



APP Application Form (College / University / Specialty School)

Application Process to any APP member school

1. Complete ALL pages of the Academic Placement Program Application Form.
2. Mail the complete application and ORIGINAL supporting documents required for the program you are applying for (see checklist):

Academic Placement Program
P.O.BOX 550050
North Waltham, MA 02455-0050
USA

3. Send placement fee payment to Academic Placement Program. Payment can be made by bank check, international money order, credit card or bank transfer.
 (Application processing **CANNOT** begin until the placement fees and all required documents have been received by APP)

Supporting Document Checklist

■ All Students:

<input type="checkbox"/> Official copy of ALL school transcripts with English translation (all gaps between school terms must be accounted for) (Notarized copies may be acceptable if original copies are not available)
<input type="checkbox"/> Graduation certificate from your most recent school (high school, college or university) (Notarized copies may be acceptable if original copies are not available)
<input type="checkbox"/> Official Bank Statement(s) less than 3 months old that list the amount of your personal, family or government financial support (The names of the account holders on bank statements should be written in English)
<input type="checkbox"/> 1-2 page typed personal statement explaining your reason for wanting to study in the USA.
<input type="checkbox"/> Copy of the photo page of your passport.
<input type="checkbox"/> Copies of your English test score reports (TOEFL, IELTS), if available. (Official tests score reports must be sent directly from the testing service to the school(s) you are applying to, NOT to APP)
<input type="checkbox"/> Passport sized photo

■ Transfer students, who have completed 2-3 years of college/university (Additional required documents):

<input type="checkbox"/> Recommendation letters from at least two (2) of your former teachers
<input type="checkbox"/> Official transcripts and course evaluation (may be required and available from 3 rd party)
<input type="checkbox"/> Copy of I-20, I-94 and US Visa (if currently studying in the United States)

■ Graduate Students, who have completed a bachelor's degree program (Additional required documents):

<input type="checkbox"/> Recommendation letters from at least two (2) of your former teachers and/or work supervisors
<input type="checkbox"/> Copies of your graduate test score reports (GRE, GMAT, LSAT, MCAT), if available. (Official tests score reports must be sent directly from the testing service to the school(s) you are applying to, NOT to APP)
<input type="checkbox"/> Resume/ CV of work experience, if required

NOTE

- Some programs may have additional application and/or documentation requirements. APP staff will advise you about any additional requirements.
- Send **ONE ORIGINAL COPY** for EACH school you are applying to
- All original supporting documents must be accompanied by an **ENGLISH TRANSLATION**



Placement Service Introduction

Placement Service including:

■ **Includes:**

1. Application fee for one school
2. Guaranteed school admission (for APP-recommended school)
3. Unlimited school advising service
4. APP application management service
5. Express mail service fee for documents to school and back to agency (1st set)



College / University Application

Student Information

Name	_____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Native Language
Birth	_____	_____
Country of Citizenship	Date of Birth (Month/Day/Year)	Birth Place (City, Country)
Home Address (Include Country & Post Code)	_____	
Telephone Number	Home	Mobile
Passport	Passport Number	Passport Expiry Date
Email Address	_____	

Educational Information

Complete the following information for all high schools, English schools, colleges, and universities you have attended, Begin with your most recent school first.

School Name	Location (City, Country)	Start Dates of Attendance (Month/Year)	Graduation Date (Month/Year)	Study Program	Diploma/Degree

APP School Placement Information

Requested Major	_____			
Starting Term (Check One)	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Starting Year	_____			
Requested School(s)	1. _____ 2. _____ 3. _____ 4. _____			

Standardized Test Record Information

■ Entrance Exams

Write the score(s) of any standardized entrance exams you have taken.

Exam	Highest Scores	Date(s) Taken
SAT I	Verbal: _____ Math: _____	
SAT II (Subject: _____)		
GRE		
GMAT		
LSAT		
MCAT		

■ English Exams

How many years have you been studying English? _____ Years.

