

# AMERICAN ACADEMY OF ENGLISH

Student Application



## APPLICANT INFORMATION

Last Name		First	
Country of Birth		Country of Citizenship	
Date of Birth	month / day / year	Gender	<input type="checkbox"/> male <input type="checkbox"/> female
Marital Status		<input type="checkbox"/> single <input type="checkbox"/> married	
Home Country Street Address 1		Apartment/Unit #	
Home Country Street Address 2			
City		Province/Territory	Postal Code
Country	Home Country Phone #	( )	E-mail
U.S. Street Address		Apartment/Unit #	
City	State	Zip Code	
U.S. Phone # 1	( )	U.S. Phone # 2	( )

## PROGRAM INFORMATION

Campus (select one)	<input type="checkbox"/> San Francisco <input type="checkbox"/> Oakland	Start Date	month / day / year	OFFICE USE ONLY:	B <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> I <input type="checkbox"/> EA <input type="checkbox"/> Ts <input type="checkbox"/> Tu <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/>
Type of Application (select one)	<input type="checkbox"/> initial attendance <input type="checkbox"/> transfer ⇒ <input type="checkbox"/> change of status ⇒	name of current/former school:		expiration date	
Course (a placement test will be administrated to determine your level):		<input type="checkbox"/> Intensive English Language Program <input type="checkbox"/> TOEFL Preparation <input type="checkbox"/> TOEIC Preparation			
Session Length	<input type="checkbox"/> 12 weeks <input type="checkbox"/> 24 weeks <input type="checkbox"/> 1 academic year <input type="checkbox"/> 2 academic years	How did you learn about us?			

## FINANCIAL INFORMATION

All applicants seeking F1 student status for full-time study in the U.S. are required to provide satisfactory evidence to demonstrate adequate funds to meet all financial expenses for their duration of study. Bank verification of funds such as a formal bank letter and/or statement is required with this application. If you have a sponsor, they must complete an I-134 Affidavit of Support form (for U.S. citizen/resident) or Certificate of Sponsorship (for non-U.S. citizen/resident) and submit it with the proper supporting financial document. To the right are the estimated tuition and living expenses by session length:

Session	\$USD
12 weeks	4000
24 weeks	8000
1-2 years	14000

Source of Funds	<input type="checkbox"/> personal <input type="checkbox"/> family sponsor <input type="checkbox"/> friend sponsor <input type="checkbox"/> company sponsor	Total available funds in \$USD	\$
-----------------	--	--------------------------------	----

## FEES

Fees	<input type="checkbox"/> \$75 application fee (required)	credit card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB
	<input type="checkbox"/> \$90 airport pickup (provide flight information upon availability)	card number	
	<input type="checkbox"/> \$30 U.S. Express Mail	name on card	
	<input type="checkbox"/> \$90 DHL / FedEx	expiration date	MM / YY security code
Total	\$	Authorized Signature - I hereby authorize this amount be charged to my credit card.	

Method of Receiving Acceptance Documents  Pick Up  Mail to the above Home Country Address  Mail to the above U.S. Address

**Responsibilities of Applicant** Sign this if you are 18 years or older; have one of your parents sign if you are under 18. Applicants receiving a scholarship or grant must submit a letter of authorization from the sponsoring agency. *"I understand that students coming to the U.S. as students are expected to study full-time and should not expect to work. I accept responsibility for tuition, housing, and living expenses. In case of injury, accident, or illness, I grant permission to treat the above named student or myself at an appropriate medical center and make referrals to physicians as deemed necessary. I certify that I am responsible for all medical expenses and will in no way hold AAE responsible for such expenses. Furthermore, I have read and understood the cancellation and refund policy and the school catalog."* Your signature is taken as acceptance of conditions stated on this form.

Student Signature	Date	month / day / year
Parent or Guardian Name and Signature (if you are under 18)	Address	Date

www.aae.edu t: (415) 567-0189 f: (415) 567-1475 530 Golden Gate Avenue, San Francisco, CA 94102 USA American Academy of English