

# Application for Admission International Student

Please type or print in ink all information requested.



# ORLANDO ACADEMY SCHOOL of HEALTH PROFESSIONS

STUDENT BIOGRAPHICAL INFORMATION				
Name <i>(as it appears on passport)</i>				
Family Name:		First Name:	Middle Name:	
Date of Birth:  <div style="display: flex; justify-content: space-around;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		SSN: <i>(if applicable)</i>	Email:	
Mailing Address:				
City:		State/Province:	Country:	
Postal Code:		Telephone:	Gender: <i>(Please circle)</i> <div style="display: flex; justify-content: flex-end; gap: 20px;"> <input type="checkbox"/> Male           <input type="checkbox"/> Female         </div>	
City & Country of Birth:			Citizenship:	
What is your native language?				
PASSPORT INFORMATION				
Passport Number:		Issue Date:	Expiration Date:	
<i>Please attach a photocopy of passport showing the information above.</i>				
VISA INFORMATION				
Current Visa Type:		Issue Date:	Expiration Date:	
I-94 Card Expiration Date:				
<i>Please attach a photocopy of visa and/or I-94 showing the information above.</i>				
PROGRAM INFORMATION				
Program Title (International Student):  <input type="checkbox"/> Intl. CNA <input type="checkbox"/> Intl. PCT <input type="checkbox"/> Intl. MA <input type="checkbox"/> Intl. Advanced Nursing		Program Title:  <input type="checkbox"/> MAA <input type="checkbox"/> MA <input type="checkbox"/> MBC <input type="checkbox"/> NA <input type="checkbox"/> PCT <input type="checkbox"/> PHL <input type="checkbox"/> PHARM	Starting Term:  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January  <input type="checkbox"/> February  <input type="checkbox"/> March  <input type="checkbox"/> April  <input type="checkbox"/> May  <input type="checkbox"/> June           </div> <div> <input type="checkbox"/> July  <input type="checkbox"/> August  <input type="checkbox"/> September  <input type="checkbox"/> October  <input type="checkbox"/> November           </div> </div>	
EDUCATIONAL INFORMATION				
Name of High School:		Graduation Date:  <div style="display: flex; justify-content: space-around;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
City:		State/Province:	Country:	
Name of College/University:		Graduation Date:  <div style="display: flex; justify-content: space-around;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
City:		State/Province:	Country:	
Dates Attended: (start)  <div style="display: flex; justify-content: space-around;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		Dates Attended: (finish)  <div style="display: flex; justify-content: space-around;"> <span>____ / ____ / ____</span> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	Degree Granted:	

**EMERGENCY CONTACT INFORMATION**

Name:		
Home Telephone:	Work Telephone:	Relationship:

**DEPENDENTS INFORMATION**

Name:	Date of Birth: _____ Month / Day / Year	Relationship:
Name:	Date of Birth: _____ Month / Day / Year	Relationship:
Name:	Date of Birth: _____ Month / Day / Year	Relationship:

Please attach a photocopy of passport of spouse/children accompanying you – showing full name, date of birth, passport expiration date.

**INTERNATIONAL STUDENT AGREEMENT**

I understand that this application is for admission to Orlando Academy School of Health Professions. I also understand and agree that I will be bound by Orlando Academy’s regulations concerning application deadline dates and admissions requirements. If all my documents are not submitted by the indicated application deadline dates, I understand and agree that my admission to Orlando Academy may be deferred to a later term. I agree to the release of any transcripts, evaluations, student records, and/or test scores to Orlando Academy.

I certify that all the information given in this application is complete and accurate. I understand that to make false or fraudulent statements within this application or supporting documents pertaining to this application may result in disciplinary action, denial of admission, and/or invalidation of credits or diplomas earned. I agree, as certified by my signature below, that while attending Orlando Academy School of Health Professions I will uphold all federal and state laws, county and municipality ordinances, and rules, regulations, policies, and procedures of Orlando Academy.

\_\_\_\_\_ Month / Day / Year  
 Applicant’s Name (Please Print Clearly)

**PLEASE READ AND INITIAL EACH ITEM BELOW:**

- \_\_\_\_\_ I understand that the \$ 150.00 application fee is non-refundable.
- \_\_\_\_\_ I understand that I must obtain permission from the United States Citizenship and Immigration Services (USCIS) to attend Orlando Academy School of Health Professions.
- \_\_\_\_\_ I understand that I am not eligible for financial aid.
- \_\_\_\_\_ I understand that I must maintain full-time status to maintain my student status with United States Citizenship and Immigration Services (USCIS) and that falling below full-time status will jeopardize my immigration status.
- \_\_\_\_\_ I understand that M-1 Visa students cannot be employed off-campus without authorization from an International Student Advisor and the United States Citizenship and Immigration Services (USCIS).
- \_\_\_\_\_ I understand that failure to meet any of the requirements and/or conditions of admission and enrollment at Orlando Academy will result in notification to the United States Citizenship and Immigration Services (USCIS) that I am out of status.

\_\_\_\_\_ Month / Day / Year  
 Applicant’s Signature



**ORLANDO ACADEMY**  
 SCHOOL of HEALTH PROFESSIONS

Office of Admissions  
 1650 Sand Lake Road Suite 115, Orlando, FL 32809, U.S.A.  
 (407) 240-2800