

OUT OF COUNTY APPLICATION

CAMPUS

NEWARK CAMPUS

LOS ANGELES CAMPUS 3550 Wilshire Blvd. Suite 1050 LONG BRANCH CAMPUS ORLANDO CAMPUS

5950 Lakehurst Dr.

PLEAS	E, CHECK THE CAMPUS YOU WANT TO STUDY AT.	har	rvest@harves			Los Angeles, a@harvesti	nstitute.com	lb@harvestir				
PERS	ONAL INFORMATION											
FIRST	NAME:		MIDDLE NAME:					LAST NAME:				
FIRST	LANGUAGE:		CITY OF BIRTH:					COUNTRY OF BIRTH:				
COUN	TRY OF CITIZENSHIP:		DATE OF BIRTH: MONTH / DAY / YEAR					GENDER: MALE FEMALE				
PASSPORT NUMBER:				EXPIRATION DATE: MONTH / DAY / YEAR								
ADDRESS:												
CITY:		STATE:				ZIP CODE:		COUNTRY:				
E-MA	L:					•		TELEPHONE:				
EMER	GENCY CONTACT:		RELATIONSH			HIP TO STUDENT:		TELEPHONE:				
ACA	DEMIC INFORMATION											
WHAT	DO YOU ESTIMATE YOUR LE	EVEL OF E	NGLISH TO	BE?								
	Beginner		Intermediate					Advanced				
WHAT	ARE YOUR AREAS OF INTER	EST?						I				
	Grammar Pronunciati			on W			Vriting		TOEFL Preparation			
HOW	MANY HOURS DO YOU WAN	IT TO STUI	DY PER WEE	EK?		•		•	•			
	18	0	Other: (Addi	tional priva	ate class	ses can be	added to the program	n)				
START DATE: MONTH DAY YEAR				Wooks			Before choosing a <u>START DATE</u> , consult the Academic Calendar to make sure the date matches the start date of the term . This calendar can be found in our websit www.harvest.net/Becoming a Student/Academic & Holiday Calendars					
EXPLAIN THE REASON(S) WHY YOU WOULD LIKE TO LEARN ENGLISH:												
AIRP	ORT PICKUP											
	Yes, please arrange airport pickup.											
	No, I will make my own arrangements.											
15 da		e provide	d with a qu	ote and if a	ccepted	d in writinį	g, the HEI will hire a c	ar to pick yo	staying upon arrival. <u>Information must be sent</u> up. After that, payment is due 7 days prior to ed to provide transfers.			
** TO BE COMPLETED BY STUDENT'S SPONSOR**												
FIRST NAME:				MIDDLE NAME:				LAST	LAST NAME:			
ADDRESS:									CITY:			
STATE:				ZIP CODE:					TELEPHONE:			

RELATIONSHIP TO STUDENT: SPONSOR'S SIGNATURE: DATE: MM / DD / YYYY By signing above, I accept the responsibility to pay for all travel, living, and school expenses of the applicant named in Personal Information for the period requested in Academic Information.



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HOUSING

The Harvest English Institute does not offer housing nor is partnered with any housing agencies. Housing is expected to be secured individually by student, sponsor, and/or agent. However, the Harvest English Institute may, upon request, suggest housing agencies as a referral. Information is provided only as an aid in the student's search for housing. Students are strongly encouraged to use due diligence and to obtain references and other information regarding listings and facilities. The HEI does not warrant services nor endorses housing providers.

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PAYMENT INFORMATION	ON								1			
PAYMENT:												
\$100.00 (Mandatory Registration Fee) \$225.00 (I-901) [1] First 4 weeks of program [2]												
CHECK YOUR POSTAL PREFERENCE:												
USPS Express Mail [5100.00] Will arrange pick-up in person – FREE [3]												
FORM OF PAYMENT: PaytoStudy						Г	Please invoice me and I will pay online					
[1] I-901 can be paid by the student by going to www.fmjfee.com/i901fee [2] As per invoice. Outstanding balance must be paid in full before class starts.												
[3] Written authorization required if documents will be picked up by anyone else other than the applicant named in Personal Information.												
Payment Options: 1. PaytoStudy allows you make international payments for free. Please visit: https://harvest.paytostudy.com												
2. Using your Credit		Visa		Master			Amex Discover					
I, AUTHORIZE the Harvest English Institute to charge my credit card in the amount indicated in the PAYMENT INFORMATION of this application in US dollars												
NAME ON CARD:	NAME ON CARD:						EXPIRATION DATE:		CIV:			
CARD'S HOLDER SIGNATURE:	DATI	TE OF APPICATION: MONTH / DAY / YEAR										
DECLARATION												
I, the applicant, have or my sponsor has sufficient funds to pay all tuition, living expenses, transportation, materials for the course and other personal expenses that are related to the period I intend to study at the Harvest English Institute. I authorize the Harvest English Institute to take appropriate medical action in case of illness or injury at the school or school sponsored events, and I understand that I am responsible for all medical expenses. I certify that the information provided in this application form is accurate and complete to the best of my knowledge and understanding. I have read and I understood the terms described herein.												
Month Day Year	Student'	s Signature			/	 Signatu	ure of parent or guardian (if younger than	18)			
INTERPRETER (IF ANY)												
INTERFRETER (II ANT)												
I certify that I have translated this form to the applicant and/or their sponsor(s) to the best of my knowledge and understanding, and that I am competent to translate the English language from and to the language.												
Month Day Year Interpreter's Signature												
For Agency use only:												
AGENT'S NAME:				AGENCY NAME:								
AGENCY ADDRESS:						CITY:						
STATE: ZIP CODE:				COUNTRY:		1	TELEPHONE:					
EMAIL:					FAX:							