



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: _____
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 <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

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.

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 subject to disciplinary action or do you currently have a disciplinary charge pending by any educational institution for academic misconduct? (You do not need to disclose any academic dismissal, suspension or probation that was due to poor grades.)

Yes No

Have you ever been subject to disciplinary action or do you currently have a disciplinary charge pending by any educational institution for behavioral misconduct?

Yes No

Have you ever been convicted of, or charged with a criminal offense, or are you currently the subject of a criminal proceeding?

Yes No

An affirmative response to any of the above questions will not automatically prevent admission, but any omission or falsification is grounds for denial, rescission of admission, or expulsion.

TERMS & 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 website on the link listed below.

www.usaprogram.info

NOTICE OF NONDISCRIMINATION

University is an equal opportunity educational institution and operates without regard to race, sex, color, age, religion, national origin, disability or veteran status. The university complies with the regulations of Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Age Discrimination in Employment Act, Title IX of the Education Amendments of 1972, Sections 503/504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act, the Americans with Disabilities Act of 1990, The Equal Pay Act and the Pregnancy Discrimination Act. Anyone wishing to file a complaint covered by the above should go to the Affirmative Action Office in Suite 005 of the Quad Center, or call 844-4794 between 7:45 a.m. and 4:45 p.m., Monday through Friday.

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 have read, understand, and agree to abide by the published terms and conditions of University and I understand that the most updated version can be found at www.usaprogram.info, and I have viewed the program terms and conditions listed there.

APPLICANT'S SIGNATURE

Date (DD/MM/YYYY):

APPLICATION SUBMISSION

Scan and email completed application to study@usaprogram.info