

INTERNATIONAL CENTER FOR RELIGIOUS STUDIES, INC.

9700 Research Drive 135-C, Charlotte NC 28262, USA

Telephone: (800) 719-5070 ♦

Religion@ahsm.edu ♦ <http://www.ancienthistoricalsociety.org>



APPLICATION FOR ADMISSION

Section A: To be completed by all applicants.

Last Name	First	Middle	Student ID (Office Use only)
			Fee Paid: <input type="checkbox"/>
Street or Postal Address			Home Phone
City, State, Zip		Country (if other than U.S.A.)	Business Phone
Name of Employer	Have you studied this language before? If so for how long?		Fax Number
Language you wish to study:		E-mail Address:	
I want to enroll in:			
<input type="checkbox"/> Private Class		<input type="checkbox"/> Semi-Private <input type="checkbox"/> HILT	
<input type="checkbox"/> Intensive Religion Program (IRP)		<input type="checkbox"/> Semi-Intensive English Program	
<input type="checkbox"/> Improving Your Language Skills		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> TORFL Preparation (Evening)		<input type="checkbox"/> TORFL Preparation (Day)	
<input type="checkbox"/> Judaism Evening Group Class		<input type="checkbox"/> Islamic Evening Group Class	
Preferred Schedule: (For example, MWF, 4-5pm)			Starting Date

**Section B: To be completed only by applicants for the Intensive Religious Program (IRP).
All Applicants should complete Section C on the back.**

Country of Birth	Country of Citizenship	Mother Tongue	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married		If you're married, your spouse's name	
Name of last high school or university attended:			
City	Country	Years Attended	Degree
If you have studied English in the United States, please indicate below.			
Name of School	City and State	Dates Attended	Number of Languages
Total Number of weeks you plan to attend:			
Do you plan to study at a Ancient Historcal University:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you need help in selecting a college or university?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Continued.

Please give the name of a person, either a relative or friend who lives in the United States, who can be contacted in the case of emergency:

Last Name	First Name	Day Time Phone Number	
Street or Postal Address	City	State	Zip code

Do you intend to apply for a student visa?
 Yes (Please follow the instructions below) No

Requirements for issuance of Form I-20 AB

The following list outlines items we must receive in order to issue an I-20 form:

1. Completed application and application fee (non-refundable). Please don't forget to include your intended start date on the first page of this application form (Month, Date, Year).
2. An original letter or statement (*not a copy or fax*) from your bank *or* that of your sponsor showing:
 - a. Name of account holder
 - b. Amount in U.S. currency (very important) available for your studies and living expenses
3. Address of a friend or relative in Charlotte, NC area with whom you will stay. Will you need help with a homestay? Information is enclosed.
4. First month's tuition deposit. If you are not granted an M-1 visa, this will be refunded upon return of Form I-20 AB to ICLS.
5. If your sponsor lives in the United States, a completed affidavit of support. See enclosed.

ICLS cannot issue an I-20 form until all valid documentation is received.

Section C: To be completed by all applicants.

How did you hear about us?
 Referral by a student or former student Received information by mail
 Other personal referral Yellow Pages Internet/WWW Other: _____

Applicant's Certification

I certify that the information I have provided on this application form is correct to the best of my knowledge.

Date:	Signature:
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To apply by mail, please send:

1. A completed and signed application form,
2. The \$75.00 (for evening classes \$50) application/registration fee.
Please DO NOT send cash. Payment methods: Check (from a U.S Bank), Visa and Mastercard) If paying by check, please make it payable to ICLS.
3. If you intend to apply for a student visa, documentation described above.

To: **International Center for Religious Studies (ICRS)**
9700 Research Drive 135-C
Charlotte, NC 28262
U.S.A.