

INTERNATIONAL STUDENT APPLICATION FORM

Please fill out the application below. If you need assistance, please contact one of our student representatives at 13267037072. After completing the form wither save it and email it as an attachment to piecltd@gmail.com

PART I- Biographical Data

Student Information:

Prefix: _____

(Mr., Miss, Mrs., Ms)

Last Name: _____ Middle Name: _____ First Name: _____

Gender: Male Female

Date of Birth: (month/day/year) ____/____/____

Foreign Address:

Street : _____

Apt # _____

City: _____

State/Province _____

Zip/Postal Code: _____

Country: _____

Foreign Tel. No.: _____

U.S. Address:

Street : _____

Apt #: _____

City _____

State: _____ Zip: _____

Tel No.: _____

Email Address: _____

Residency:

Country of birth: _____ Country of Citizenship: _____ Country of Residency: _____

Sponsor Information:

Last Name: _____ First Name: _____ MI: _____

Number and Street: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Relationship to the student: _____

Part II –Admissions Data

Please specify the program you are interested in attending: _____

Specifications for preparing and issuing your I-20 Form:

Please indicate the purpose of I-20 form:

- Initial Attendance
- Change of Status
- Transfer
- Reinstatement
- Other

Please indicate the date on which you will start your classes _____ Duration of study: _____

PART III – Visa Requirements Data

If you are living outside the United States, please submit a clear copy of your passport

If you are currently living in the United States, please submit a clear copy of your passport, visa, and I-94 form.

Mail Service Request

Please indicate where I-20 should be sent:

PART IV – Dependant Information Sheet:

Add additional pages if necessary. Also, submit copy of passport, visa, etc.

Last Name:_____ First Name:_____ MI:_____ Date of Birth:_____
Sex: Female Male Nationality:_____ Country of Birth:_____
INS admission number (Refer to your I-94 card):_____
Current non-immigrant status (Refer to your I-94 card) _____
Passport Expiration Date:_____ Relationship to the Student:_____

PART V – Educational Data:

Please submit your diploma or transcript

Highest Level of education completed:_____
Please indicate the tests you have taken GRE GMAT TOEFL:_____

Non-ESL students must include a notarized English High School Diploma/Transcript if the original diploma/transcripts are not in English.

Emergency Contact Information:

Name:_____
Address:_____
City_____ State_____ Zip/Postal Code _____
Phone:_____

CONDITIONS OF APPLICATION & SIGNATURE

I certify that the information supplied on this application is complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT:_____ DATE:_____