



# M-1 Visa Student Information/Application for Admission

## Section 1: Personal Information

(Please print or type all information)

### Full Name:

Last (Family): \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Native language: \_\_\_\_\_

### Contact Information:

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Permanent Foreign Address:

Number/Street \_\_\_\_\_

City/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

### Local U.S. Address:

Number/Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section 2: Visa Information

### Do you presently have a United States Visa?

Yes  No If yes, what type? \_\_\_\_\_

### Are you a transfer student in the United States with an I-20? Yes No

If yes, what school issued your I-20?  
\_\_\_\_\_

### Are you a United States permanent resident?

Yes  No

### Are you United States citizen?

Yes  No

### How did you learn about our programs?

Former Student

Name: \_\_\_\_\_

Representative/Agent

Name: \_\_\_\_\_

Internet

Site: \_\_\_\_\_

*ATTACH  
YOUR  
PHOTO  
HERE*

## Section 3: What to send to apply for admission

- 1. Completed application.
- 2. Registration fee - \$125
- 3. Passport-sized photograph for applicant and dependent(s)
- 4. Passport I.D. page for applicant and dependent(s)
- 5. Verification letter and/or scholarship letter outlining financial ability to pay.

**Mail to:**  
**American Health Institute**  
**10138 U.S. Hwy. 19**  
**Port Richey, FL 34668**  
**USA**

**Questions:**  
Phone: 727-232-0175  
Email: [portbiz@aol.com](mailto:portbiz@aol.com)  
Web: [www.americanhi.org](http://www.americanhi.org)

### Office Use Only

Program \_\_\_\_\_

Start Date \_\_\_\_\_

Registration fee paid \_\_\_\_\_

Full time

Part time

## Section 4: Statement of Financial Eligibility

Fill out this section only if you are requesting a SEVIS for I-20. All student requesting an I-20 must demonstrate evidence of financial support for their stay in the U.S.

### Financial declaration:

Program: \_\_\_\_\_

Cost: \_\_\_\_\_ Includes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate the person or organization responsible for your expenses during your enrollment at the American Health Institute.

Myself  
Please attach an original bank letter with the amount indicated in U.S. dollars

My parents  
Please attach an original bank letter with the amount indicated in U.S. dollars

Sponsor  
Please attach an original scholarship or sponsor letter in English

### Name and address of person or organization responsible for the payment of your expenses

\_\_\_\_\_  
Last (Family) Name First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Country Postal Code

\_\_\_\_\_  
Telephone Cell Phone Fax

### Do you want to include your spouse and/or children on the SEVIS Form I-20?

(Attach additional sheets if necessary) Yes  No

**If yes, please provide the following information and submit a copy of passport I.D. page for each person:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

## Section 5: Application Fee and Signature

Before signing this form, please read the following carefully and check the boxes next to the statements.

1. Enclosed is my international money order or check drawn on a U.S. bank for US \$125, payable to the American Health Institute.
2. All information contained in my application is complete, factually correct, and honestly presented.
3. After I am accepted to the American Health Institute, I agree to follow the student regulations and expectations as outlined in the student handbook.
4. I understand that application for admission to the American Health Institute does not constitute or guarantee admission.

I certify that the statements on this form are complete and accurate. My signature below indicates that I am registering for this course and that I am responsible for full payment of all the cost for the \_\_\_\_\_ program.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of sponsor

\_\_\_\_\_  
Date