APPLICANT: ____________________________________________________________

family name                           given name

Current Address: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Country of Citizenship ___________Native Language__________________________

Current Visa Status:

Year of Immigration to U.S. (if applicable)_______________________________

Type of Temporary Non-Immigration Visa: __________Visa #__________________
Will You Require An F-1 (Student) Visa? _____Yes    _____No

TOEFL & GRE Scores are required of all applicants. (See Instructions.)

GRE Scores:

Verbal ____________, Quantitative ____________, Analytical _____________

DATE Taken _________________ GRE Date To Be Taken_______________________

TOEFL Score: _________ DATE Taken__________

TOEFL Date To Be Taken__________
If Married, Will Your Spouse or Children Accompany You to U.S.?

_____Spouse  _____Children    Total Number of Dependents______________________

You will be required to document the source of your financial support while in the United States. This can be done by submitting a certified bank statement or letter of commitment of support from a benefactor, or other documentation.

Indicate Source of Your Financial Support for Tuition and Living Expenses:
____________________________________________________________________________

Name of Person or Organization_______________________________________________

Relationship (If Any)___________________Occupation____________________________

"I CERTIFY THAT THE INFORMATION I SUBMIT ON THIS FORM IS COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR ANY OMISSION OF REQUESTED INFORMATION MAY BE CAUSE FOR TERMINATING ME FROM THE PROGRAM AT ANY TIME."

DATE:__________________        ______________________________________________

(SIGNATURE OF APPLICANT)

Please attach this form to your CPAS Supplemental Application.