

# 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.

TYPE OF VISA APPLYING FOR:  NEW STUDENT  CHANGE OF STATUS  TRANSFER STUDENT

I AM APPLYING FOR MY VISA M-1

- IN MY HOME COUNTRY  
 IN THE U.S. (PLEASE INDICATE BELOW WHICH TYPE OF VISA YOU CURRENTLY HAVE)
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## APPLICANT INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

DATE OF BIRTH (MM-DD-YYYY): \_\_\_\_\_ GENDER (FEMALE/MALE): \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

FOREIGN ADDRESS:

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

U.S. ADDRESS:

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_

INDICATE ARRIVAL/DEPARTURE RECORD (I-94) NO: \_\_\_\_\_ EXP. DATE (MM-DD-YYYY): \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ ISSUE COUNTRY: \_\_\_\_\_ 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): \_\_\_\_\_ GENDER (FEMALE/MALE): \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_ SPOUSE \_\_\_ CHILD

IF HAVE MORE THAN ONE DEPENDANT PLEASE PROVIDE THE INFORMATION FOR EACH ONE ON A SEPARATE SUPPLEMENTAL SHEET **S&#\* E 1**

AFTER COMPLETION PLEASE SAVE IT TO YOUR COMPUTER AND E-MAIL AS ATTACHMENT

TO: [info@phabsa.com](mailto:info@phabsa.com)

# 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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**DEPENDENT (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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**DEPENDENT (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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**DEPENDENT (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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**DEPENDENT (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