



GENY
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INTERNATIONAL STUDENT APPLICATION FORM

Please fill out the application below. If you need assistance, please contact one of our student representatives at (646) 794. 8333 .
After completing the form wither save it and email it as an attachment to info@genewyork.com or print it and mail it.

PART I- Biographical Data

Student Information:

Prefix: _____
(Mr., Miss, Mrs., Ms)

Last Name: _____ Middle Name: _____ First Name: _____

Gender: Male Female

Date of Birth: (month/day/year) ____/____/____

Foreign Address:

Street : _____
Apt # _____
City: _____
State/Province _____
Zip/Postal Code: _____
Country: _____
Foreign Tel. No.: _____

U.S. Address:

Street : _____
Apt #: _____
City _____
State: _____ Zip: _____
Tel No.: _____

Email Address: _____

Residency:

Country of birth: _____ Country of Citizenship: _____ Country of Residency: _____

Sponsor Information:

Last Name: _____ First Name: _____ MI: _____
Number and Street: _____
City: _____ State: _____ Postal Code: _____
Telephone: _____ Fax: _____ Email: _____
Relationship to the student: _____

Part II –Admissions Data

Please specify the program you are interested in attending: _____

Specifications for preparing and issuing your I-20 Form:

Please indicate the purpose of I-20 form:

- Initial Attendance
- Change of Status
- Transfer
- Reinstatement
- Other

Please indicate the date on which you will start your classes _____ Duration of study: _____

PART III – Visa Requirements Data

If you are living outside the United States, please submit a clear copy of your passport

If you are currently living in the United States, please submit a clear copy of your passport, visa, and I-94 form.

Mail Service Request

Please indicate where I-20 should be sent:

PART IV – Dependant Information Sheet:

Add additional pages if necessary. Also, submit copy of passport, visa, etc.

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____
Sex: Female Male Nationality: _____ Country of Birth: _____
INS admission number (Refer to your I-94 card): _____
Current non-immigrant status (*Refer to your I-94 card*) _____
Passport Expiration Date: _____ Relationship to the Student: _____

PART V – Educational Data:

Please submit your diploma or transcript

Highest Level of education completed: _____
Please indicate the tests you have taken GRE GMAT TOEFL: _____

Non-ESL students must include a notarized English High School Diploma/Transcript if the original diploma/transcripts are not in English.

Emergency Contact Information:

Name: _____
Address: _____
City _____ State _____ Zip/Postal Code _____
Phone: _____

CONDITIONS OF APPLICATION & SIGNATURE

I certify that the information supplied on this application is complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____