



Center for English as a Second Language
Semi-Intensive English Program
Application for Admission

First Name: _____ Last Name: _____

Address in Lexington:

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Birth Date: _____ Nationality: _____ Native Language: _____

Visa Status (Green Card/Citizen, F-2, Visitor, other): _____

Which session(s) would you like to attend? Please check all that apply.

- Summer A, 2015 (4 Weeks) Fall I, 2015 (6 Weeks) Spring I, 2016 (6 Weeks)
Summer B, 2015 (4 Weeks) Fall II, 2015 (6 Weeks) Spring II, 2016 (6 Weeks)

The Cost for each 6-week session is \$175.00. The cost for each 4-week session is \$120.
(Tuition subject to increase in Fall 2015.)

How do you wish to pay for the session?

- Check Money Order Bill My Department Name of Department: _____

Signature: _____ Date: _____

You will be tested to determine your level of proficiency before your classes begin. Check with the Center for English as a Second Language when you register for classes about time and place for testing. Please return this application to the Center for English as a Second Language along with a check or money order payable to "Center for ESL-UK".

Refund Policy:

6-week classes: 100% before 2nd class; 50% before 3rd class; 0% after 3rd class
4-week classes: 100% before 2nd class; 0% after 2nd class