

# Enrolment form

## Agent information

Partner name/Contact person	
Country	
E-mail	
Telephone	Fax
For all partner bookings, please confirm who will be responsible for the total payment of this booking by selecting an option below <input type="checkbox"/> Partner <input type="checkbox"/> Student <input type="checkbox"/> Partner and Student (please give details including amounts):	
Partner signature:	

## College/Center and Course information

1) Choose College/Center	
<input type="checkbox"/> San Francisco	<input type="checkbox"/> Berkeley
<input type="checkbox"/> Irvine Valley College	<input type="checkbox"/> San Diego
<input type="checkbox"/> Highline Community College	<input type="checkbox"/> Seattle
<input type="checkbox"/> Los Angeles Westwood	<input type="checkbox"/> Whittier College
<input type="checkbox"/> Santa Barbara City College	
Course name	
<input type="checkbox"/> Intensive English	<input type="checkbox"/> Others _____
Number of weeks <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 32 <input type="checkbox"/> 42 <input type="checkbox"/> 52	Start date
2) College/Center name	
Course name	
Number of weeks	Start date

## Student information

Family name	
First name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	
Country of birth	
Nationality	
Mother tongue	
Full address	
City	Postcode
Country	
E-mail	
Telephone	
Language level	
Type of visa	Passport number
Name and surname of legal guardian if student is under 18 years of age	
Home telephone number of legal guardian if student is under 18 years of age	
Permanent address of legal guardian if student is under 18 years of age	

## Application fee detail

<p>Application fee:                  SBCC: \$230 + \$25 (bank fee) = \$255                  SMC, IVC, HC, CSM, MCC, BCC, SCC, Palomar, BC: \$220 + \$25 (bank fee) = \$245                  FHDA: \$355 + \$25 (bank fee) = \$380</p> <p>Payment Detail:                  Bank Name: HSBC Bank                  1 Queens Road Central, HONG KONG (Bank address 银行地址)                  Account No: 002 - 0 - 649422                  Swift Code: HSBCHKHHKH</p> <p>Account Name: Aspect Education (HK) Ltd.                  14/F Greatmany Centre, No.111 Queen's Road East Wan Chai, Hong Kong                  (Account address 账户地址)</p> <p><b>Please always quote:</b>                  DOB                  Student Name:</p> <p>HK is the Asia HQ for Kaplan Aspect. All student from China should transfer funds to the above address.</p>
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## Accommodation

Room type <input type="checkbox"/> Single room <input type="checkbox"/> Twin room	Accommodation type <input type="checkbox"/> Homestay <input type="checkbox"/> Apartment/ Residence	Check-in date (d/m/y)
		Check-out date (d/m/y)
Accommodation name		
Meals per week (if different options are advertised)		
Do you have any special requests (e.g. medical requirements, allergies, special diet, no cats/dogs)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Homestay supplements (only where advertised - not available in USA) <input type="checkbox"/> Private bathroom* <input type="checkbox"/> Close to school supplement*	Zone

## Declaration

<input type="checkbox"/> I confirm that I have read, understood and agree to be bound by Kaplan's Terms and Conditions and Kaplan's privacy policy which can be found at <a href="http://www.kaplaninternational.com/privacy">www.kaplaninternational.com/privacy</a> .	
<input type="checkbox"/> I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.	
Signature	Date
Signature of parent/guardian (required if student is under 18 years old)	Date

Please return the completed form to the Kaplan booking office or to your local representative.

Other accommodation supplements may apply, including seasonal supplements during the summer or at Christmas. See price list or speak to a Kaplan representative for details.  
 \* Subject to availability. Please check before booking.

