



Mile High Adventist Academy I-20 Application Information

1. Family Name: _____
2. First Name: _____
3. Date of Birth: _____
4. Gender: Male / Female
5. City and Country of Birth: _____
6. Country of Citizenship: _____
7. Issue Reason:
 - a. Initial Attendance
 - b. Initial Attendance – change of status requested
 - c. Continued Attendance
 - d. School transfer – attach copy of current I-20
 - e. Reinstatement requested
 - f. Other
8. Level of Education the student is pursuing: Primary / Secondary
9. Course of study at this school: Basic Skills/General
10. Normal length of study: 10 months
11. Foreign Address and Phone Number:
 - a. Address: _____
 - b. City: _____
 - c. Province/Territory: _____
 - d. Country: _____
 - e. Postal Code: _____
 - f. Phone: _____
12. US Address and Phone Number:
 - a. Address: _____
 - b. City: _____
 - c. State: _____
 - d. Postal Code: _____
 - e. Phone: _____

(Over)

13. Number of years student plans on attending the school: _____
Is your plan to graduate with a diploma from Mile High Academy? _____
14. Program Start Date: _____
15. Program End Date: _____
16. School requires English proficiency? YES
17. Is Student Proficient in English? _____
18. Tuition and Fees: _____
19. Living Expenses: _____
20. Student's Personal Funds: _____

**Please note that verification of sufficient funds must be on file at the school. Please provide proof of funds.