



# INTERNATIONAL STUDENT APPLICATION FORM

## STUDENT INFORMATION

Male

Female

Date of Birth \_\_\_/\_\_\_/\_\_\_

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_ Native language \_\_\_\_\_

Legal Name ( as shows on the passport) \_\_\_\_\_

Please check the box where you wish your admission correspondence to be mailed:

Address in USA

Address in the home country

### Address in the USA (if available)

City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Telephone numbers (s) in the USA ( if available) \_\_\_\_\_

Personal E-mail (required) \_\_\_\_\_

### Address in your home country (required)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone number(s) in home country( include country code) \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Type of relationship \_\_\_\_\_

Telephone number (s) \_\_\_\_\_

## Enrollment information

Name of the program you want to study \_\_\_\_\_ Highest level of education completed : \_\_\_\_\_

What visa status do you presently hold ? \_\_\_\_\_ I-94 Expiration date (Month/Day/Year) \_\_\_\_\_

Passport number \_\_\_\_\_ Passport expiration date : \_\_\_\_\_

Are you applying for:  Initial F-1Visa  Transfer F-1 Visa  Change of Visa Statuts  Re-entry

Are you applying with any dependents (F-2)  yes  no How many ?  if yes, contact us. F-2 registration fee may be apply.

How many weeks do you plan to study ?  weeks  months. What date do you wish to begin classes ? \_\_\_/\_\_\_/\_\_\_

How did you hear about us?  internet  friend  wall-in  facebook  Twitter  other

## TUITION

Non-refundable Registration fee: \_\_\_\_\_ Non-refundable book fee: \_\_\_\_\_ Mail fee: \_\_\_\_\_

Monthly Tuition Fee : \_\_\_\_\_

Payment by credit card: Name as it appears on card: \_\_\_\_\_

Credit Card Account number : \_\_\_\_\_ expiration date: \_\_\_/\_\_\_ security code \_\_\_\_\_  
(last digits on back of the credit card)

I, \_\_\_\_\_ hereby authorize Miami International Language Academy- MILA to charge my credit/debit card for the total amount indicated above.

\_\_\_\_\_ Date (mm/dd/yyyy)

\_\_\_\_\_ Cardholder's signature

Do you need housing? \_\_\_ yes \_\_\_ no

If yes. Please answer:

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Allergies \_\_\_\_\_ Preference: Pets: \_\_\_ yes \_\_\_ no

Special Needs \_\_\_\_\_

Meals: \_\_\_ yes \_\_\_ no meals \_\_\_\_\_ Dates for housing: from \_\_\_\_\_ to \_\_\_\_\_

Transfer from \_\_\_\_\_ to \_\_\_\_\_

Applicant's Pledge

I have read and understood the estimated cost of attending Miami International Language Academy – MILA. I have enough money available to pay for all expenses, including tuition, registration fee, health insurance, meals, housing and personal expenses. I understand F1 students must attend minimum 18 hours per week and follow US F1 visa regulations. I understand and agree to the refund policy, attendance policy, student code of conduct. I certify that all statements on this form are true.

\_\_\_\_\_ Full Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date (mm/dd/yyyy)