



# APPLICATION FORM

## — STEM program —



**PRAGUE**  
2020–2021

# HOW TO APPLY



## PRINT & SCAN

Print the application and fill in. Scan the application and email it to [application@americanacademy.com](mailto:application@americanacademy.com)

**Please print legibly.**

## DIGITALLY

This application can be also filled out on your computer. Save the document (usually **File -> Save as**) and send it via email to [application@americanacademy.com](mailto:application@americanacademy.com)

You can also bring the application to:

### PRAGUE

American Academy  
Svatoslavova 333/4  
140 00 Praha 4 – Nusle

Students **needing to obtain a visa** in order to study at American Academy are encouraged to submit their application materials prior to June 1, 2020.

## VISA STATEMENT

Type of Visa: \_\_\_\_\_

Expiration date: \_\_\_\_\_

## CHECKLIST

Completed application form	Essay
Transcript evaluation form	Application fee (if required)
2 years of previous school transcript translated into English	Passport scan for student
	Passport size photo of student

If you have any problem filling out the application, contact us by email [info@americanacademy.com](mailto:info@americanacademy.com) or phone **+420 703 141 010**.

We are always happy to help.

**Please send your completed application form to [application@americanacademy.com](mailto:application@americanacademy.com)**



Male      Female

Student's full legal name (first name/middle name/last name)

Current grade      Current school

+ /  
Home phone number

Name student prefers

+ /  
Student cell number (optional)

Birth date

Citizenship

### GUARDIANSHIP INFORMATION

Parent(s)      Single      Married      Divorced      Separated

If divorced or legally separated, who has legal custody      Mother      Father      Both

If divorced, applicant primarily resides with      Mother      Father      Both

Mother      Stepmother      Guardian

Last name

First name

Postal address

+ /  
Home phone number

+ /  
Cell

Employer

+ /  
Work number

Occupation

Email



Father

Stepfather

Guardian

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Postal address *(If different from above)*

+ / \_\_\_\_\_  
Home phone number

+ / \_\_\_\_\_  
Cell

\_\_\_\_\_  
Employer

+ / \_\_\_\_\_  
Work number

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Email

\_\_\_\_\_  
Non-parent to contact in case of emergency

\_\_\_\_\_  
Relationship to student

+ / \_\_\_\_\_  
Phone

**Why did you choose American Academy?**

Please check all that apply

Course Selection

Academics

Price

Other:

Culture and values

Faculty

Location

**How did you hear about American Academy?**

**Has your son/daughter ever been suspended or expelled from school?**

**Has your son/daughter had disciplinary issues at (a) previous school(s)?**

**Has your son/daughter ever advanced or been held back a grade?**

**Has your son/daughter received any academic honors?**

**What outside of school activities does your son/daughter participate in?**

**All information provided in this form is known to be true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of student

Please send your completed application form to [application@americanacademy.com](mailto:application@americanacademy.com)



## Student information

Student name \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_

Graduation year \_\_\_\_\_

+ /  
Phone number \_\_\_\_\_

## School transcripts to be evaluated (past two years, translated into English)

_____	Received
School	
_____	Received
School	
_____	Received
School	
_____	Received
School	
_____	Received
School	

## Additional Notes

- Transcripts must be translated into English to be **evaluated**.
- Allow 2 weeks for processing.
- Only credit courses with a grade of "C" or higher will transfer. Course Selection only 15 credits maximum per years will transfer toward an AA diploma
- One credit is the approximate equivalent to 60 hours of instruction.
- It is the student's responsibility to review the final transcript evaluation results and any questions should be directed to Student Services within 2 weeks.

Student name \_\_\_\_\_

Date \_\_\_\_\_

## **\*\*For office use only\*\***

Evaluated by \_\_\_\_\_

Date \_\_\_\_\_

Notes:



