

Application

SHADED AREAS FOR F-1 STUDENTS ONLY.



Atlanta English Institute

Family name (surname) _____

First (given) name _____

Middle name _____

Name you wish to be called at school _____

Date of birth _____/_____/_____/ M/D/Y

Male Female

Address and phone **INSIDE THE UNITED STATES**

Street _____

City _____ State _____ Zip _____

Phone _____

Other phone _____

Other phone/fax _____

E-mail _____

Other e-mail _____

Emergency contact (name and phone) _____

Address and phone **OUTSIDE THE UNITED STATES**

F-1 STUDENTS ONLY

Street _____

City _____ State _____

Country _____ Postal code _____

Phone _____

Country of birth _____

Country of citizenship _____

(1) ATTENDANCE PLAN

(See Application Instructions)

Intended start date _____/_____/_____/ M/D/Y

Planned end date _____/_____/_____/ M/D/Y

Initial course _____

Course times: Mornings Evenings

(2) ESTIMATED EXPENSES AND MEANS OF SUPPORT

(See Application Instructions)

F-1 STUDENTS ONLY

Use a maximum of 12 months to calculate Estimated Expenses and Means of Support. (This is not an attendance limit. Rather, it is the maximum financial information required by the U.S. government.)

Estimated number of months _____ (use Attendance Plan)

Estimated Expenses

Tuition	_____
Application fee	\$175
Student Service fee	\$150
Living expenses	_____
Expenses of dependents	_____
Other	_____
GRAND TOTAL EXPENSES	_____

Specify "Other": _____

Means of Support

Student's personal funds _____

Funds from another source _____

GRAND TOTAL SUPPORT _____

Specify "another source," including type: _____

Please check one: **F-1 STUDENTS ONLY**

Initial entry (coming from home country)

Transfer student

Name of school transferring from: _____

Date completed/will complete studies: _____

_____/_____/_____/ M/D/Y

Change of status

Reinstatement

CONTINUED ON OTHER SIDE

What are your short and long term goals?

I agree to arrive for my classes on time, complete assigned homework, and participate fully in class.
 Yes.

Please list dependents if they will require an AEI-issued I-20 (F-2 visa) **F-1 STUDENTS ONLY**
(Use exact name as in passport)

	Dependent 1	Dependent 2	Dependent 3
Last name	_____	_____	_____
First name	_____	_____	_____
Relationship	_____	_____	_____
Date of birth <small>M/D/Y</small>	_____/_____/_____	_____/_____/_____	_____/_____/_____
Country of birth	_____	_____	_____
Citizenship	_____	_____	_____

I certify that the information on this application is true.
In addition, I have read, understood and agree to AEI's policies.

Signature _____ Date _____/_____/_____/ M/D/Y

How did you find out about the Atlanta English Institute?

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Referral - Family/Friend | <input type="checkbox"/> Google | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Referral - AEI Student _____
<small>Name</small> | <input type="checkbox"/> Facebook | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Referral - School | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other |
| <input type="checkbox"/> Referral - Employer | <input type="checkbox"/> Instagram | _____ |
| <input type="checkbox"/> Referral - Immigration Lawyer | <input type="checkbox"/> Directory | _____ |
| <input type="checkbox"/> Referral - My Teacher | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Internet | _____ |
| <input type="checkbox"/> AEI Representative | <input type="checkbox"/> Email | |
| | <input type="checkbox"/> Flyer | |

Native language _____

OFFICE USE ONLY

School representative