# 报名手续及一般条款

## 条款与条件

1. 规章制度: Kaplan学生必须遵守就读学校所在国家的法律法规。

2. 抵达和离开: 除非另行规定, 所有住宿安排均在开课日期之前的周六/周日, 直至开课日期之后的周六早上为止。凡住宿不满一周的, 将按一周计费。如果在22:30-6:00之间抵达, 属于迟到/早到情况, 可能要求学生当晚入住宾馆。

3. 迟到、休假与缺勤: 学生在开课日期之后到达或课程期间缺勤, 不得要求退还缺课费用, 且不安排免费补课。假期时间已预先安排在国际学年和国际学期课程中, 学生不得擅自更改该日期。在学校规定日期之外休假, 将被视为缺勤。对于其他类型的课程, 如果在开课要求后要求休假, 将由各学校根据签证规定自行酌情处理, 学生可能要求缴纳变更费用或被记录为缺勤。

4. 缺餐与缺课: 学生因考试、短途旅行、实习、第一天入学报到或其他正常上课时间以外等各种事宜, 错过正常用餐或上课时间, 将不得要求退款或任何其他补偿。

5. 公共假期: 公共假期通常不上课, 且大部分学校的设施停止开放。所有开课日期均定于周一, 若周一逢公共假期, 则顺延至周二。因公假期取消的课程, 不再安排补课。

6. 校园设施: 如果学生就读的Kaplan学校, 位于大学校园内, 那么在大学放假期间, 学校设施可能关闭。更多详情, 请联系Kaplan报名办公室。

7. 变更费用: 如需做出任何更改, 必须至少提前4周向学校提出申请。如果在开课, 学生要求变更学校、课程时间、住宿或课程类型, 那么在提交变更申请时, 需要缴纳变更费100美元。Kaplan无义务履行所有变更申请。凡就读国际学年或国际学期课程的学生, 在整个学习期间, 不得转到Kaplan其他学校。经变更后, 如新校学费低于原校, 则差额不予退还; 如新校或新课的学费高于原校, 则需贴补差额。所有变更申请须根据Kaplan相关规定执行, 且经课程主管批准。学生应自行承担任何课程延长或住宿延期所产生的费用。如因更改课程而导致课程缩减, 将视为终止现有课程并重新报名, 并依照终止课程的条款与条件进行处理(详见“终止政策”)。

8. 课程长度: 除有另行规定, 所有英语课每节45分钟。周一至周五白天上课, 可能会有特殊安排。

9. 换班政策: 如果学生入学参加分班测试后, 发现其水平不适合入读已报课程, 学校保留将该生转到适合其水平的课程, 新课程可能课时减少且内容变更。如果学生未达到Kaplan任何课程的要求, Kaplan可能要求该生终止课程学习。学校保留因人数不足而临时取消课程的权利。

10. 课程变更: Kaplan有权更改开课日期、课程内容、授课老师、授课地点及课程。如在开课变更前上课时间, 但学生不接受该时间, 可要求全额退款。

11. 价格: Kaplan有权因税费增加、政府举措或其他非Kaplan可控因素而调整价格。

12. 教材与学习资料: 课程期间学校向学生提供所有教材及学习资料。开课, 学生需缴纳教材押金40美元。课程结束后, 如退回教材完整无缺, 将退还教材全部押金。部分专业课程可

能要求学生购买教材。

13. 住宿押金: 入住学生宿舍的学生, 需要在抵达时缴纳住宿押金500美元。退还宿舍时, 无任何损毁、遗失或额外清洁费用, 可收回全部押金。部分情况下, 可能因取消预定而导致押金不予退还。

14. 开除/停课: 任何学生如触犯法律、违反学生守则或学校政策、缺课过多(或因违反任何签证规定而缺课, 在美国连续无故缺课14天), 或未缴清应向Kaplan直接或间接缴纳的费用, 可能被开除学籍或被停课。所有费用将不予退还, 且学校将通知当地移民局。

学生行为守则: 入读Kaplan后, 你将同意遵守学生守则规定以及其他政策。Kaplan致力于帮助学生取得学业成功, 作为我们承诺的一部分, 我们努力营造最佳学习环境, 同时也期望学生为他人着想。不当行为包括但不限于: (1) 干扰学习环境(亵渎、骚扰他人, 课堂上使用手机等); (2) 故意破坏, 不当使用或窃取Kaplan财产或同学财产; (3) 对他人施以暴力或恐吓他人, 危及学生或Kaplan员工人身或财产安全; (4) 电子邮件或互联网使用不当; (5) 违反当地版权或刑事法关于盗用、复制、修改受版权保护的材料等规定。

