BOULDER COLLEGE OF MASSAGE THERAPY
celebrating over thirty years of excellence

## SUPPLEMENT TO APPLICATION FOR ADMISSION – INFORMATION FOR M-1 VISA APPLICATION

1. Your name as it appears on your passport: _____
2. Are you living in the US? ___ Yes ___ No
   If yes, circle type of Visa you currently have: F-1 F-2 J-1 J-2 B-1 Other: _____
3. What's your date of birth? _____/_____/_____
   mo day year
4. What country were you born in? _____
5. Do you have a social security number? If so, please complete: # _____ - _____ - _____
6. Foreign Address Information (Your permanent address is information required by the Bureau of Citizenship and Immigration Services.)

   _____
   Mailing Address

   _____
   Postal Code Country
7. Country of Citizenship _____
8. What's your marital status? ___ Legally Married ___ Single
9. Are dependents (spouse & children) coming with you? ___Yes ___ No
10. I am proficient in English. My TOEFL score is 525/197 or above. ___Yes ___ No
11. PLEASE MAIL FORM I-20, CERTIFICATE OF ELIGIBILITY FOR NONIMMIGRANT (M-1) STUDENT STATUS TO:

_____
Mailing Address

_____
Postal Code Country

12. PARENT, CLOSE RELATIVE OR FRIEND WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY:

Name: _____ Phone number: _____ Email: _____

To comply with USDHS regulations, BCMT must have assurance of full financial support for your entire program of study before admission can be granted. Please complete the Certification of Finances form and submit it with your application.

DO NOT WRITE BELOW THIS LINE – ADMINISTRATIVE USE ONLY

SEVIS ID #: _____