

American University Services
29 Sunset Drive
Athens, Ohio 45701 USA
Telephone: 740.591.4841



Application for International Students

Section A: Enrollment

Applying for:

- Fall Semester 2024 school year
- Winter Semester 2024 school year
- Spring Semester 2024 school year
- Summer Semester 2024 school year

Seeking Degree: Bachelor Master's Medical Fellowship English only

Study Major:

Section B: Personal Information

Please write your name as it appears in your passport.

Family Name:

First Name(s):

Middle Name:

E-mail Address:

Date of Birth: Day: Month: Year:

Gender: Male: Female:

Place of Birth: City: Country:

Country of Citizenship:

Passport No.: Issuing date: Expiration Date:

Section C: Student's Home Country Address

Street Address:

City:

Province/Country:

Postal Code:

Telephone:

Email:

Section D: Mailing Address

This is the address to which your acceptance package will be mailed.

Street address:

City:

Province/Country:

Postal Code:

Telephone:

Email:

Section E: Dependent information

If you intend to bring dependent(s) with you, please provide the following information for each dependent:

	Last Name	First Name	Middle Name / Middle Initials	Date of Birth DD-MM-YY	Country and City of Birth	Country of Citizenship	Gender M/F
Spouse							
Child							
Child							
Child							
Child							
Child							

Section F: Educational Background

Master's Major: **GPA:** (/) (for example 4.0/5) If applicable.

Undergraduate Major: **GPA:** (/) (for example 4.0/5).

List the most recent high schools, and/or all colleges and universities you have attended:

Name of School or Institution	City/State/Country	Date Attended			Graduation date	Major and Degree
		Mo. Yr.		Mo. Yr.		
			To			
			To			
			To			
			To			

If you have taken any of the following tests, please report score and test date.

TOEFL: Score: Date:
 GRE: Score: Date:
 GMAT: Score: Date:

(Include copies of test score reports, if available).

Section G: Career Experiences

List your previous work experience or past short courses and training programs attended in the past:

Company OR Institution	Job Title OR Short Course Name	City/State/Country	Date Attended		
			Mo. Yr.	To	Mo. Yr.
				To	
				To	
				To	
				To	

Section H: Recommendations

List of recommenders

Name	Institution
1.	
2.	
3.	

Waiving the right to view letters of recommendation:

- I waive the right.
- I don't waive the right.

Section I: Emergency Contact

In the case of an emergency who should we contact?

Name:

Relationship:

Phone:

Email:

Section J: Student Visa

- What type of Visa are you currently holding?
 - None.
 - Student (F-1) Exchange (J-1) Visitor (B-1/B-2) Other:

- Currently, which Country are you living in?

Section K: Living Arrangements

- I need housing arrangement for:
 - Dormitory.
 - Home-stay Family.
- I need arrangement for airport pickup.

Section L: Authorization Statement

I hereby certify that all the information contained in this application is true and correct. I hereby authorize American University Services (AUS) or any organization associated with AUS to complete, sign and submit, on my behalf, any and all documents and forms required to obtain acceptance to an institution of higher education and to receive direct notification of the results of said application. I also authorize AUS or its affiliated organization to determine the location of my English program.

Signature of Applicant _____ Day / _____ Month / _____ Year