



American Language Academy  
West Quad 235  
Phone: 718-951-4477  
Fax: 718 -951-4286  
Email: ALA@brooklyn.cuny.edu

### Application/Registration Form

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)