15. 责任: 在任何情况下, 相关学生对于特定课程因疏忽(除该责任不能排除为法律事实外)、违反合同或其他事宜, 对Kaplan集团公司、总监、办公人员、雇员、附属机构、代理机构和合作伙伴造成损失, 应向Kaplan或Kaplan相关集团公司进行全额赔偿。该公司和个人对间接或相关损失或赔偿不承担责任。

16. 不可抗力: Kaplan因火灾、自然灾害、政府行为、供应商或分包商失误、劳资纠纷、其他非Kaplan可控因素, 导致无法履行合约所规定的任何服务, Kaplan不承担责任。

17/18不适用于美国

19. 美国学生签证: 学生签证持有者必须随时向Kaplan提供最新家庭住址和电话号码, 而且必须保持合适的学习进度, 保证课程出勤率至少达到80%; 在纽约就读的学生要求出勤率达到85%。如果学生未能按时注册入学或出勤率低于80%; 在纽约就读的学生低于85%; 学校将通知美国国土安全部(DHS)。Kaplan所获得的学生个人资料及有关学生课堂进度的资料, 有可能透露给美国国土安全部、国家和评审机构、指定机构、学生家长、Kaplan雇员及代表。该资料可能包括个人及其联络信息、课程注册详情及更改状况, 以及学生任何可能影响签证的情况。

## 退款政策

仅在拒签的情况下, 社区大学5000美元押金及学费可申请退款。

退款将由最初帮学生办理学费缴纳的Kaplan代表处负责办理学生退款, 或将费用退到学生最初支付学费所使用的银行账户。所有退款将在收到书面通知后45日内处理。如因Kaplan取消或终止课程, 将全额退还所有未使用的费用。

## 取消/延迟政策

“取消”是指在参加第一门课程开课日期之前取消课程。取消必须以书面形式提出, 如果学生未上课, 全部学费以及扣除任何实际住宿的住宿费将予以退还。在任何情况下, 快递费、住宿安排费(如果使用), 报名费和任何其他服务费(如机场接送费、医疗保险费, 校园费、课程补充费等)不予退还,

但最多不超过250美元。如果在开课日期前不足7日内提出取消和延迟课程, 包括“缺席课程”, 退款时将扣除一个星期的住宿费用以及学费USD200。在开课日期之前, 但收到Kaplan寄送的表I-20, 抵达美国之后提出取消的学生, 将扣除学费、以及任何相关的住宿费用, 相当于1-11周课程的前4周, 以及12周或更长课程的前6周费用。

## 终止政策

“终止”是指第一门课程开课之后, 停止或提出全部或部分课程或预定课程, 包括延长的课程。课程周数确定之后, 如果学生在安排课程的一周内至少入读一天, 不满一周的将视为一周。凡报读优惠课程及住宿套餐的学生, 计算退款时, 必须按照本手册所列的每周费用来计算已经发生的学费及住宿费用。在任何情况下, 所有额外服务费用(如机场接机费、快递费、报名费、医疗保险费、住宿安排费、管理费等)将不予退还。学生必须向学校校长或主任递交书面终止课程申请。终止课程的学生不能获得Kaplan证书。

## 学费

凡参加英语课程的学生, 包括假期英语、通用英语、英语强化、国际学年/国际学期通用课程/强化课程、商务英语、商务英语强化课程, 提出课程终止时, 将扣除前4周的费用, 根据如下比例计算退款:

-第一周到第四周: 前四周费用将会被扣除, 剩余未用学费全款退还

-第四周到课程一半: 剩余未使用的学费按比例退还

-已完成60%课程后: 不退款。对于所有的备考课程, 包括GRE、GMAT、CAE、FCE和TAE, 提出课程终止时, 按照以下方式计算退款:

•第1节培训课后, 第2节培训课前, 已付学费的75%(扣除快递费)

•第2节培训课后, 第3节培训课前, 已付学费的50%(扣除快递费)

