



INTERNATIONAL APPLICATION SUPPLEMENT

For applicants interested in attending in F-1 or M-1 Status

APPLICANT INFORMATION –ALL ITEMS MUST BE COMPLETE		
Family Name (Surname)	First (Given) Name	Middle Name
You must provide your name as it appears on your passport or country identification.		
Date of Birth	Month: _____ Day: _____ Year: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	Country of Citizenship	
If you are a citizen of more than one country, please list all countries of citizenship and circle the country on whose passport you intend to apply for F-1/M-1 status.		
Are you currently living in or visiting the United States on a visa or visa waiver program?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, what is your current visa status and its expiration date? Visa Type _____ Expiration Date _____
FOR OFFICE USE ONLY	Initial Attendance: _____	Change of Status: _____

CONTACT INFORMATION		
Email Address: _____		
Foreign Mailing Address (this should be a personal or family address)		
Street Address: (Use 2 lines if necessary)		
City:	Province/ Territory:	Postal Code:
Country:		
U.S Address (complete only if you currently reside in the US or if you have a local contact address)		
Street Address: (Use 2 lines if necessary)		
City:	State:	Zip Code:
If you qualify for an I-20, to which address do you want the I-20 mailed? Foreign Address <input type="checkbox"/> US Address <input type="checkbox"/>		

EDUCATION INFORMATION		
Intended Academic Program at A-B Tech: _____		
Intended Start Date at A-B Tech:	_____ Year	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Term
Official Language(s) of Country of Citizenship: _____		

High School Name		Address and Country	
Language of Instruction:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Level Completed:	
Have you completed any college work (post high/secondary school)? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please list below.			
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

TESTING INFORMATION

Have you taken the TOEFL exam? YES NO If NO, please explain:

Have you taken the Accuplacer in Reading Comprehension, Sentence Skills, Arithmetic, and Elementary Algebra? YES NO

If YES, please have the college provide you with an official copy in a sealed envelope for you to include with your application.

If NO, you must take the Accuplacer in your home country before your application will be considered. You must complete the information below.

Accuplacer Assessment Proctor Information

This information is required for all applicants taking the Accuplacer outside the U.S.A.

You must identify a proctor who is a school, college, or university official. The proctor will be responsible for administering the online Accuplacer in a secure setting. All information below must be completed in order for your application to be considered. Missing information may significantly delay the review of your application.

Proctor Name:	Position Title:
School Name:	School Country:
School Mailing Address:	
School Web Site:	
Work E-mail:	Please note: A personal e-mail address is not acceptable. A work e-mail address for the proctor must be provided.

OTHER INFORMATION

Will any dependents be staying with you in the U.S.A.? YES NO

If YES, complete the information below and include a copy of each dependent's passport or other government issued identification card.

Name: _____ Date of Birth Month: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>
Name: _____ Date of Birth Month: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>
Name: _____ Date of Birth Month: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>

Please list additional dependents on a separate sheet of paper and include copies of appropriate identification documents.

Do you wish to authorize others to act on your behalf? YES NO **If YES**, list the individual's information below.

Name:	Relationship to you:
E-mail Address:	Phone Number:
Name:	Relationship to you:
E-mail Address:	Phone Number:

The individuals listed above will be permitted to act on your behalf and you are agreeing to permit A-B Tech to release information relevant to completing your application and admission process.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that an incomplete application will not be reviewed and may delay my intended start date with the College.

I further certify that I am authorizing the individuals listed on this application to act on my behalf in regards to my A-B Tech application for admission. If I am issued an I-20, I authorize A-B Tech to release this I-20 to the individuals listed without additional permission.

Signature

Date