Write information about the standardized English tests you have taken.

Exam	Highest Scores	Date(s) Taken
TOEFL		
IELTS		
Other:		

■ Your Highest Education Goal

- Certificate Program (6 months - 1 year) Associate Degree (2 years)
 Bachelor's Degree (4 years) Master's Degree (Bachelor Degree + 2 years)
 Post-Graduate Degree (Ph.D., J.D., M.D., etc.)

Have you ever been dismissed/suspended from a school or convicted of any serious crime? Yes No

An affirmative admission will not prevent you from acceptance but you will need to provide additional information.

Emergency Contact Information

Contact Name	
Relationship to You	
Address	
Phone Number	
Email	

Signature

Your signature indicates that all information provided in your application is complete and accurate. Any misrepresentation of the information contained on this application may result in refusal of admission or cancellation of acceptance at the college or university. Your signature also serves as your authorization to allow APP to act as your representative with college and/or university admission office, to receive official school communications and acceptance documents for you and, if necessary, sign school application and admission documents on your behalf.

In order to APP to submit any application for you at any school, you must sign this application.

Signature of Applicant: _____ **Date:** _____

Signature of Parents / Guardian: _____ **Date:** _____

(If applicant is under 18 years old)



Certification of Financial Support

Application Process to any APP member school

The U.S. government requires prospective students to demonstrate they have the necessary financial support needed to meet all school and living expenses for one academic year before an I-20 can be issued. This form must be filled in COMPLETELY in order for your application to be processed.

Student's Name	_____		
	Family Name	First Name	Middle
Date of Birth	_____		
	Month	Day	Year

Financial Support Information

For each source of funding listed below, a recent bank statement signed by an authorized bank official is required. A separate copy of this Certification of Financial Support form should be submitted for each person or organization providing financial support for the student named above.

Amount (US Dollars)	Financial Source(s) Information
\$	Personal Funds (Financial resources in the student's own name)
\$	Family Funds and/or Sponsor <ul style="list-style-type: none"> • Name of family member or sponsor: _____ • Relationship to student, if any: _____ • Address: _____ House Number, Street, etc _____ City, Country, Postal Code • Occupation: _____
\$	Government Sponsorship, Scholarship or Loan (Must attach a supporting letter)
\$	Other (Attach a supporting letter, if available)

Family or Sponsor's Certification

I certify that I will provide financial support to _____ (Student's Name) as listed above for the duration of his/her study in the USA at _____ (School's Name). I understand that the school and living costs are subject to change at any time.

In order to APP to submit any application for the student at any school, sponsor must sign this application.

Sponsor's Signature: _____ **Date:** _____

Sponsor's Name Printed: _____



Application Authorization Form

Authorizing Declaration

I, _____, have requested the assistance and services of Academic Placement Program (APP) in applying to your institution.

I hereby grant APP to serve as my authorized representative throughout the application process and my enrollment at your institution. I request that all correspondence and communications regarding my application and acceptance, including the Form I-20, be sent directly to APP Headquarters located at:

Academic Placement Program
P.O.BOX 550050
North Waltham, MA 02455-0050
USA

Furthermore, I grant authorization for APP to be provided with information regarding my tuition payments, class enrollment, and class grades, if requested.

Signature of Student: _____ **Date:** _____

Signature of Parents / Guardian: _____ **Date:** _____
(If student is under 18 years old)



Credit Card Charge Authorization Form

Student Information

Student's Name		

	Family Name	First Name

Credit Card Information

Credit Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX	
Card Holder's Name (Print clearly as appeared on the card)		
Credit Card Number		
Credit Card Information	Expiration Date	Security Code

Charging Description

Application Fee	\$
Other:	\$
Other:	\$
Total Amount to charge to Credit Card	\$

* Please note that all transactions over \$2,000 will incur a 3% surcharge.

Credit Card Holder's Signature: _____ **Date:** _____

Authorization Code: _____ **Authorized Date:** _____