



Students who have successfully completed at least one year of English as part of their school studies or one course at a language institute or have other English experience typically satisfy the basic knowledge requirement. Students without basic English skills will not be admitted into regular classes. To apply, students must:

- have a basic vocabulary
- understand very simple oral language
- be able to write simple sentences in English

### **Application Instructions**

After submitting this application, you will be contacted and asked to supply the following documents and payments:

- an official copy and English translation of your high school or university grades
- an official financial support statement from your bank, sponsor, or guardian certifying that you have at least US \$4,000 available for your first term at INTERLINK
- a photocopy of your passport (identity page) and of dependents' passports (if applicable)
- \$100.00 non-refundable application fee
- a \$65 express mail fee (optional)

#### **Payment Options:**

- **Bank Wire** - Contact the center for wiring instructions. See <http://spu.interlink.edu/contact/>.
- **Check** - Make the check payable to *INTERLINK Language Centers* and mail to the center.
- **Credit Card** - Find the Credit Card Authorization form under *Payment Options* on the center *Applicants* page at <http://spu.interlink.edu/applicants/>. Download, print, and mail it to the center address below.

#### **Fax, mail or e-mail application materials directly to the center:**

INTERLINK Language Center  
**Seattle Pacific University**  
4 Nickerson Street, Suite 200  
Seattle, WA 98109  
USA  
Phone: +1 (206) 378-5308  
Fax: +1 (206) 801-3778  
Email: [spu@interlink.edu](mailto:spu@interlink.edu)

### I. Required Information

Please fill out all the information in this section. If you omit any required information, your application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*Your Date of Birth must be the same as on your passport.*

Gender:  Male  Female

Marital Status:  Married  Unmarried

If married, will your family accompany you?  Yes  No

*If yes, complete Part III below.*

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address (residence)

Do not leave any section blank. If there is no State or Province or no Postal Code, write "none."

P.O. Box or Street Number: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mailing Address

*If your mailing address is the same as your residence, write "same" below. If your mailing address is different, write your complete mailing address below.*

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Expected start of INTERLINK studies: Month \_\_\_\_\_ Year \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**II. Academic Information**

How many weeks do you expect to study at INTERLINK? \_\_\_\_\_

What do you plan to do after you study at INTERLINK?

- Study for BA/BS     Study for MA/MS     Study for PhD
- Return home     Travel in the US     Other \_\_\_\_\_

Where did you first hear about INTERLINK?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friend                                  | <input type="checkbox"/> INTERLINK Website       | <input type="checkbox"/> Social Media: |
| <input type="checkbox"/> Relative                                | <input type="checkbox"/> Study Abroad Agency     | __ Facebook                            |
| <input type="checkbox"/> INTERLINK Student                       | <input type="checkbox"/> Internet Search         | __ Twitter                             |
| <input type="checkbox"/> USIS Advertising                        | <input type="checkbox"/> Fulbright Office        | __ LinkedIn                            |
| <input type="checkbox"/> INTERLINK Center                        | <input type="checkbox"/> INTERLINK Advertisement | __ Other                               |
| <input type="checkbox"/> INTERLINK Representative                | <input type="checkbox"/> New Mind                | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> Transferred from other Language Program |  | _____                                  |

Highest education level completed:    Secondary     University

Your field of study (major): \_\_\_\_\_

Standardized English test (Optional)

Name of test:    TOEFL    TOEIC    Michigan    Other \_\_\_\_\_    None

Score: \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Rank your English ability

Speaking:  Very Good  Good  Fair  Poor  No Ability

Listening:  Very Good  Good  Fair  Poor  No Ability

Reading:  Very Good  Good  Fair  Poor  No Ability

Writing:  Very Good  Good  Fair  Poor  No Ability

Have you studied in the US before?  Yes  No

If yes, name of program: \_\_\_\_\_

Address of program: \_\_\_\_\_

Rank housing options in order of your preference:

1st Choice:  No Housing Assistance Needed  University Residence Hall  
 Host Family  Apartment

2nd Choice:  No Housing Assistance Needed  University Residence Hall  
 Host Family  Apartment

3rd Choice:  No Housing Assistance Needed  University Residence Hall  
 Host Family  Apartment

Do you have any physical disability or health problems that require special assistance?

Yes  No

If yes, explain: \_\_\_\_\_

Who will finance your education in the US?  Self  Family  Government  Other

If other, please specify: \_\_\_\_\_

Do you wish to receive your admission materials via express mail?  Yes  No

*The charge for this service is \$65*

### III. Family Members

If family members will accompany you to the U.S., you must provide information for each one. Information must be exactly as it appears on passport.

#### Spouse

Full Name \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 1

Full Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 2

Full Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 3

Full Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

#### Child 4

Full Name: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Gender:  Male  Female

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

## **Agreement Terms**

I understand that upon admission to INTERLINK I must abide by the rules of the Center and the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while at INTERLINK. Further, I authorize release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel during my attendance at INTERLINK.

**I AGREE**

\_\_\_\_\_  
Applicant or Sponsor Signature

\_\_\_\_\_  
Date