



Atlanta
Pacific
Group

Atlanta Pacific Group

Fax: (888) 787-2377

Email: mfenton@atlantapacificgroup.com

Student Information

Please print your name exactly as it appears on your passport.

Family Name

First Name

Middle Name

Date of Birth: ____/____/____
Month Day Year

Male Female

Please check one:

Initial Entry (Coming from home country)

Transfer Student

Name of school transferring from: _____

Date student completed or will complete studies: ____/____/____

Change of Status

Reinstatement

US Address:

Street _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Emergency Contact (List name and phone #) _____

Country of Birth _____ Country of Citizenship _____

Home Country Address:

Street _____

City _____ State _____ Country _____

Postal Code _____ Phone _____

Course Schedule:

Intended Start Date: _____/_____/_____ (MM/DD/YY)

Initial Course:

Intensive English Program:

4-week English Tour:

Dependant Information:

-Please list dependents if they require an I-20 (F-2 visa).

	Dependent 1	Dependent 2	Dependent 3
Last Name			
First Name			
Relationship			
Date of Birth			
Country of Birth			
Citizenship			

How did you find out about our program? _____

Referred by : _____

I declare that the information on this application is true. I have carefully read and understood APG's policies. By signing my name, I agree to adhere to APG's policies.

Signature _____ Date _____

Office Use

Program Representative