



Application Form for Regular or Intensive Courses

Tel.: (011) 506-4036-4555 Fax: (011) 506-2227-0211

From USA: 1-800-642-1375

Email: admissions@thespanishinstitute.com

REGULAR COURSES Year: 202____	Formal First Name		M.I.	Last Name		
	Street Address			City		
	State	Zip Code		Country		
	<input type="checkbox"/> Married	Informal First Name		Citizenship		
	<input type="checkbox"/> Single	Date of Birth month / day / year		Passport Number		
TRIMESTER YOU PLAN TO ENTER <input type="checkbox"/> January - April <input type="checkbox"/> May - August <input type="checkbox"/> September - Dec.	<input type="checkbox"/> Male	Home Phone		Place of Birth		
	<input type="checkbox"/> Female	Office Phone				
	Age		Email			
NUMBER OF TERMS YOU PLAN TO STUDY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						
INTENSIVE COURSES Year: 202____ <input type="checkbox"/> January - February <input type="checkbox"/> February - March <input type="checkbox"/> May - June <input type="checkbox"/> June - August <input type="checkbox"/> July <input type="checkbox"/> September - October <input type="checkbox"/> October -November		INSURANCE INFORMATION <input type="checkbox"/> I will be covered by health insurance that is valid in Costa Rica. <input type="checkbox"/> I will purchase travelers' or accident insurance during orientation. DESCRIBE YOUR CURRENT KNOWLEDGE OF SPANISH <input type="checkbox"/> I am a complete beginner. <input type="checkbox"/> I know words and phrases. <input type="checkbox"/> I can hold simple conversations. <input type="checkbox"/> I can deal with and understand most any topic. <input type="checkbox"/> I am almost as fluent as a native speaker.				
MISSION BOARD OR SENDING AGENCY						
Name		Phone		Fax		
Mailing Address			City		State	
Zip Code		Country		Email		
Expected Country of Service			Assignment after language school			
Supervisor's Name		Supervisor's Phone		Supervisor's Fax		
Supervisor's Mailing Address			Supervisor's Email			

ACCOMPANYING FAMILY MEMBERS			
Spouse's First Name	M.I.	Last Name	Informal First Name
Date of Birth Month/Day/Year	Age	Place of Birth	
Citizenship		Passport Number	
Will s/he be attending the Institute? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CHILD'S NAME	CHILD'S BIRTHDATE Month/Day/Year	WILL S/HE BE ATTENDING SOJOURN ACADEMY OR RAYITOS DE SOL DAY CARE?	
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSING AND AIRPORT PICK-UP
<input type="checkbox"/> (Regular Course Students) Please make arrangements for me/us for housing and airport pick-up through the Big Brother Program. (Return Big Brother Information Form along with this form, if you chose this option.)
<input type="checkbox"/> Please arrange housing for me with a Costa Rican family; approximately US\$550 (single); US\$1,030 (couple) for room, board & laundry.
<input type="checkbox"/> Please arrange for someone to pick me up at the airport (US\$45 extra charge).
<input type="checkbox"/> I will make my own arrangements for both housing and airport pick-up.

PLEASE SEND WITH THIS APPLICATION
<input type="checkbox"/> 1. A check for the non-refundable pre-registration fee (US\$310 for missionaries in Regular Course, US\$335 for non-missionaries in Regular Course, US\$80 for students in Intensive Course.)
<input type="checkbox"/> 2. A recent photo of yourself.
<input type="checkbox"/> 3. Big Brother Information Form (Regular Course students only).
<input type="checkbox"/> 4. Non-missionaries: a letter of reference from your pastor.