



CES COLLEGE

International Students Application for Admission

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____ Birth Date: Month/Day/Year _____

Gender Male Female Country of Birth _____ Country of Citizenship _____

Address:

Street _____ City _____ State/Province _____ Post Code _____ Country _____

Telephone _____ Fax _____ e-mail _____

U.S. Address (If you are in the U.S. or know where in the U.S. you will reside):

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____

Emergency Contact Information:

Name _____ Telephone _____

Education Completed:

High School 2-year College University or higher Month/Year Graduated _____

Program of study:

- English as Foreign Language –Beginning- Level 1 - 3 (EFL-B). How many 4-Week Terms _____
- English as Foreign Language –Advanced- Level 4 - 5 (EFL-A). How many 4-Week Terms _____
- Office Administration (OA)
- Medical Assistant (MA)
- Vocational Nursing (VN)

You wish to begin at CES:

Winter: December January February **Summer:** June July August
Spring: March April May **Fall :** September October November

You will be attending as: International Student (F-1 Visa) Other _____

Will you need CES to issue I-20: Yes No

If yes, please provide information about dependents, if applicable

Dependent Information (State your spouse, son, and/or daughter you want to add in the Form I-20.)

Relationship	Last Name	First Name	Middle Name	DOB (MM/DD/YY)	Country of Birth	Country of Citizenship
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OPTIONAL SERVICES

Airport Pick-up (Service fee: \$120.00) Yes No

Flight Information: Arrival date: _____ Time: _____ Airline: _____ Flight# _____

I do NOT have my flight information. I will inform CES as soon as possible

Accommodation Placement Service (Service fee: \$200.00) Yes No

Homestay with meals

Hotel

Homestay w/out meals

Apartment shared (limited availability)

If applying for homestay, please list any health problems, allergies or foods you cannot eat:

Other comments or preferences: _____

AGENT/EDUCATIONAL COUNSELOR - If applying through an agent/educational counselor:

Name of Agent	Agency	Telephone	Email
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ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read, understood and agreed to all the terms in this application and applicable school policies. I certify that I will be fully responsible for all expenses, including, but not limited to school, living and medical expenses while attending CES College. I also agree to accept full responsibility for my actions while participating in the Program and any related activities. In case of illness/injury, permission is hereby granted to any appropriate medical center for examination and/or treatment for referral to outside physicians. I will provide proof of medical insurance upon my arrival. I authorize CES College to release my records to my agency, guardian, sponsor, and to any colleges or universities to which I apply.

Signature _____ Date _____

Office Use Only:

Accepted Not Accepted.

Application Fee Received: Yes No

I-20 Issued: Yes No

Start Date: _____ End Date: _____