

APPLICATION FOR INTERNATIONAL STUDENT

Complete **all** fields of this application. Please type or print in block capital letters and sign the form once completed.

Name must match your passport. Please submit a copy of your passport identification page along with this application.

APPLICANT PERSONAL INFORMATION

First Name:		Last Name:	
Home Country Address:			
City:	State/Province:	Country:	
Zip Code:	Home Tel:	Other Tel:	
Email Address:		Fax:	
Date of Birth (day/month/year):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:	Country of Birth:	Nationality:	
Education: <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Other			
Home Address in Miami (if known):			
How long do you want to study? (months):		When would you like to start? (month/year):	
<input type="checkbox"/> Dependent Application Form(s) attached.		Number of Dependent Applications:	

APPLICATION AND COURIER FEES

Please select payments you will make to CCLS: Select **one** option per item below.

Application and courier fees are non-refundable.

A	<input type="checkbox"/> [USD \$100.00] Application Fee for Initial Status.
	<input type="checkbox"/> [USD \$200.00] Application Fee for Change of Status.
B	<input type="checkbox"/> [USD \$75.00] Courier Fee for the following countries: Americas, Austria, Belgium, France, Germany, Italy, Netherlands, Portugal, Spain, Scandinavia, UK.
	<input type="checkbox"/> [USD \$125.00] Courier Fee for all other countries.
	<input type="checkbox"/> Student / his appointee will pick up the I-20 at CCLS
C	<input type="checkbox"/> [USD \$200.00] SEVIS Fee
	<input type="checkbox"/> Student will make SEVIS payment himself (Please refer to Conditions of Admissions)

FORM OF PAYMENT

Please select **one** form of payment:

A ☐ Through a local agent.

B Credit Card: ☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number: Expiration Date: /

Security Code (4 digits AMEX and 3 digits Visa / MC):

Credit Card Billing Address:

Name on Credit Card:

Signature:

C ☐ Wire Transfer

Send payment to: Account Holder: CCLS - Cultural Center for Language Studies

Bank information provided via email.

D ☐ Check [drawn at a US bank] ☐ Money Order ☐ Traveler's Checks

Note: All checks and money orders must be made payable to CCLS and mailed/delivered to:

CCLS
3191 Coral Way, Suite 114
Miami, FL 33145

CONTACT INFORMATION AND TRAVEL INSURANCE

In case of an emergency during your stay in Miami, who should we contact?

Name: Relationship:

Tel: Cell: Email:

Upon receiving approval of their F-1 visa petition, students must purchase their own travel insurance before leaving their country of origin. Please contact CCLS if you need help to obtain insurance.

AGREEMENT

By signing this form, I expressly acknowledge that I understand and consent to the terms contained in the Conditions of Admission, the General Information for IEP Students, and this Application for Admission.

Signature of applicant:

Date:

Note: If applicant is under the age of 18, his/her legal guardian must sign this application.

Signature of Legal Guardian:

Date:

Name of Legal Guardian:

Relationship:

Please mail, fax, or scan and email this application and the certificate of financial support forms, bank document, passport ID page, and proof of applicable payment to CCLS. Your application will only be processed when all required and signed documentation is received. CCLS requires that the student pay the first month of classes no later than five business days after receiving his/her F-1 visa petition approval.