

**INTERNATIONAL LANGUAGE
LEARNING INSTITUTE**



PROGRAM APPLICATION

International Language Learning Institute
49Aramismis, Project 7, Veterans Village
Quezon City, Metro Manila, Philippines

Name _____ Date _____

Address _____ Email _____

City/town _____ State/province _____ Zip _____ Country _____

Home Phone _____ Work Phone _____ Cell phone _____

Current Status: Male Female Worker / In what profession are you? _____
 Student What school year are you? _____ Field of study? _____
 Male Female Single Married Year of birth _____
 If worker, what company _____ Your position _____

What month would you like to start your program? _____ Length: 1 month 2 months

Previous English-as-a-second language studies? _____

<p>Tell us what you think your English language proficiency is in the following areas (circle number):</p> <p>Reading: low-1 2 3 4 5 6 7-high</p> <p>Writing: low-1 2 3 4 5 6 7-high</p> <p>Speaking: low-1 2 3 4 5 6 7-high</p> <p>Listening: low-1 2 3 4 5 6 7-high</p>	<p>Tell us what your preferences are in the following:</p> <p>Housing? <input type="checkbox"/> home stay <input type="checkbox"/> hotel <input type="checkbox"/> Other <input type="checkbox"/> I am a smoker <input type="checkbox"/> I am a non-smoker I have allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list: _____</p> <p>I <input type="checkbox"/> can or <input type="checkbox"/> cannot live with pets I take medications: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, list: _____</p>
--	--

For what purpose(s) are you enrolling in the English-as-second-language learning program?

Are you interested in focusing on business English? Yes No

Any other information we should know about?

How did you hear about our program (check as many as relevant)?

Internet recruitment agency friend newspaper radio tv brochure