



# Ace Institute of Technology

## INTERNATIONAL STUDENT APPLICATION FORM

<b>NAME (AS IN PASSPORT)</b>		
First Name _____	Last Name _____	Middle Name _____
<b>Visa applying for</b>	<b>Program of Interest</b>	<b>Student Status</b>
<input type="checkbox"/> F-1	<input type="checkbox"/> Graphic Fine Arts <input type="checkbox"/> Diagnostic Medical Sonographer	<input type="checkbox"/> First-time Issuance <input type="checkbox"/> Change of Status <input type="checkbox"/> Transfer Student
<b>If currently in the U.S., what is your current visa status?</b> <input type="checkbox"/> B-1/B-2 <input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other _____		
<b>Do you have English Proficiency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Passport Number</b> _____	<b>Country of Citizenship</b> _____	
<b>Place of Issue</b> _____	<b>Driver's License Number</b> _____	
<b>Country of Birth</b> _____	<b>Driver's License Issue Date</b> _____ / _____ / _____ Month Day Year	
<b>Date of Birth</b> _____ / _____ / _____ Month Day Year		

<b><u>HOME COUNTRY ADDRESS/FOREIGN ADDRESS</u></b>		
<b>Street</b> _____	<b>City/State/Province</b> _____	
<b>Country</b> _____	<b>Postal Code</b> _____	<b>Telephone</b> _____

<b><u>U.S. ADDRESS</u></b>		
<b>Street</b> _____	<b>City, State</b> _____	
<b>Zip Code</b> _____	<b>E-mail</b> _____	<b>Telephone</b> _____

<b><u>EMERGENCY CONTACT INFORMATION</u></b>	
<b>Name</b> _____	<b>Relationship to student:</b> _____
<b>Address</b> _____	<b>Phone #:</b> _____

<b>For Transfer Students Only:</b> If you are currently attending another college or university in US, please indicate:		
<b>Name of College/University</b> _____		
<b>Course</b> _____	<b>SEVIS ID Number</b> _____	_____

I certify that the information provided herein is true, correct, and complete to the best of my knowledge. I agree to comply with all rules and regulations as set forth by Ace Institute of Technology.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year