3rd housing choice: _____ Homestay (Limited Availability) _____ I will find my own housing
_____ International Living Residence Hall: Holcombe Hall (Limited Availability) _____ SILC Apartment (Must be over 21)

Do you smoke? _____ Yes _____ No **If yes, would you be willing to smoke outside?** _____ Yes _____ No
(Please note that, in some circumstances, we may NOT be able to accommodate you if you smoke and are unwilling to smoke outside.)

Date you plan to arrive: _____ How long do you plan to study? _____

PERSONAL INFORMATION

Do you have any health problems? (allergies, handicaps, or any physical condition that requires special attention):

Please list any foods that you do not like or cannot eat: _____

Are you a student? __Yes __No **If yes, what is your major?** _____

If you are not a student, what is your profession? _____

What do you like to do in your free time? _____

Please check any of these activities that you enjoy: _____ Reading _____ Movies _____ Shopping _____ Sports
_____ Dancing _____ Camping _____ Music _____ Art Other: _____

Do you play any musical instruments? _____ **What kind of music do you like?** _____

Do you like sports? __Yes __No **Which sports do you like to play?** _____

Do you like to travel? __Yes __No **Please list any countries that you have visited:** _____

Do you speak any languages other than your native language and English? _____

Homestay students only: *(Most American families have children and pets. If you answer NO to any of the following questions, it may take us longer to find you a homestay.)*

Do you want to live with a family that has children? __Yes __No _____ Not important

If yes, what age children do you prefer? _____

Do you want to live with a family that has pets? __Yes __No __Not important

Check the animals that you DO NOT like: __Cats __Small dogs __Large dogs __Birds Other: _____

PERSONAL CHARACTERISTICS:

_____ Independent _____ Cautious _____ Quiet _____ Talkative _____ Serious _____ Tidy _____ Athletic
_____ Energetic _____ Humorous _____ Studious _____ Sociable/Outgoing Other: _____

Do you go to bed early at night? __Yes __No **Do you sleep late in the morning?** __Yes __No

Do you have any special requests or concerns about living in a residence hall or with a host family?

Describe yourself. Include information about your family, likes/dislikes, hobbies, interests, etc.: