



APPLICATION FORM

PERSONAL INFORMATION (PLEASE PRINT CLEARLY – PRINT NAME AS IT APPEARS ON PASSPORT)

Name _____
Last Name _____ First Name _____ M.I. _____

Date of Birth _____ (mm/dd/yyyy) City of Birth: _____

Gender: Male Female Country of Citizenship: _____

US Address _____ Foreign Address (Outside US) _____

City _____ State _____ Postal Code _____ City _____ State _____ Postal Code _____

Tel ☎ _____ / _____ / _____ Email _____ Country _____ Tel ☎ _____ / _____ / _____

In case of an emergency: Contact Person _____ Tel ☎ _____ / _____ / _____

Will you apply for student visa? YES NO

Do you have Health Insurance? YES NO If No, be advised that health insurance in the US is important. Please visit our website to get more options on how to obtain one

EDUCATIONAL BACKGROUND

| Name of School / Address | Year Completed/ Graduated | Awards/Honors Received |
|--------------------------|---------------------------|------------------------|
| Post graduate: _____ | _____ | _____ |
| College: _____ | _____ | _____ |
| Post secondary: _____ | _____ | _____ |
| Secondary: _____ | _____ | _____ |

AFFIRMATION (APPLICANT MUST COMPLETE THIS SECTION)

I, the undersigned, hereby apply for admission to Links Institute. If accepted, I agree to abide by all the rules and regulations of the Institute, including those set forth in other bulletins. I understand that I am subject to rejection or expulsion should any statement be omitted or falsified.

I have also received and understood the terms and conditions of enrollment documentation, including the cancellation and refund policy.

I certify that all information given by me in this enrollment form is accurate and correct.

Student Signature _____ Date _____

If the applicant is under 18 years of age, a parent or guardian, who, in doing so, agrees to all Campus conditions must sign this form and guarantee the necessary funds for the applicant.

Signature of Parent or Guardian _____ Date _____

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