

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 "RNGCUG'EJ GEMQP G# H'3''''''''''O/3"

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

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:

manager.pba@att.net

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

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

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

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

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