

# AMSC 2003 Application for International Students

Please type or print block letters when you complete this form.  
Please mail or fax the completed application to: \_\_\_\_\_

**AMSC Education Programs & Services**  
747 E. Green Street, Suite 300  
Pasadena, CA 91101, USA

## 1. Personal Information

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Male  Female  
Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

## 2. Mailing Address Please check one: Student address Local representative address

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Postal Code \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## 3. Course and Location (If you are taking more than one course, please fill out (1) and (2) below.)

Course \_\_\_\_\_(1) \_\_\_\_\_(2) \_\_\_\_\_  
Start Date \_\_\_\_\_(1) \_\_\_\_\_(2) \_\_\_\_\_  
Number of weeks \_\_\_\_\_(1) \_\_\_\_\_(2) \_\_\_\_\_  
Location \_\_\_\_\_

## 4. Student Visa Do you require an I-20 or a certificate of eligibility from CIMU to obtain a visa? Yes No

Are you currently in the U.S. or Canada?  Yes  No If yes, what is your visa status? \_\_\_\_\_

## 5. Payment

Please make payable to Kaplan. Fees can be paid by (please check one):

Credit Card  Money Order  Bank Draft  Traveler's Check  Wire Transfer

**All tuition and fees must be paid before the start of the course. When submitting your application, please enclose the application fee and optional fees. For Canadian locations, a 50% tuition deposit must be paid with the application as well.**

### Estimated Student Expense Worksheet

Application Fee	_____
Tuition	_____
UPS (optional)	_____
Insurance (U.S. only, optional)	_____
Air Mail Fee (\$50, required for students needing a visa)	_____
Housing (optional)	_____
Airport Transfer (optional)	_____
<b>Total</b>	_____

### Credit Card Authorization

Please charge my payment of \$ \_\_\_\_\_  
to:  American Express  Master Card  Visa  Discover

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

## 6. Student Statement

In case of illness or injury, I give permission to any appropriate medical center to examine and treat me as necessary. Permission is also granted to release any and all information regarding my health to any individuals charged with my care and treatment. I certify that the information that I have provided in this application is true and correct to the best of my knowledge. Additionally, I understand that I am personally responsible for my compliance with all INS regulations listed on page 2 of the I-20 Certificate of Eligibility if I have been issued an I-20 by Kaplan.

\_\_\_\_\_  
Signature of Applicant (or Guardian for applicants under 21)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year