

| APPLICATION FORM

STUDENT INFORMATION

Last Name:	First Name:	Gender:	Male	Female
Date of Birth (mm/dd/yyyy):	Country of Citizenship:			
Country of Birth:	Country of Residence:	State:		
Home Country Address:				
City:	Province:	Postal Code:		
United States Address (if applicable):				
City:	Province:	Postal Code:		

STUDENT CONTACT

Student Phone Number:	Whatsapp/Telegram Number:
Student Email:	
Emergency Contact Last Name:	Emergency Contact First Name:
Emergency Contact Phone:	Emergency Contact Email:
Emergency Contact Relationship (father, mother, etc.):	
Emergency Contact Address:	
How did you hear about CLA? (social media, agent, friend, event, internet, etc):	

ENGLISH PROGRAM INFORMATION

School Location:	Los Angeles	San Diego	San Francisco
Start Date (mm/dd/yyyy):	Length of study (in weeks):		

English Program:	Program Intensity:	English Level:
General English	Standard 12 - 12 hours per week	Beginner
Junior Study Tour	Standard 15 - 15 hours per week	Intermediate
Business English	Intensive 18 - 18 hours per week	Advanced
Exam Preparation	Intensive 21 - 21 hours per week	
Pathway to College	Super Intensive 27 - 27 hours per week	
Private Lessons		

Schedule Option:	Accommodation:	Type of Bedroom:	Airport Transfer:
Morning Class	None	Single	None
Afternoon Class*	Shared Apartment	Double	One way
Evening Class*	Residence	Shared	Roundtrip
Full-day Class	Homestay		

*Subject to availability

How California Language Academy can reach you when you arrive?

VISA INFORMATION

VISA:	Dependent VISA Request (if "yes" is selected, please fill the form(s) in the next page):
Initial F1	Change of Status
Transfer F1	Reinstatement
None F1	Other:
	Yes
	No

DEPENDENT 1

Dependent 1 Last Name:

Dependent 1 First Name:

Dependent 1 Date of Birth (mm/dd/yyyy):

Dependent 1 Phone Number:

Dependent 1 Email Address:

Dependent 1 Relationship (husband, wife, son, daughter, etc):

DEPENDENT 2

Dependent 2 Last Name:

Dependent 2 First Name:

Dependent 2 Date of Birth (mm/dd/yyyy):

Dependent 2 Phone Number:

Dependent 2 Email Address:

Dependent 2 Relationship (husband, wife, son, daughter, etc):

DEPENDENT 3

Dependent 3 Last Name:

Dependent 3 First Name:

Dependent 3 Date of Birth (mm/dd/yyyy):

Dependent 3 Phone Number:

Dependent 3 Email Address:

Dependent 3 Relationship (husband, wife, son, daughter, etc):

My signature belows certifies that all information in this page is true and i have received and read the cancellation and refund policy and the attendance policy. i am aware of all the fees related to the chosen options of this form, including the visa processes fees. After this form is signed, please save it, rename the file using student's last and first name, and send it to info@cla.edu

Student Signature: _____

Date: _____