Office use only

NAC Student ID: _____

Start Date: _____

Part-Time Student Application

Please print clearly.

Personal Information				
Last Name	First Name			
Date of Birth (Month/Day/Year)	Phone Number	Native Country		
U.S. Street Address	Apt #	City	State	ZIP
Visa Status	Email			
Education: □ High School □University/College Major: _____				

1. How did you hear about New America College? _____

2. In case of emergency, please contact: _____
Name *Telephone Number*

Program			
☐ Part-Time American Culture and Conversation			
Schedule			
☐ Morning	9:00 a.m. – 12:00 p.m.	Tuesday, Wednesday, Thursday	Dates:
☐ Evening	6:00 p.m. – 8:00 p.m.	Monday, Wednesday	Dates:

_____ _____

Student Signature ***New America College Representative Signature***

_____ _____

Date ***Date***

Return this form to Regina Kireva: rkireva@newamericacollege.edu