** *I-20 Application Form***

 **\*Required Field, please type or print legibly**

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| **PART 1. Applicant Information** |

**Reason for I-20/F-1 Visa\*:** [ ]  Initial Attendance [ ]  Change of Status [ ]  Transfer in [ ]  F-2

**Campus\*:** [ ]  Tampa [ ]  Sarasota

**Applicant Name: Last name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_**

**Sex\*:** [ ]  **Male** [ ]  **Female**

**Date of Birth\*:mm/dd/yyyy**

**Country of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City of Birth\*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country of Citizenship\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I-94 number (**if currently in the U.S.A**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foreign Address\***(in your country)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **State/Province/Territory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Country:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foreign Telephone Number\*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**U.S. Address\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**U.S. Telephone Number\*:(\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency contact telephone \*: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us?** [ ]  **A Friend** [ ]  **Google Search** [ ]  **Facebook** [ ]  **YouTube** [ ]  **Other: **

***\*\*Please be aware that we may offer morning and afternoon classes (if available). Students that complete their process and pay tuition in advance are the ones that have schedule priority.***

**TAMPA LANGUAGE CENTER**

**9309 N. Florida Ave. Suite 109 Tampa FL, 33612**

**PH +1-813-988-7900**

**info@tampalanguagecenter.com**

[**www.tampalanguagecenter.com**](http://www.tampalanguagecenter.com)

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| **PART 2: F-1/ Program Information/ F-2 Full time Program** |

**Start quarter 2025**

 **☐ Quarter I (Jan 6 – April 3) ☐ Quarter II (Apr 7 – Jun 26) ☐ Quarter III (Jul 7 - Sep 25) ☐ Quarter IV (Sep 29 - Dec 18)**

**Start quarter 2026**

 **☐ Quarter I (Jan 5 – Apr 2) ☐ Quarter II (Apr 6 – Jun 25) ☐ Quarter III (Jul 6 - Sep 24) ☐ Quarter IV (Sep 28 - Dec 17)**

**Course duration Preferred Schedule**

 **☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ Mornings ☐ Nights(nights may be available in Q1 of 2025)**

**Please be aware that the time you register for is the time you are expected to be a student at our school. You cannot leave in the middle of a quarter or transfer before you finish your program. You must have approval from a DSO for any deviations made in your program length. You will be responsible to pay for the period that you applied for.**

**Students have the option to pay every quarter in advance $3,160.00 per quarter or in monthly installments of $1095.00/month. There is also a $35.00 placement test (non-refundable), $100.00 application fee (non-refundable)($265 for change of status), $100.00 vacation fee (non-refundable) $50.00 extension fee (Non-refundable) and a $150.00 yearly registration fee (non-refundable) at the beginning of their first enrolled quarter.**

*\*\*Total funding must cover all tuition, registration, placement test, materials, and living expenses (dependents living expenses). Formal proof of availability of funds (e.g., original current bank statement, original current bonds statement or original current stocks statement or any liquid asset account) is an immigration requirement of the I-20 application process. Student will need to update financial documents every 6 months. We reserve the right to deny any service or documents to students with a financial obligation or legal process.*

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| **PART 3: Mandatory Government Fees (Paid directly to U.S. Department of Homeland Security)** |

1. ***For a first-time applicant (Initial Attendance and Change of Status): $350.00 I-901 (SEVIS Activation Fee)***
2. ***DS-160 Fee for Visa Appointment( for Initial Attendance) $185.00***
3. ***Change of status fee for I-539 (Change of status only) $470.00 ($420.00 for single applicants)***

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| **PART 4: Disclosure Acknowledgment** |

I am applying for an I-20 (Certificate of Eligibility for Nonimmigrant {F-1} Student Status) and the reason for my application for a student visa, change of status to F1, or transfer on my SEVIS record is to improve my English language skills at Tampa Language Center. I fully understand the terms and conditions as described to me in the Terms and Conditions of Admission provided by Tampa Language Center, including the course study requirements, refund policies, and U.S. immigration reporting requirements. I am aware that once my visa, change of status, or transfer is approved, information concerning my enrollment will be reported regularly to the U.S.C.I.S., as required by law.

**Once your SEVIS record is transferred to our institute, you are legally a student of Tampa Language Center and are therefore responsible to pay all tuition and fees incurred from the beginning of the first quarter until the end of the last quarter for which you applied.** You must inform us in writing of your decision not to attend our school at least **3 days before** the quarter start date for a full tuition refund. Otherwise, the following policy applies:

**Refund Policy**

Withdrawal after the full refund period is based on the following refund policy for one quarter of our Intensive English Program ($2,995.00). Refunds will be made directly to the person/entity who made payment.

**If Withdrawal or Cancellation occurs:** **The School Will Refund:**

Within 2 Days of Start Date or During 1st Week 80% of TOTAL tuition

During 2nd Week 60% of TOTAL tuition

 After 2nd week 0% of TOTAL tuition

\*You will follow another refund policy if you make monthly payments. Late payments will incur a $30 per week charge. See monthly calendars in classrooms for payment due dates.

 [x] By checking this box, I acknowledge that I understand and will follow by the refund policy and this disclosure in its entirety. As a student at Tampa Language Center, I will follow all the above regulations and policies.

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Student or Guardian’s name (Printed) Student or Guardian’s Signature Date

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| **PART 5: Student needs survey** |

Why do you want to study English? [ ] Academic Reasons [ ] General English Skills [ ] Other:

I am also interested in: [ ] TOEFL [ ] IELTS [ ] GRE [ ] GMAT [ ] None of these [ ] Other:

What area/s are you most interested in improving? Number them from 1 (most important) to 6 (least important):

 Grammar Writing Listening Speaking Reading Vocabulary

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| **PART 6: Dependents (You do not need to fill this section out if you are single or don’t have children)** |

**Name\*: Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Initial:\_\_\_\_\_\_\_\_**

**Date of Birth\*: M\_\_\_\_\_\_\_\_/D\_\_\_\_\_\_\_\_ /Y\_\_\_\_\_\_\_\_\_\_\_\_ Sex\*:** [ ] Male [ ]  Female **Relationship to Student\*:** [ ] Spouse [ ]  Child

**Country of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Birth\*: M\_\_\_\_\_\_\_\_/D\_\_\_\_\_\_\_\_ /Y\_\_\_\_\_\_\_\_\_\_\_\_ Sex\*:** [ ] Male [ ]  Female **Relationship to Student\*:** [ ] Spouse [ ]  Child

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**Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Birth\*: M\_\_\_\_\_\_\_\_/D\_\_\_\_\_\_\_\_ /Y\_\_\_\_\_\_\_\_\_\_\_\_ Sex\*:** [ ] Male [ ]  Female **Relationship to Student\*:** [ ] Spouse [ ]  Child

**Country of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Citizenship\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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