

SHEPHERD SCHOOL OF LANGUAGE IN LAS VEGAS

1280 S. Jones Blvd. #120, Las Vegas, NV 89146, USA

Telephone: (702) 735-6622 / Fax: (702) 735-5422

info@SSLLV.com

www.SSLLV.com

APPLICATION FOR ADMISSION

Section A: To be completed by all applicants. (*Required)

Last Name*	First*	Middle	<i>Student ID (Office Use only)</i> Fee Paid: () Weeks
Street or Postal Address*			Home Phone* ()
City, State, Zip*		Country (if other than U.S.A.)	Date of Birth*
E-mail Address*			Intended Starting Date*
I want to enroll in: <input type="checkbox"/> Intensive ESL Program <input type="checkbox"/> Intensive ESL Program (TOEFL Prep.) <input type="checkbox"/> Semi-Intensive ESL Program			

Section B: To be completed only by applicants for the Intensive ESL Program.

Country of Birth*	Country of Citizenship*	The first language*	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	If you're married, your spouse's name	
Name of last high school or university attended:			
City	Country	Years Attended	Degree
<i>If you have studied English in the United States before, please indicate below.</i>			
Name of School	City and State	Dates Attended	Level of English
Total Number of weeks you plan to attend:*			
Do you plan to study at the college or university:*			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you need help in selecting a college or university?			<input type="checkbox"/> Yes <input type="checkbox"/> No

***All Applicants should complete Section C on the back.**

Section B: Continued on next page.

Emergency Contact Name (In U.S.):*			
Last Name*	First Name*	Phone Number*	
Street or Postal Address*	City*	State*	Zip code*
Do you intend to apply for a student visa?*			
<input type="checkbox"/> Yes (Please follow the instructions below)		<input type="checkbox"/> No	
<u>Requirements for issuance of Form I-20 AB</u>			
The following list outlines items we must receive in order to issue an I-20 form:			
<ol style="list-style-type: none"> 1. Completed application and application fee (non-refundable). Please don't forget to include your intended start date on the first page of this application form (Month, Date, and Year). 2. An original letter or statement (<i>not a copy or fax</i>) from your bank <u>or</u> that of your sponsor showing: <ol style="list-style-type: none"> a. Name of account holder b. <u>Amount in U.S. currency</u> (very important) available for your studies and living expenses 3. Address of a friend or relative in Las Vegas area with whom you will stay. If you need help with a homestay, contact SSL. 4. Three to Twelve months Tuition deposit. If you are not granted an F-1 visa, this will be refunded upon return of Form I-20 AB to SSL. 5. If your sponsor lives in the United States, a letter of affidavit of support required. 			
SSL cannot issue an I-20 until all valid documentation is received.			

Section C: To be completed by all applicants.

How did you hear about us?	
<input type="checkbox"/> Referral by a student or former student	<input type="checkbox"/> Received information by mail
<input type="checkbox"/> Other personal referral <input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Internet/WWW <input type="checkbox"/> Other: _____
<u>Applicant's Certification</u>	
I certify that the information I have provided on this application form is correct to the best of my knowledge.	
Date:*	Signature:*
To apply by mail, please send:	
<ol style="list-style-type: none"> 1. A completed and signed application form, 2. The \$125.00 application/registration fee. Please DO NOT send cash. Payment methods: Check (from a U.S Bank), Visa and Mastercard) If paying by check, please make it payable to Shepherd School of Language in Las Vegas. 3. If you intend to apply for a student visa, documentation described above. 	
To: Shepherd School of Language in Las Vegas (SSL) 1280 S. Jones Blvd. #120 Las Vegas, NV 89146 U.S.A.	

[SSLLV]