•第3节培训课后, 不退款

\*由于Kaplan培训课程广泛, 一节培训课可以定义为: 1) 一堂课(教学或监考下进行考试); 2) 使用中心培训库; 3) 使用网上培训资源(讲座、测验、在线诊断等); 4) 辅导或咨询课; 5) 使用自学材料。

在所有情况下, 学生终止学习, 学校将通知有关移民局。

## 住宿

学生必须提前4周(对于选择优惠住宿套餐的学生须提前8周)以书面的形式通知学校主任或校长。学校将扣除适用的通知期住宿费、变更费用后, 退还所有未发生的住宿费用。如果在预定住宿时期已经过去一半后提出退房, 将不退还住宿费用。

## 一般条款

本条款与条件可能由于学校所在地区管理部门或政府相关政策的变动而随时更改。如有修改, 报名时将告知学生。任何争议、索赔或产生的其他问题, 都将受到学校所在地现行法律的约束。本条款与条件所述Kaplan, 指Kaplan国际集团所有学校, 包括Kaplan国际学院、Kaplan国际中心和Kaplan PLI。

(中文版一般条款与细则为英文版翻译件, 如有疑问均以英文版为准。)

**Please Print Clearly** - This information will appear on the SEVIS Form I-20 issued by the Department of Homeland Security.

**I am applying to attend** (*check only one box*):

Foothill College  De Anza College

**I plan to enroll for** (*fill in the year*):

Winter Quarter – January \_\_\_\_\_  Summer English – June/July \_\_\_\_\_

Spring Quarter – April \_\_\_\_\_

Fall Quarter – September \_\_\_\_\_

**I plan to enter:**  from the U.S.  from outside the U.S.

**Send my documents:**  to the address in home country  to the address in the United States

to be picked up in the International Student Office

to the Agent's address

If you currently hold a valid U.S. visa in your passport, please indicate the type:

B-2  F-1\*  J-1  Other U.S. visa: \_\_\_\_\_

Tape or Glue a Recent Photograph Here

**\*If you are currently an F-1 student transferring from another school/college in the U.S.:**

**Name of school that issued your most recent SEVIS I-20:** \_\_\_\_\_

**Your SEVIS number:** \_\_\_\_\_

**Submit copies of your current I-20, I-94 card, F-1 visa and passport, plus an official transcript.**

### Personal Information

### MUST BE STUDENT'S PERSONAL INFORMATION ONLY

Legal Name \_\_\_\_\_

*As it appears on your passport (Family/Sur/Last) (Given/First) (Middle)*

Applicant's Home Country Address \_\_\_\_\_

*(Number and Street)*

*(City) (Province) (Country) (Postal Code)*

United States Address *(Number and Street)* \_\_\_\_\_

*(City) (State) (Zip Code)*

Home Country Telephone \_\_\_\_\_ USA Telephone \_\_\_\_\_

*(Country code and phone number)*

*(Area code and phone number)*

**Student's Email Address (required)** \_\_\_\_\_

Male  Female  Single  Married (If adding F-2 dependent(s), please request a Dependent Information Form from our office and submit it with your application.)

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

What is your racial/ethnic background? \_\_\_\_\_

Are you under 18 years of age?  No (Students under 18 must complete a parental authorization form and submit it with the application.)

Yes

Date of Birth *(Month)* \_\_\_\_\_ *(Day)* \_\_\_\_\_ *(Year)* \_\_\_\_\_

What is your proposed major or field of study: \_\_\_\_\_

*(Will appear on your official document)*

Two-year Associate's Degree (A.A. or A.S.)  Two-year Transfer Program

### Confidential Financial Statement

1. Applicant's Legal Name:

(Family/Sur/Last Name) \_\_\_\_\_  
(As it appears on your passport)

(Given/First Name) \_\_\_\_\_

2. I plan to obtain money for expenses while studying in the U.S. from:

- Personal Savings (Please sign below to certify)
- Parent or Family Savings (Name): \_\_\_\_\_
- U.S. Sponsor (Name): \_\_\_\_\_
- Government Scholarship: \_\_\_\_\_
- Other source (If a sponsor, list name and relationship): \_\_\_\_\_

3. I certify that I will have a minimum of **\$19,750.00 U.S. dollars** for each year of my study exclusive of travel expenses.

