



REGISTRATION FORM

Intensive Academic Preparation (IAP) Course
For students who have already been admitted to SIT programs

Program
Information

Degree Program: _____

TOEFL or IELTS score: _____

Native Language: _____

Country of Origin _____

Personal
Information

Name (as it appears on your passport, if you have one)

last/family

first/given

middle/second

Preferred Name if Different

last/family

first/given

middle/second

Permanent Address:

Country _____

Current Mailing Address:

Country _____

Dates current mailing address is valid: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Home Phone (include city and country codes): _____

Work Phone (include city and country codes): _____

Other Phone (include city and country codes): _____

Fax (include city and country codes): _____

Primary email: _____

Alternate email: _____

Gender: Male Female

Date of Birth: ____/____/____
Month Day Year



Housing

1. **Off-campus housing:**

I will make my own arrangements for accommodations during the IAP course

2. **On-campus housing:**

I would like to live in an on-campus dormitory room during the IAP course

Double room

Single room (subject to availability)

Additional Information

Tuition and housing fees for this course will be billed through your student account. On-campus housing fees include meals at the school cafeteria.

World Learning/SIT Health and Insurance Requirements must be met before attending the Intensive Academic Preparation Course.

Applications received after the deadline will be accepted if space is available.

Return completed registration form to:

Language and Culture Department
SIT Graduate Institute
P.O. Box 676
Kipling Road
Brattleboro, VT 05302-0676

If you are receiving full or partial financial sponsorship, including but not limited to financial sponsorship by a parent, foundation or other agency or individual, you understand and agree that your evaluation and/or grades and other information concerning your participation in the program may be released by SIT and/or discussed by SIT with such sponsoring agency or individual.

Please sign _____ Date _____/_____/_____
Month Day Year
