



## Application for Admission for IEP

### **Applicant Information**

Please print your name exactly as it appears on your passport.

First Name: \_\_\_\_\_ Family/Last Name: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (Please Circle):      Male              Female      Native Language: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Address in the US: \_\_\_\_\_

Street Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address in your home country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name & Phone #): \_\_\_\_\_

\*How did you hear about C.C.B. School of Atlanta: \_\_\_\_\_

Referred by: \_\_\_\_\_

Do you require an I-20?       Yes               No

### **Educational History**

My level of English is:               Beginning               Intermediate               Advanced

Highest level of education:  Elementary or Middle School  High School  College/  
University



### Please Check One

Initial Entry (Coming from home country)

Transfer Student

Name of school transferring from: \_\_\_\_\_

Date student completed or will complete studies: \_\_\_\_/\_\_\_\_/\_\_\_\_

Change of Status

Reinstatement

### Program Information

Please check all the sessions you will attend (2017)

Session 1: January 16

Session 2: March 13

Session 3: May 15

Session 4: July 10

Session 5: September 11

Session 6: Nov 6

Course start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration of study: \_\_\_\_\_

### Program Schedule

4-Day Schedule (Mon-Thurs 9am-1:30pm)

2-Day Schedule (Mon-Tues 9am-6:30pm)

### Dependent Information

Do you have any F-2 dependents (spouse and/or children):  Yes  No

If YES, how many? \_\_\_\_\_

### Financial Information

Note: All applicants seeking F-1 student status in the US are required to provide evidence of financial support for their duration of study. Students must provide the school with a bank statement or formal bank letter showing that they have adequate funds to cover their expenses while in the US.

Source of funds:  Personal  Family  Sponsor  Company  Other \_\_\_\_\_

### Signature of Applicant

*I declare that the information on this application is true. I have carefully read and understood C.C.B. School of Atlanta's policies, including the refund policy provided in the student handbook and enrollment agreement. I hereby affirm that I have sufficient funds to pay for all course costs and living expenses while studying and living in the US. In addition, I understand that the \$150 application fee is non-refundable.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_