



### INTERNATIONAL STUDENT APPLICATION FORM

Please fill out the application below. If you need assistance, please contact one of our student representatives at 2: : 99; ; 724 .  
After completing the form wither save it and email it as an attachment to info@gcqdqcf.com0y or print it and hcz-28/4; 24248

#### 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:

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**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: \_\_\_\_\_