

APPLICATION DATE:

APPLICATION FOR ADMISSION

Language Certification Programs

Please print in pen or type all information.

□ American Sign Language: Interpreter Training Program

- Interfeat Sign Danguage, Interpreter Training

Please check the program you are applying for:

- Dependence of the Phonetic Reading Specialist
- □ Teaching English to Speakers of Other Languages
- Generation Foreign Language:

(Please specify)

□ Missionary Linguistics

PERSONAL INFORMATION

Student name		
Last	First	Initial
Address		
City/State/Zip		
Phone number ()		
Personal e-mail address		
Date of Birth: Month	Day	Year
Current marital status:		
□ Single □ Engaged	□ Married □ Widow	wed
Citizenship: DUSA DCanada	• Other	
If not a USA citizen: Do you have	a student visa? 🗆 Yes 🗅 No	0
D I		

EDUCATIONAL INFORMATION

Are you currently enrolled in Crown College? Yes No Projected graduation date:

Are you planning to transfer ILN CEUs to Crown College for credit?
Yes No

List all postsecondary schools you have attended. If you have attended more than two schools, submit additional school information on a separate sheet.

College	Dates attended	Degree received
College	Dates attended	Degree received

Have you ever been denied enrollment, suspended or dismissed from any school? Yes No *If so, please explain on a separate sheet.*

Do you have any outstanding college debts? \Box Yes \Box No

Please attach a small personal photo.

CHRISTIAN LIFE INFORMATION

Have you trusted Jesus Christ as your Sav	vior? 🗖 Ye	es D No When?		
Briefly describe your salvation experience	e			
Do you attend church regularly? □Yes	□No	Are you a church member?	□Yes	D No
Are you in full-time Christian service?	Yes $\Box N$	lo		
Position	Name of ministry			
Ministry address				
City/State/Zip				
Phone ()	Mir	nistry e-mail address		
Total years of ministry				

ACCEPTANCE AGREEMENT

Your signature below indicates your understanding and submission to the following conditions: Attendance in International Language Navigators is a privilege and is granted only to those who maintain a Christhonoring testimony and desired standards of scholarship. International Language Navigators reserves the right to determine which students it shall admit and the right to dismiss any student at any time who in the judgment of the administration does not maintain such a testimony and standards. Behavior which indicates a disregard for the spirit and standards of the school will necessitate appropriate disciplinary action. I certify that the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the school. I also understand that I am financially responsible for the payment of this account.

Applicant's signature	Date	3

Please include the \$45 application fee, and mail, fax or e-mail this form to:

INTERNATIONAL LANGUAGE NAVIGATORS • PO Box 2000 • Powell, TN 37849 865.938.8186 ext. 853 • www.languagenavigators.com • Fax 865.938.8188

*If your application is received electronically, we will contact you by phone for payment of the application fee.