



American Language Academy
West Quad 302
Phone: 718-951-5185
Fax: 718 -951-4286
Email: ALA@brooklyn.cuny.edu

Application/Registration Form for International Students

Applying for: ☐ English as a Second Language at the American Language Academy

Desired start date: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year _____

Last name _____

First name _____ Maiden or prior name _____

United States address _____

City/State/ZIP code _____

Overseas address _____

City _____ State _____ ZIP code _____

Length of time at the above address? Number of months _____ Number of years _____

Length of time in New York State? Number of months _____ Number of years _____

Telephone number: Home (_____) Business (_____)

Mobile number (_____) Date of birth _____ / _____ / _____
Month/Day/Year

Email: _____ Sex: ☐ Male ☐ Female

Are you a United States citizen? ☐ Yes ☐ No

Country of birth _____ Country of citizenship _____

Are you a United States Permanent Resident? ☐ Yes ☐ No

Permanent Resident Card Number _____ Date obtained _____ / _____ / _____
Month/Day/Year

☐ I am applying for a student visa (F-1) to attend The American Language Academy.

☐ Other immigration status (specify type of visa) _____

Date obtained _____ / _____ / _____ Expiration date _____ / _____ / _____
Month/Day/Year Month/Day/Year

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▪ High School(s) Attended

School name _____

Address _____

Date entered ____ / ____ / ____ Date left ____ / ____ / ____ Graduation date ____ / ____ / ____

▪ Universities, Colleges or Other Post Secondary Schools Attended

School name _____

Address _____

Date entered ____ / ____ / ____ Date left ____ / ____ / ____ Graduation date ____ / ____ / ____

School name _____

Address _____

Date entered ____ / ____ / ____ Date left ____ / ____ / ____ Graduation date ____ / ____ / ____

▪ Educational Goals

Are you planning to study English for:

Preparation for college in the United States of America?

☐ Yes

☐ No

Personal use?

☐ Yes

☐ No

Business or professional use?

☐ Yes

☐ No

I hereby certify that all the information given in this application is accurate and complete. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until all the necessary documents are received by the American Language Academy

Signature of applicant

Date

Please submit this application to American Language Academy via mail or scan and email:

Brooklyn College
American Language Academy
West Quad 302
2900 Bedford Avenue
Brooklyn, New York 11210, USA

ALA@brooklyn.cuny.edu
Subject: Application
(PDF is preferred format for processing)