



University Study in America

MASTER'S ACCELERATOR PROGRAM APPLICATION

Channel Partner Stamp Here

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED.

PERSONAL DETAILS

Name must appear exactly as shown in applicant's passport.

Given name/First name:
Surname/Last name:
Gender:
Date of birth (DD/MM/YYYY):
City of birth:
Country of birth:
Country of citizenship:
Passport number:
Passport date of expiration (DD/MM/YYYY):

CONTACT DETAILS

Permanent non-U.S. home address:

Address line 1:		
Address line 2:		
City:		
State/province:		
Postal code:		
Country:		
Mobile telephone: +[]()		
Home telephone: +[]()		
Applicant's email:		
Applicant's mailing address in the U.S. (if applicable):		
City:	State:	Postal code:

CHANNEL PARTNER INFORMATION

Channel partner, name:
Branch (if applicable):
Recruiter name (if applicable):
Recruiter email (if applicable):

EMERGENCY CONTACT

Given name/First name:
Surname/Last name:
Gender:
Address line 1:
Address line 2:
City:
State/province:
Postal code:
Country:
Home telephone: +[]()
Email:

SELECT YOUR ROUTE TO ACCELERATOR PROGRAM

<input type="checkbox"/> Direct Master's Accelerator Program (1 semester)
<input type="checkbox"/> Advanced Master's Accelerator Program (1 semester)
<input type="checkbox"/> Master's Accelerator: Track 1 (2 semesters)
<input type="checkbox"/> Master's Accelerator Program: Track 2 (2 semesters)
<input type="checkbox"/> Pre-Sessional English

INTENDED MAJOR

Write in major: _____

For a full list of majors offerings, go to: www.usaprogram.info

INTENDED START DATE

Indicate year and semester you wish to start

Year: 20 ____ Fall Spring Summer

EDUCATION DETAILS & HISTORY

English Proficiency – Official exam results must be provided.

IELTS™ Score:
Date taken or scheduled (DD/MM/YYYY):
TOEFL iBT total score:
Date taken or scheduled (DD/MM/YYYY):
Have you taken another English-language exam? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies of results with application.

Postsecondary Education History – All transcripts must be provided.

Type: <input type="checkbox"/> Postsecondary School/University <input type="checkbox"/> Vocational <input type="checkbox"/> English Language <input type="checkbox"/> Other: _____
Name of postsecondary school attended:
City of postsecondary school:
Country of postsecondary school:
From (DD/MM/YYYY): To (DD/MM/YYYY):
(Anticipated) Date of graduation/transfer (DD/MM/YYYY):
Language of instruction:
Have you attended additional postsecondary institutions? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No

Type: <input type="checkbox"/> Postsecondary School/University <input type="checkbox"/> Vocational <input type="checkbox"/> English Language <input type="checkbox"/> Other: _____
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Country of postsecondary school:
From (DD/MM/YYYY): To (DD/MM/YYYY):
(Anticipated) Date of graduation/transfer (DD/MM/YYYY):
Language of instruction:
Have you attended additional postsecondary institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide transcripts with application.

FORM I-20

Do you have a Form I-20 from another institution in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expired I-20 End Date (DD/MM/YYYY): _____ If "Yes" or "Expired," please provide a copy with your application materials.
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DEPENDENTS

Dependents are defined as spouses and/or unmarried children under 21.

Do you have dependents that you would like to add to your I-20?

Yes No

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 Yes No Expired I-20 End Date (DD/MM/YYYY) _____
If "Yes" or "Expired," please provide a copy with your application materials.

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Yes No

MEDICAL INSURANCE REQUIREMENT

I understand that I will be required to purchase medical insurance for the full duration of my program upon my arrival in the United States.

NOTICE OF NON-DISCRIMINATION

Discrimination, harassment (including sexual misconduct), and retaliation of any type will not be tolerated at University. Upon notice, the University will act to end the discrimination, harassment or retaliation; prevent its recurrence; and remedy its effects on the victim and the University community. If you have any questions or concerns about discrimination, harassment (including sexual misconduct), and/or resulting retaliation, or if you need help in resolving a problem, I strongly encourage you to contact the Coordinator at University.

SPONSORED STUDENTS

Sponsored Students are defined as any student receiving a sponsorship from their local government, organization, or agency.

Check (if applicable):

I have guaranteed sponsorship from my local government, organization, or agency. Name of Sponsor Body: _____

I anticipate having sponsorship at some time during my study. Name of (Anticipated) Sponsor Body: _____

DISCIPLINARY HISTORY

Please note that if new circumstances alter your status at school or in your community after you submit this application, you are required to notify University as soon as possible.

Have you ever been suspended, dismissed, expelled or required to withdraw from any high school or college for academic or disciplinary reasons? (An affirmative response will not automatically prevent admission, but any omission or falsification is grounds for denial or rescission of admission, or expulsion.)

Yes No

Have you ever been convicted of, or pled guilty or no contest to a felony or misdemeanor charge? (An affirmative response will not automatically prevent admission, but any omission or falsification is grounds for denial or rescission of admission, or expulsion.)

Yes No

TERMS AND CONDITIONS

I have read and understand the published terms and conditions for the Master's Accelerator Program I have selected on my application, and understand that the most updated copy may be found at the University.

DECLARATION

I declare that the information I have supplied on this form is complete and correct. I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrollment and/or loss of visa status.

I have read and understand the published course information in the brochure or website, and I have sufficient information about University, including the Master's Accelerator Program (MAP), to make an informed enrollment decision.

I give University permission to obtain official records from any educational institution attended by me.

I understand that after I commence my studies with University, I will need to successfully complete the program and meet the minimum required progression standards before I can continue my studies at University.

I understand that tuition and fees may change without notice. I accept responsibility for payment of all relevant tuition and fees, and I agree to abide by the University refund policy.

I understand that living expenses in the United States may be higher than in my own country, and I confirm that I have the financial ability to meet these costs.

I understand that I can choose to live on or off campus.

I have read and understand the published program terms and conditions and understand that the most updated copy may be found at study@usaprogram.info.

APPLICANT'S SIGNATURE

Date (DD/MM/YYYY): _____

PARENT OR GUARDIAN SIGNATURE (if applicant is under 18)

Date (DD/MM/YYYY): _____

APPLICATION SUBMISSION

Scan and e-mail completed application to study@usaprogram.info.