



University Study in America

## Undergraduate Accelerator Application

Agent Stamp Here (if applicable)

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:

|   |        |              |
|---|--------|--------------|
| Street (or physical address):                           |        |              |
| City:   |        |              |
| State/province:   |        |              |
| Postal code:  |        |              |
| Country:  |        |              |
| Mobile telephone: +[ ]                                  |        |              |
| Home telephone: +[ ]                                    |        |              |
| Applicant's e-mail:                                     |        |              |
| Applicant's mailing address in the USA (if applicable): |        |              |
| City:   | State: | Postal code: |

### CHANNEL PARTNER INFORMATION (IF APPLICABLE)

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

### EMERGENCY CONTACT

|                        |
|------------------------|
| Given name/First name: |
| Surname/Last name:     |
| Relationship:          |
| Address:               |
| City:                  |
| State/province:        |
| Postal code:           |
| Country:               |
| Home telephone: +[ ]   |
| E-mail:                |

### SELECT YOUR ROUTE TO ACCELERATOR PROGRAM

|   |
|---|
| <input type="checkbox"/> Integrated Accelerator Program (2 semesters) |
| <input type="checkbox"/> Academic Accelerator Program (2 semesters)   |
| <input type="checkbox"/> Extended Accelerator Program (3 semesters)   |
| <input type="checkbox"/> Pre-Sessional English                        |

### INTENDED DEGREE

Write in degree: \_\_\_\_\_

For a full list of degree offerings go to: [www.usaprogram.info](http://www.usaprogram.info)

### INTENDED START DATE

Indicate year and semester you wish to start.

|                |                               |                                 |                                 |
|----------------|-------------------------------|---------------------------------|---------------------------------|
| Year: 20 _____ | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
|----------------|-------------------------------|---------------------------------|---------------------------------|

### EDUCATION DETAILS & HISTORY

English Proficiency – Official exam results must be provided.

|  |
|--|
| IELTS total 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<br>If yes, please provide copies of results with application. |

#### Advanced Tests (if applicable)

|                  |                        |
|------------------|------------------------|
| SAT Total Score: | SAT Date (DD/MM/YYYY): |
| ACT Total Score: | ACT Date (DD/MM/YYYY): |

Secondary School/High School – All transcripts must be provided.

|   |                  |
|---|------------------|
| Name of School Attended:  |                  |
| City:   |                  |
| Country:  |                  |
| From (DD/MM/YYYY):  | To (DD/MM/YYYY): |
| (Anticipated) Date of graduation (DD/MM/YYYY):  |                  |
| Have you attended additional schooling? <input type="checkbox"/> Yes* (see below) <input type="checkbox"/> No |                  |

#### \*Additional Schooling

|  |   |
|--|---|
| Type:  |   |
| <input type="checkbox"/> Secondary School/High School  | <input type="checkbox"/> Post-Secondary School/University |
| <input type="checkbox"/> Vocational  | <input type="checkbox"/> English Language                 |
| <input type="checkbox"/> Foundation Program  | <input type="checkbox"/> Other: _____                     |
| Name of school attended:   |   |
| City:  |   |
| Country:   |   |
| From (DD/MM/YYYY):   | To (DD/MM/YYYY):  |
| (Anticipated) Date of graduation (DD/MM/YYYY):   |   |
| Have you attended additional schooling? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No |   |

#### \*Additional Schooling

|  |   |
|--|---|
| Type:  |   |
| <input type="checkbox"/> Secondary School/High School  | <input type="checkbox"/> Post-Secondary School/University |
| <input type="checkbox"/> Vocational  | <input type="checkbox"/> English Language                 |
| <input type="checkbox"/> Foundation Program  | <input type="checkbox"/> Other: _____                     |
| Name of school attended:   |   |
| City:  |   |
| Country:   |   |
| From (DD/MM/YYYY):   | To (DD/MM/YYYY):  |
| (Anticipated) Date of graduation (DD/MM/YYYY):   |   |
| Have you attended additional schooling? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

## ARE THERE ANY GAPS OF 6 MONTHS OR MORE IN YOUR ACADEMIC RECORD?

Yes\*  No

\*If yes, what have you been doing? (Check all that apply)

Studying English on my own,  
from (DD/MM/YYYY): \_\_\_\_\_ To (DD/MM/YYYY): \_\_\_\_\_

Working, from (DD/MM/YYYY): \_\_\_\_\_ To (DD/MM/YYYY): \_\_\_\_\_

Other (please specify activities and dates):

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## FORM I-20

Do you have a Form I-20 from another institution in the United States?

Yes  No  Expired I-20 End Date (DD/MM/YYYY) \_\_\_\_\_

If "Yes" or "Expired," please provide a copy with your application materials.

## DEPENDENTS

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

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

Yes  No

## MEDICAL INSURANCE REQUIREMENT

I understand University will provide a required 12 months of medical coverage upon my arrival in the United States, at a cost of \$2,000 USD. At the end of 12 months, I will be required to extend the initial coverage. This fee changes annually and is correct at the time of printing.

## 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

## 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 Undergraduate Accelerator to make an informed enrollment decision.

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

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

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 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 will be required to live in approved housing.

I have read and understand the published program terms and conditions.

## 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](mailto:study@usaprogram.info).