

Student Agreement

I have carefully read this form and completed it personally. I certify that all the information on this application is true and correct to the best of my knowledge. Giving false information may make me ineligible for admission to this program.

_____ I understand that refunds will only be given two weeks before the starting date of the program. No Exceptions! Refunds require 4-6 weeks to process. Only applicants who cannot be placed in existing levels will be given a full refund.

_____ I cannot be transferred to another session, unless I get prior approval from the Director and there will be a \$50.00 charge.

_____ I understand that a \$50.00 processing fee and any late fees are non-refundable.

_____ I understand that the I-20 form must be stamped and I-94 attached to the passport at the point of entry the first day you enter the United States.

_____ I was given information on the fee associated with the I-901(SEVIS) form, which is required before making an appointment with the American Consulate.

_____ I was issued a date for the placement test. _____

_____ I understand there will be no level changes.

_____ I have enrolled in the correct session.

In accordance with the provisions of Section 504 of Rehabilitation Act of 1973, the University requests information on disabilities solely for the purpose of offering appropriate accommodations to disabled students. Your response on this form is voluntary and will be kept confidential. Failure to provide the information will not subject you to any adverse treatment.

(Optional) Do you have a physical, sensory or mental disability, or medical condition that substantially limits one or more of life activities (e.g. walking, seeing, hearing, breathing, learning)? No Yes

If yes, please describe type _____.

Student's Signature

Date

(If submitted electronically, this form must be signed at the LI Office)

Revised: 09/17/2015

LI Office Use Only *(Do not complete this section)*

LI ID# 000 - _____ - _____ Student Signature Acceptance Letter Date: _____ | N/A

Payment Date: _____ | N/A Payment Notice Date: _____ | N/A

Notes: _____
