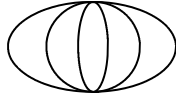


# A F International College



## Application for Admission

**Student Information.** Please enter the information exactly as it is printed in your passport.

\_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family Name      First Name      Middle Name      Month      Day      Year

**Gender:** Male  Female  **Country of Birth:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street      House Number      City

\_\_\_\_\_ **State or Province**      **Postal Code**      **Country**

\_\_\_\_\_ **Telephone**      **Fax**      **E-mail**

**Sponsorship:** Who will pay for your tuition and living expenses?  My own funds  Other (explain: \_\_\_\_\_  
\_\_\_\_\_)

**Beginning Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Ending Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month      Day      Year      Month      Day      Year

**VISA Status:**  International Student (F-1)  Other (specify: \_\_\_\_\_)

**Program Preferences:** Intensive:  (24 hours/week)      Semi-Intensive:  (18 hours/week)

### Optional Services

**(1) Airport Pick-Up Service?**  Yes       No       I do not have my flight information yet.

I have my flight information: Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Time: \_\_\_\_am/pm

Airline: \_\_\_\_\_ Flight# \_\_\_\_\_ **Please email a passport size photo to info@afint.com**

**(2) Housing Placement Service?**  Yes       No

**Type:**  Homestay       Hotel/Inn       Furnished Apartment       Other (Specify): \_\_\_\_\_

For Homestay, please list any health problems, allergies or foods you cannot eat: \_\_\_\_\_  
\_\_\_\_\_

Please state any other comments or preference: \_\_\_\_\_

### Statement of Financial and Health Responsibility

I acknowledge that I have read, understood and agreed to all the terms in this application. I certify that I will be fully responsible for all expenses, including, but not limited to school, living and medical expenses, while attending A F International School of Languages Inc. I also agree to accept full responsibility for my actions while participating in the Program and any related activities, including but not limited to, excursions and agree to assume all injuries from my participation. In case of illness and/or injury, permission is granted to any appropriate medical center for examination and/or treatment and/or for referral to outside physicians.

X \_\_\_\_\_  
Signature of Applicant      Date      Signature of Parent or Guardian if Applicant is under 18      Date