

APPLICATION FORM

Agent Name (If applicable): _____

SECTION 1 PERSONAL INFORMATION

| | | | | | |
|----------------------------|-----------|----------------------------|------------------|--------------|--------------|
| Family Name: | | Given Name: | | Male | Female |
| Address: | | | | | |
| City: | Zip Code: | Country: | | | |
| Tel: | E-mail: | Date of Birth (D/M/Y): / / | | | |
| Nationality: | | | Native Language: | | |
| Name of Emergency Contact: | | Relationship: | | Tel: | |
| Current English Level: | Beginner | Intermediate | Advanced | TOEFL Score: | TOEIC Score: |

SECTION 2 VISA

Type of Visa: F1 Student Visa B1/B2 Tourist Visa Visa Waiver Other

NOTE: If you plan to apply for an F1 Student Visa, please include a copy of your bank / financial statement and passport with this application.

SECTION 3 COMPULSORY STUDENT HEALTH INSURANCE

ALL GEOS STUDENTS MUST HAVE HEALTH INSURANCE BEFORE THEY START AND FOR THE FULL DURATION OF THEIR STUDY PROGRAM

Name of Insurance Provider: _____ Insurance Policy Number: _____

SECTION 4 COURSE & START DATE

| | |
|--|--|
| Course: <input type="checkbox"/> Intensive English <input type="checkbox"/> iBT TOEFL (conditional on placement exam or prior TOEFL score) | Notes: |
| Starting Date: / / (Day) (Month) (Year) | Ending Date: / / (Day) (Month) (Year) |
| I would like to study for _____ weeks. | |

SECTION 5 ACCOMMODATION & AIRPORT TRANSFER

I would like to stay with a GEOS Host Family. I understand that I may only stay with this family as long as I study at GEOS.
 (Please complete the Homestay Application Form)

I would like GEOS to arrange my airport transfer. Flight: _____ Arrival Time: _____ Date (D/M/Y): / /

SECTION 6 TUITION & FEES

| | | |
|---|---|-------------------|
| Application Fee (non-refundable): _____ | PAYMENT TYPE | |
| Tuition: _____ | Wire Transfer | Traveller's Check |
| Materials Fee: _____ | Check | Cash |
| Homestay Processing Fee: _____ | Credit Card: VISA | MasterCard |
| Homestay Fee: _____ | _ _ _ - _ _ _ - _ _ _ - _ _ _ | |
| Airport Transfer Fee: _____ | Expiration Date: ____ (Month) ____ (Year) | |
| Medical Insurance Fee: _____ | TOTAL : | |

SECTION 7 GEOS REFUND POLICY

Cancellation (Prior to or before starting class on the first day): If an applicant accepted by GEOS cancels for any reason prior to or before starting class on the first day, he/she will receive a full refund of all monies, less the Application Fee and Homestay Placement Fee (if applicable).

Withdrawal (After start of class): The term of enrollment varies for each student based on the number of weeks specified on his or her enrollment documents. Refund calculations for students who withdraw after the beginning of their classes is based on the term of enrollment.

- 1) If written notice of withdrawal is received by GEOS, or a student is dismissed within the first 4 weeks of the program of study's duration, GEOS will retain 4 weeks of tuition and will refund the dollar amount equal to the remaining number of weeks of the period of study.
- 2) If written notice of withdrawal is received by GEOS after 4 weeks of the term of study and before the midpoint of the term, GEOS will prorate the tuition in terms of weeks and will refund the dollar amount equal to the remaining number of weeks of the period of study.
- 3) If a student withdraws after the midpoint of the term of study, no refund will be given.
- 4) If an already enrolled student who signs up for additional terms of study withdraws before the midpoint of their new term, he/she will receive a prorated refund by week up to the midpoint of the term. There will be no refund after the midpoint.

Transfer: Students in status are eligible to academically transfer to another institution only after completing the twelve weeks of study or term of their enrollment, whichever is less.

SECTION 8 STUDENT DECLARATION

I hereby submit my application for a language course at the GEOS school indicated at the top of this page. My signature indicates that I have completed this information accurately and that I have read and understood the above mentioned refund and compulsory student health insurance policies.

Student Signature: _____ Date: _____