

ALBERT CAREER SCHOOL

F1 English Language Program Application

Date: _____

Requested Start Date: _____

___ Day Class

___ Evening Class

SECTION 1: STUDENT

Student Name: _____ (family name)	_____ (given name)
Phone#: _____	# of Dependents: _____
Email: _____	Marital Status: _____
Date of Birth: _____	

Current Immigration Status:
___ F1 transferring in from _____ (school) SEVIS record: ___ Active ___ Terminated
___ Applying for Student VISA in my home country
___ Requesting Change of Status (must also complete addendum)
___ Non F1

County of Citizenship: _____ Country of Birth: _____
City of Birth: _____

SECTION 2: ADDRESS

United States Address:

(street) (city) (state) (zip)

Overseas (Permanent Address)

SECTION 3: DEPENDENTS

Complete for your spouse & children that are dependents on your F1 VISA. If they are not F2 do not complete.

1. ___ Spouse ___ Child	Name: _____	Date of Birth: _____
2. ___ Spouse ___ Child	Name: _____	Date of Birth: _____
3. ___ Spouse ___ Child	Name: _____	Date of Birth: _____
4. ___ Spouse ___ Child	Name: _____	Date of Birth: _____

SECTION 4: EMERGENCY CONTACT

Provide contact information for an individual in the United States that we may contact in the event of emergency.

Name: _____	Relationship: _____
Phone #: _____	
Address: _____	

I certify the information that I have provided on this application is correct. I understand that this application can be canceled if any information is found to be false or inaccurate.

Signature of Applicant: _____

Date: _____