

AMERICAN ACADEMY OF ENGLISH

University Readiness Program (URP) Application Student Application



APPLICANT INFORMATION

Last Name				First			Nickname (if any)		
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

Did you attend our China URP?	<input type="checkbox"/> Yes, _____ months	US Start Date	month / day / year		OFFICE USE ONLY: PA <input type="checkbox"/> CL <input type="checkbox"/>				
	<input type="checkbox"/> No				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="radio"/> <input type="checkbox"/> change of status <input type="radio"/>								
	name of current/former school:								
	your current status:		<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> J1 <input type="checkbox"/> other:			expiration date			
College or University you plan to attend upon completion of AAE URP (choose one only):	<input type="checkbox"/> College of San Mateo <input type="checkbox"/> De Anza College <input type="checkbox"/> Foothill College <input type="checkbox"/> Notre Dame de Namur University <input type="checkbox"/> City College of San Francisco <input type="checkbox"/> Lincoln University <input type="checkbox"/> Seattle Central Community College Peralta Colleges: <input type="checkbox"/> College of Alameda <input type="checkbox"/> Laney College <input type="checkbox"/> Merritt College <input type="checkbox"/> Vista College								
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(s). To the right are the estimated tuition and living expenses by session length:		Session	\$USD
		12 weeks	6500
		24 weeks	12800
		1-2 years	19200
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"/> AMEX <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