



LANGUAGE SYSTEMS

INTERNATIONAL
COLLEGE OF ENGLISH

Accredited by: 

PRE-ENROLLMENT APPLICATION

2024 School Year

DOWNTOWN LA

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Angeles, CA 90010
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la@languagesystems.edu

SOUTH BAY LA

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Torrance, CA 90503
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ORANGE COUNTY

750 S. Placentia Ave. Placentia, CA
92870
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oc@languagesystems.edu

www.languagesystems.edu

PRE-ENROLLMENT APPLICATION

If you have any questions regarding this form, please email or call the center you are applying to.

Your preferred campus: <input type="checkbox"/> Orange County <input type="checkbox"/> South Bay LA <input type="checkbox"/> Downtown LA	Type of student: <input type="checkbox"/> F-1 Overseas <input type="checkbox"/> F-1 Transfer <input type="checkbox"/> F-1 Change of Status <input type="checkbox"/> Non-F-1 Student	Please select or write in the date in 2024 you wish to start <input type="checkbox"/> January 2 nd <input type="checkbox"/> January 29 th <input type="checkbox"/> February 26 th <input type="checkbox"/> April 1 st <input type="checkbox"/> April 29 th <input type="checkbox"/> May 27 th <input type="checkbox"/> June 24 th <input type="checkbox"/> July 22 th <input type="checkbox"/> August 19 th <input type="checkbox"/> September 23 rd <input type="checkbox"/> October 21 st <input type="checkbox"/> November 18 th <input type="checkbox"/> Other* _____/_____/_____ <small>*Any study before an official start date will be treated as an adjustment period; please see our website for details.</small>
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Student Information:	Last Name (Surname):		Gender: <input type="checkbox"/> Female	
	First Name (Given Name):		<input type="checkbox"/> Male	
			<input type="checkbox"/> Other	
	Country of Birth:		Date of Birth (month/day/year):	
	Country of Citizenship:		City/Province of Birth:	
	Home Country Phone:		Email Address:	
	Home Country Street Address:			
	City:		State/Province:	
	Postal Code:		Country:	
	US Street Address (if applicable):			
	City:		State:	Zip Code:
	Phone:		Second Phone:	
How did you hear about us? Please indicate name and source (i.e. Agent, Google, Facebook, etc.):				

<p style="text-align: center;">Programs</p> <input type="checkbox"/> ESL Levels 1-7 Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> Conversation Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> Business English Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> English Through American Culture Program <small>Monday-Thursday/Friday; 18 hours per week</small>	<p style="text-align: center;">Program Combinations</p> <input type="checkbox"/> Intensive <small>(2 Programs = 36 hours per week)</small> <input type="checkbox"/> Semi-Intensive <small>(1 Program + CMAR = 22 hours per week)</small> <input type="checkbox"/> No Combination <input type="checkbox"/> Vacation English Program <small>Monday - Wednesday; 56 hours per 4 weeks</small>
<input type="checkbox"/> TOEFL® iBT Test Preparation Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> TOEIC® Preparation Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> GMAT/GRE® Preparation Program <small>Monday-Thursday/Friday; 18 hours per week</small> <input type="checkbox"/> University Preparation Program <small>Monday-Thursday/Friday; 18 hours per week</small>	

TOEIC, TOEFL, TOEFL iBT and GRE are registered trademarks of Educational Testing Service (ETS) in the United States and other countries.

Class Schedule: Morning Afternoon Other _____ **Course Length:** _____ Weeks***

Do you need an I-20? Yes No

If "Yes," please indicate how you would like us to deliver your I-20:

Express Mail (check Shipping & Handling fee below) Pick up (by friend or relative in the U.S.) Other

Required Fees: Processing Fee (\$150 Nonrefundable) Tuition Deposit (\$100* Refundable)

Optional Fees: SEVIS Fee (\$350 paid to SEVP**) Shipping & Handling (\$100 Non-Refundable—includes two mailings)

Total Fees: _____

* If your visa is denied, please submit a written refund request for a refund of your tuition deposit.

** You may either pay this fee directly to SEVIS or Language Systems, who will pay it for you.

Do you plan to bring any dependents? Yes No

If yes, please request a Dependent Form from a Language Systems representative.

I have read and understood that this is a pre-enrollment application, that I must request a refund if I cancel (and that certain fees are non-fundable, as noted), and that my enrollment will not be completed until I obtain a visa (if required) and execute an enrollment agreement in person at a Language Systems campus. If your enrollment was facilitated by an authorized Language Systems overseas agent, the recipient of any applicable refund may be governed by the contractual agreement between Language Systems and the agent.

Signature: _____ **Date** (month, day, year): _____ / _____ / 20_____