



APPLICATION FORM

APPLYING FROM ABROAD TRANSFER CHANGE OF STATUS

READ CAREFULLY HOW TO ENROLL

Please, complete the application form with the following documents:
- Receipt;
- Letter from the bank;
- Copy of student's passport;
- Additional service fees if necessary.

ADDITIONAL FEES
- ENROLLMENT FEE US\$ 150.00
- EXPRESS MAIL FEE US\$ 50.00
- AIRPORT / ARRIVAL FEE US\$ 70.00
- DOCUMENT TRANSLATION FEE US\$ 30.00 (per page)
- NOTORIZED FEE US\$ 5.00 (per page)

If you choose not to pay the EXPRESS MAIL FEE for your I-20 document, it will be sent by regular mail and we do not take responsibility for it.
A US\$ 50.00 fee will be charged in the event of I-20 has to be reissued

PAYMENT
Target International Student Center accepts US dollars, traveler's checks, Visa, Master Card, Money Orders and checks.
Please, do not send cash through the mail.
Checks and money orders must be payable to:
**Target International Student Center
5 Middlesex Ave, Suite 303
Somerville, MA - 02145**

WIRE TRANSFER
In order to wire money to Target International Student Center's bank account at Citizens Bank, the following information must be given to your financial institution:

BANK NAME
CITIZENS BANK

ADDRESS
5 Middlesex Ave, 3th Floor Suite 303
Somerville, MA - 02145

BANK ACCOUNT NAME
Target International Student Center

TELEPHONE 617-628-0367 **ACCOUNT NUMBER** 1309553057

ABA NUMBER 011500120 **SWIFT CODE** CTZ14533

TO:
Target International Student Center

ATTENTION
Admissions

FROM
Your name goes here

HEALTH DECLARATION
I am aware that I need health insurance while staying in the United States and it is my responsibility to obtain one. In case of medical emergency in the US, I authorize any physician or professional in the field to initiate treatment and to release medical information as well as to inform the insurance company to continue the appropriate treatment in my country.
I am also aware that these statements required by the American government authorities, are legally binding when Target International Student Center accepts my application.

AGENT CODE

PERSONAL DATA

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ DATE OF BIRTH (mm/dd/yyyy) _____ GENDER _____
NATIONALITY _____ COUNTRY OF BIRTH _____
ADDRESS _____
CITY _____ STATE _____ COUNTRY _____
ZIP CODE _____ E-MAIL _____
HOME PHONE _____ MOBILE PHONE _____

USA ADDRESS

ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ MOBILE PHONE _____

ABOUT THE COURSE

COURSE _____ WHAT DO YOU ESTIMATE YOUR LEVEL OF ENGLISH TO BE? _____
AREA OF INTEREST
 GRAMMAR CONVERSATION PRONUNCIATION CREATIVE WRITING
HOW LONG _____ STARTING DATE (mm/dd/yyyy) _____ ENDING DATE (mm/dd/yyyy) _____
WEEK _____ MONTH _____
WHAT IS YOUR ACTUAL STUDENT STATUS?
 I Will apply for a visa I Have applied for a visa. I Have a visa already Do not require a visa

HOUSING INFORMATION

SMOKING I will be responsible for my accommodations
 Air Pick up and Drop-Off Please, contact me with more information about housing.

MEDICAL INFORMATION / HEALTH INSURANCE

Do you have any medical condition or allergies? What condition or allergies _____
 I will obtain my own insurance plan
 I already have an insurance plan
 Please, contact me for more information about insurance plan

FEES AND PAYMENT INFORMATION

Are you paying for your study expenses?
SPONSOR NAME _____ SPONSOR E-MAIL _____
TYPE OF PAYMENT CREDIT CARD WIRE TRANSFER
CARD INFORMATION
 VISA MASTER CARD DISCOVER AMERICAN EXPRESS
CARD NUMBER _____ CARD'S HOLDER _____ EXP. DATE _____