



Name

last (family/surname)
first (given)

Home Country Address (no P.O. Box)

street
city state/province
zip or postal code country

Telephone: ()
Fax: ()
E-mail:

Country of Birth:

Country of Citizenship:

Gender: Male Female Martial status: Single Married

Date of Birth: month / day / year

U.S. address

street
city state zip code

Telephone: ()
Fax: ()
U.S. Social Security # (if available):

I am applying for:

- Initial application (overseas application)
Transferring from another school: name of school:
Change of status: current status: expiration date:

When would you like to begin your studies?

- Fall Quarter Winter Quarter
Spring Quarter Summer Quarter

College or University you plan to attend: (see college pamphlet)

**Must be a high school graduate.

- Name of High School:
College of San Mateo Notre Dame de Namur University
Seattle Central Community College City College of San Francisco
Peralta College:
College of Alameda Laney College
Merritt College Vista College

Residence Club Reservation (optional / \$150 required)

I would like a reservation at:
I will move in on: month / day / year

Room type (check one):
single room with private bath shared room with private bath
single room with private bath shared room with hall bath

Evidence of Financial Support

(You are required to show that you have the financial resources for your school and living expenses. Approximate cost for one year study is US\$19,000. Include a Bank Statement with this application. If you have a sponsor, you must submit an I-134 Affidavit of Support Form or support document.)

Available Funds: US\$
Source of Funds: personal friend family company

Fees (application fee required with application)

- \$75 application fee \$100 SEVIS fee (mandatory)
\$30 express mail \$90 FedEx / DHL (circle one)
\$150 residence club accommodation fee
airport pick-up from SFO (no charge; provide flight info if available)
= total: US\$ non-refundable

Method of Payment: credit card Visa MasterCard JCB
enclosed check bank transfer (include transaction receipt)

card #:
exp. date: security code:
name on card:
authorized signature:
How did you learn about us?:

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

Signature of Parent or Guardian Date

Name and Address of Sponsor

Sponsor's Tel. No