



The Language Connection English and Culture Program Student Application

Please note: *Students must provide proof of immunization prior to arrival.
Students must provide proof of health insurance or purchase health insurance through SJU.
Print information clearly, please.*

Family Name _____

First Name _____

Country of Citizenship _____

Country of Birth _____

Date of Birth _____
Month/Day/Year

Group Name/Affiliation _____

Male ___ Female ___

Address

Telephone

Email address

Signature

Date