



## Bachson Academy at Assumption College

500 Salisbury Street Worcester, MA 01609

[www.bachsonacademy.org](http://www.bachsonacademy.org) and [www.assumption.edu](http://www.assumption.edu)

### REGISTRATION – PART TIME STUDENTS

Semester: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last Nick Name/American Name*

US Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip*

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Country of Origin \_\_\_\_\_ Date of arrival in USA: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Previous English language study (where and when): \_\_\_\_\_

Have you taken the TOEFL, IELTS or any other official English level placement exam?  Yes  No

Test Information \_\_\_\_\_  
*Name of Test Date Taken Score*

Future Work/ Study Plans: \_\_\_\_\_

#### Anticipated Level (Self-Assessment):

- |   |  |
|---|--|
| <input type="checkbox"/> Beginner                           | <input type="checkbox"/> Intermediate      |
| <input type="checkbox"/> Elementary (know a little English) | <input type="checkbox"/> High Intermediate |
| <input type="checkbox"/> Low-Intermediate                   | <input type="checkbox"/> Advanced          |

#### Courses of Interest:

- |   |   |
|---|---|
| <input type="checkbox"/> Integrated Skills    | <input type="checkbox"/> Business English       |
| <input type="checkbox"/> Reading & Writing    | <input type="checkbox"/> 1-1 Classes / Tutoring |
| <input type="checkbox"/> Listening & Speaking | <input type="checkbox"/> Live Online Course     |
| <input type="checkbox"/> Pronunciation        | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> TOEFL Preparation    |   |



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## Days and Times You Can Attend:

- Monday, Wednesday
- Tuesday, Thursday
- Friday
- Morning 9 – 11:30
- Afternoon 12:30 – 3
- Evening 6 – 8:30 / 9
- Other \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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### OFFICE USE ONLY

STUDENT NAME \_\_\_\_\_ STUDENT DOB: \_\_\_\_\_

### WRITTEN PLACEMENT TEST

Date of Test: \_\_\_\_\_ Test Result: \_\_\_\_\_ Test Name: \_\_\_\_\_

Initial Level(s) of Placement: \_\_\_\_\_ Date: \_\_\_\_\_

Reading \_\_\_\_\_ Listening & Speaking \_\_\_\_\_

Writing \_\_\_\_\_

Books Assigned: \_\_\_\_\_

\_\_\_\_\_

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### ORAL INTERVIEW

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

Comprehension: [ ] beginner [ ] elementary [ ] low intermediate [ ] intermediate [ ] high inter. [ ] advanced  
 Flow of speech: [ ] beginner [ ] elementary [ ] low intermediate [ ] intermediate [ ] high inter. [ ] advanced  
 Amnt/Qty of content: [ ] beginner [ ] elementary [ ] low intermediate [ ] intermediate [ ] high inter. [ ] advanced  
 Comprehensibility: [ ] beginner [ ] elementary [ ] low intermediate [ ] intermediate [ ] high inter. [ ] advanced

Student hesitates when answering. [ ]      Number of questions answered: \_\_\_\_\_  
 Student stutters when answering. [ ]      Requires follow-up interview: [ ]  
 Student uses fillers when answering. [ ]      Eye Contact/Body Language/Fidgeting/Other issues [ ]  
 Any other person in the interview room. [ ]



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Comments on Initial Assessment & Placement:

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### COURSE REGISTRATION:

Courses: \_\_\_\_\_

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Registration Fee Paid: Amount \_\_\_\_\_ Date \_\_\_\_\_

Tuition Paid Amount \_\_\_\_\_ Date \_\_\_\_\_