PRESTIGE HEALTH & BEAUTY SCIENCES ACADEMY INTERNATIONAL STUDENT APPLICATION

PLEASE TYPE. DO NOT LEAVE BLANK SPACES TYPE "N/A" IF THE QUESTION DOES NOT APPLY TO YOU.

APPLICANT INFORMATION: LAST NAME:FIRST NAME:MIDDLE NAME:	☐ IN MY HOME COUNTRY ☐ IN THE U.S. (PLEASE INDICATE	E BELOW WHICH TYPE OF VISA YOU CURF	RENTLY HAVE)		
DATE OF BIRTH (MM-DD-YYYY): GENDER (FEMALE/MALE):		APPLICANT I	(NFORMATION:		
COUNTRY OF BIRTH: COUNTRY OF CITIZENSHIP: FOREIGN ADDRESS: STREET ADDRESS: CITY: PROVINCE: POSTAL CODE: COUNTRY: PHONE NO: U.S. ADDRESS: STREET ADDRESS: STREET ADDRESS: CITY: PHONE NO: STATE: POSTAL CODE: PHONE NO: EXP. DATE (MM-DD-YYYY): DEPENDANT INFORMATION (ONLY FILL THIS OUT SECTION IF SPOUSE/CHILD WILL BE INCLUDED ON THE I-20): FAMILY NAME: FIRST NAME: MIDDLE NAME: DATE OF BIRTH (MM-DD-YYYY): COUNTRY OF CITIZENSHIP: COUNTRY OF CITIZENSHIP: RELATIONSHIP: SPOUSE CHILD CHILD RELATIONSHIP: SPOUSE CHILD CHILD COUNTRY OF CITIZENSHIP: RELATIONSHIP: SPOUSE CHILD CHILD CHILD COUNTRY OF CITIZENSHIP: RELATIONSHIP: SPOUSE CHILD C	LAST NAME:	FIRST NAME:	MIDDLE NAME:		
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AFTER COMPLETION PLEASE SAVE IT TO YOUR COMPUTER AND E-MAIL AS ATTACHMENT TO:		EASE PROVIDE THE INFORMATION FOR EACH	H ONE ON A SEPARATE SUPPLEMENTAL SHEET \$8#* £ 1~		
	AFTER COMPLETION PL	EASE SAVE IT TO YOUR	R COMPUTER AND E-MAIL AS ATTACHMENT TO:		

DEPENDANT SUPPLEMENTAL SHEET

DEPENDANT (IFAPPLICABLE) INFORMATION:			
FAMILY NAME:	FIRST NAME:		MIDDLE NAME:
DATE OF BIRTH (MM-DD-YYYY):		GENDER (FEMALE/MALE):	
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
RELATIONSHIP:SPOUSE CHILD			
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RELATIONSHIP: ____SPOUSE ____ CHILD