



Students who have successfully completed at least one year of English as part of their school studies or one course at a language institute or have other English experience typically satisfy the basic knowledge requirement. Students without basic English skills will not be admitted into regular classes. To apply, students must:

- have a basic vocabulary
- understand very simple oral language
- be able to write simple sentences in English

Application Instructions

After submitting this application, you will be contacted and asked to supply the following documents and payments:

- an official copy and English translation of your high school or university grades
- an official financial support statement from your bank, sponsor, or guardian certifying that you have at least US \$6,500 available for your first term at INTERLINK
- a photocopy of your passport (identity page) and of dependents' passports (if applicable)
- \$100.00 non-refundable application fee
- a \$65 express mail fee (optional)

Payment Options:

- **Bank Wire** - Contact the center for wiring instructions. See <http://msu.interlink.edu/contact/>.
- **Check** - Make the check payable to *INTERLINK Language Centers* and mail to the center.
- **Credit Card** - Find the Credit Card Authorization form under *Payment Options* on the center *Applicants* page at <http://msu.interlink.edu/applicants/>. Download, print, and mail it to the center address below.

Fax, mail or e-mail application materials directly to the center:

INTERLINK Language Center
Montana State University
330 Culbertson Hall
P.O. Box 170550
Bozeman, MT 59717
USA
Fax: +1 (206) 801-3778
Email: msu@interlink.edu
Web: msu.interlink.edu

I. Required Information

Please fill out all the information in this section. If you omit any required information, your application will be considered incomplete. Where applicable, enter the information as it appears on your passport.

Family Name: _____

First Name: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Fax Number: _____

Date of Birth: Day _____ Month _____ Year _____

*Your Date of Birth must be the same as on your passport.*Gender: Male FemaleMarital Status: Married UnmarriedIf married, will your family accompany you? Yes No*If yes, complete Part III below.*

Country of Birth: _____

Country of Citizenship: _____

Address (residence)

Do not leave any section blank. If there is no State or Province or no Postal Code, write "none."

P.O. Box or Street Number: _____

City: _____

State or Province: _____

Postal Code: _____

Mailing Address

If your mailing address is the same as your residence, write "same" below. If your mailing address is different, write your complete mailing address below.

Expected start of INTERLINK studies: Month _____ Year _____

Emergency Contact

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Fax Number: _____

II. Academic Information

How many weeks do you expect to study at INTERLINK? _____

What do you plan to do after you study at INTERLINK?

- Study for BA/BS Study for MA/MS Study for PhD
- Return home Travel in the US Other _____

Where did you first hear about INTERLINK?

- | | | |
|--|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> INTERLINK Website | <input type="checkbox"/> Social Media: |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Study Abroad Agency | __ Facebook |
| <input type="checkbox"/> INTERLINK Student | <input type="checkbox"/> Internet Search | __ Twitter |
| <input type="checkbox"/> USIS Advertising | <input type="checkbox"/> Fulbright Office | __ LinkedIn |
| <input type="checkbox"/> INTERLINK Center | <input type="checkbox"/> INTERLINK Advertisement | __ Other |
| <input type="checkbox"/> INTERLINK Representative | <input type="checkbox"/> New Mind | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Transferred from other Language Program | | _____ |

Highest education level completed: Secondary University

Your field of study (major): _____

Standardized English test (Optional)

Name of test: TOEFL TOEIC Michigan Other _____ None

Score: _____

Date: Day _____ Month _____ Year _____

Rank your English ability

Speaking: Very Good Good Fair Poor No Ability

Listening: Very Good Good Fair Poor No Ability

Reading: Very Good Good Fair Poor No Ability

Writing: Very Good Good Fair Poor No Ability

Have you studied in the US before? Yes No

If yes, name of program: _____

Address of program: _____

Rank housing options in order of your preference:

1st Choice: No Housing Assistance Needed University Residence Hall
 Host Family Apartment

2nd Choice: No Housing Assistance Needed University Residence Hall
 Host Family Apartment

3rd Choice: No Housing Assistance Needed University Residence Hall
 Host Family Apartment

Do you have any physical disability or health problems that require special assistance?

Yes No

If yes, explain: _____

Who will finance your education in the US? Self Family Government Other

If other, please specify: _____

Do you wish to receive your admission materials via express mail? Yes No

The charge for this service is \$65

III. Family Members

If family members will accompany you to the U.S., you must provide information for each one. Information must be exactly as it appears on passport.

Spouse

Full Name _____

Date of Birth: Day _____ Month _____ Year _____

Country of Birth: _____

Country of Citizenship: _____

Child 1

Full Name: _____

Date of Birth: Day _____ Month _____ Year _____

Gender: Male Female

Country of Birth: _____

Country of Citizenship: _____

Child 2

Full Name: _____

Date of Birth: Day _____ Month _____ Year _____

Gender: Male Female

Country of Birth: _____

Country of Citizenship: _____

Child 3

Full Name: _____

Date of Birth: Day _____ Month _____ Year _____

Gender: Male Female

Country of Birth: _____

Country of Citizenship: _____

Child 4

Full Name: _____

Date of Birth: Day _____ Month _____ Year _____

Gender: Male Female

Country of Birth: _____

Country of Citizenship: _____

Agreement Terms

I understand that upon admission to INTERLINK I must abide by the rules of the Center and the University. I, and/or my sponsor, will be fully responsible for the cost of my studies while at INTERLINK. Further, I authorize release of my credentials and of my medical records for medical and insurance purposes; I also authorize treatment of any illness or injury by qualified health personnel during my attendance at INTERLINK.

I AGREE

Applicant or Sponsor Signature

Date