4. Additional information \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor or Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Sponsor's or Guardian's Name (printed)

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Address of Sponsor or Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

#### Important Information

You **must** include the following document in your application packet:

- an original **letter from the bank** verifying that you or your sponsor are in "good standing" at the bank and have at least **\$19,750.00 U.S. dollars** available for the first year of your educational expenses.

Note:

1. The verifying letter from the bank must be dated within the last 6 months.
2. Financial support cannot be from any source of stocks, bonds, or retirement accounts.

### Certifying Statement

I hereby certify that all information provided on this application is true and correct. I understand that the presentation of false information or failure to comply with Foothill and De Anza Colleges' admission and registration procedures may result in my dismissal without a refund of any fees paid.

I agree to obtain and maintain health insurance coverage provided by Foothill-De Anza Community College District. **FHDA insurance is mandatory.**

I understand that if I am applying through an agent, the colleges may release information about my application or other issues to the agent.

\_\_\_\_\_  
Name (Print as it appears on your passport)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Misrepresentation of information will be cause for dismissal.**

### Housing

Foothill and De Anza Colleges do not provide dormitories or housing arrangements. For information on homestays (living in a host family), contact International Student Placements (ISP) at [info@isphomestays.com](mailto:info@isphomestays.com) or [jean@isphomestays.com](mailto:jean@isphomestays.com).

### Educational History (see p.1 for transcript requirements)

#### • Secondary School

Indicate the secondary school/high school that you have graduated/will graduate from:

<b>Name of School:</b> <i>Ex. Sacred Heart Secondary School</i>	<b>Location - City and Country:</b> <i>Tokyo, Japan</i>	<b>Attendance Dates:</b> <i>Sept. 2004-June 2008</i>
_____	_____	_____
_____	_____	_____

Actual or expected graduation date: \_\_\_\_\_

#### • College/University

Indicate any post-secondary colleges or universities that you have previously attended, graduated from or are currently attending:

<b>Name of School:</b> <i>Ex. University of Paris</i>	<b>Location - City and Country:</b> <i>Paris, France</i>	<b>Attendance Dates:</b> <i>Sept. 2010 - present</i>
_____	_____	_____
_____	_____	_____

Actual or expected graduation date; degree received (if any): \_\_\_\_\_

### English Proficiency

A minimum score or higher on any of the following examinations is required for direct admission: **TOEFL – 500 paper or 61 iBT; IELTS - 6.0; iTEP Academic – Level 4; Pearson PTE Academic – 45.**

Name of the exam: \_\_\_\_\_ Date exam taken: \_\_\_\_\_ Score: \_\_\_\_\_

#### Other Options to Satisfy English Proficiency Requirement:

##### • Attend a Partner English Language School

Complete a specified level at one of our partner English language schools (see our websites for a list of partner schools).

Yes, I am planning to attend a language school. Please send me a Conditional Letter of Admission.

<b>Name of School:</b>	<b>Location - City and Country:</b>	<b>Expected Start Date:</b>
_____	_____	_____

I have previously attended/I am currently attending an English language school.

<b>Name of School:</b>	<b>Location - City and Country:</b>	<b>Attendance Date and Level:</b>
_____	_____	_____

##### • Summer Intensive ESL Program at Foothill and De Anza: students with a TOEFL score of 475-499 paper/52-60 iBT or IELTS 5.0-5.9 may participate in this program for guaranteed fall enrollment.

I plan to participate in Summer Intensive ESL Program (application is due in May)

### Sharing Information About This Application

Please note: For your protection, information about your application status CANNOT be shared with anyone without your approval. If you want someone else, such as a parent or friend, to receive this information, indicate their name here:

\_\_\_\_\_

*Person's Name (Family Name and Given)*

### Agent Information

If the application is submitted by an education advising agency, complete the following:

Agency Name _____	Telephone _____
Contact Person's Name _____	Fax _____
Email _____	
Address (Number and Street) _____	
(City) _____	(Province) _____ (Country) _____ (Postal Code) _____