











**Academia Language School – English Studies Application Form**

<b>Name*</b>			
_____		_____	
Last Name (Family Name)		First Name	Middle Name
<b>Country of Citizenship*</b>	<b>Place of Birth*</b>	<b>Date of Birth*</b>	<b>Sex (Circle one)*</b>
_____	_____	_____	Male / Female
City		Country	
_____		Month/Day/Year	
<b>Hawaii Address</b>			<b>Contact Information</b>
_____			Home _____
Street Number      Street Name      Apt. Number      City      Zip Code			Cell _____
<b>Address in Home Country*</b>			<b>Contact Information</b>
_____			Home _____
Street Number      Street Name      Apt. Number			Cell _____
City      Province      Country      Zip Code			Fax _____
<b>E-mail address</b>			
_____			
<b>Course Dates*</b>	<b><u>For Transfer Students Only</u></b>		<b>Visa Status (Circle one)</b>
<b>Start</b> _____	School Name _____		<b>Do you have an F-1 visa?      Y / N</b>
<b>End</b> _____	Program enrolled in _____		<b>If No, (Check one)</b>
Month/Day/Year	<b>Date Finished or expected last day</b>		<input type="checkbox"/> I will apply for F-1 visa.
	_____		<input type="checkbox"/> I will change my status.
	Month/Day/Year		<input type="checkbox"/> <b>Other</b> _____
<b>Emergency Contacts</b>			
Hawaii _____		Tel _____	
Home Country _____		Tel _____	
Name of Contact Person and relationship			
<b>Please read and sign</b>			
<ul style="list-style-type: none"> <li>• I understand that Academia has the right to change policies, prices and programs without prior notice.</li> <li>• I certify that the information provided on the application form is correct.</li> <li>• I will be responsible for reading, understanding and accepting all school policies. I further agree to all terms and conditions provided by Academia Language School.</li> </ul>			
<b>Signature of Applicant*</b>		<b>Date*</b>	
_____		_____	
		(Month/Day/Year)	

\*Required Information for I-20