

Admission Application for International Students

All international applicants to the institute are required to submit this form to the Admissions Department. All required fields must be completed. Incomplete applications will not be accepted.

Name: _____
First / Given Middle Family / Surname

Gender: Male Female Marital Status: Single Married Divorced Separated

Country of Birth: _____ Country of Citizenship: _____

Date of Birth (mm/dd/yyyy): _____ College Degree (90 credits minimum): Yes No

Foreign Permanent Address

Address:	
City:	State/Province:
Country:	Postal Code:
Home Phone:	Cell Phone:
Email:	

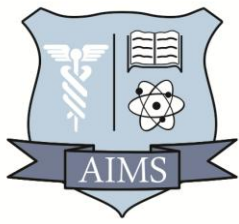
U.S. Address (if applicable)

Address:	
City:	Postal Code:
State:	Cell Phone:

Program of Study

ACADEMIC PROGRAMS	Approximate Duration	HOURS	Select Program
DIAGNOSTIC MEDICAL SONOGRAPHY (Abdomen, OB/GYN, Vascular)	29 – 36 Months	2660	
CARDIOVASCULAR TECHNOLOGIST	24 – 30 Months	2240	
MRI TECHNOLOGIST	22 - 26 Months	1980	
DIAGNOSTIC CARDIAC SONOGRAPHY (Echocardiography)	19 – 23 Months	1740	
NEURODIAGNOSTIC TECHNOLOGIST	14 - 17 Months	1225	

Preferred Program Start Date: _____ Day or Evening: _____



Educational Background *(please list all secondary and post-secondary schools you have attended)*

School / College Name and Address	Years Attended From / To	Status: Graduated / Currently Attending / On probation / Withdrawn / Transferred
	-	
	-	
	-	
	-	

* Official transcripts must be evaluated by an approved company and submitted directly to the Admissions Department.

English Proficiency

Is English your first language? Yes No. Can you read, write, and speak English proficiently? Yes No.
 All non-native English speakers are required to have their official TOEFL or IELTS score reports (or equivalent) submitted directly to the Admissions Department.

Educational Goals

What are your educational goals at this time? (Please check ONLY ONE item that best matches your goals.)

1. Graduate with a healthcare industry certificate and look for employment opportunities in the US.
2. Graduate with a healthcare industry certificate and look for employment in my home country.
3. Graduate and transfer to another educational program.
4. Enhance clinical pathology knowledge with clinical training in the US.
5. Other. Please explain _____

Immigration Information

Applying from outside the U.S.	Applying from within the U.S.
Desired visa type: _____	Current visa type: _____
Passport number: _____	Visa number: _____
Passport expiration date: _____	Visa issue date: _____
	Visa expiration date: _____
	Admissions (I-94) Record Number: _____



**American
Institute of
Medical
Sciences &
Education**

AIMS EDUCATION

4500 New Brunswick Ave. Piscataway, NJ 08854

WWW.AIMSEDCATION.EDU

I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the submission of any false information may result in dismissal from the institute. In addition, I understand that upon my enrollment, I have to abide by the policies and regulations of AIMS Education.

Name	Student Signature	Date
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Name	Signature of Parent or Guardian (If student is under 18 years of age)	Date
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Please note that submitting this form does not guarantee admission at AIMS, nor does it assure you of any visa processing.

OFFICIAL USE ONLY

Date of Acceptance: _____ **Program:** _____

Program Start Date: _____ **Tentative End Date:** _____

I-20 Number: _____

Name	Administrator Signature	Date
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No person acting within the scope of his/her authority and responsibility at AIMS EDUCATION shall discriminate on the basis of color, age, race, creed, sex, nationality, ancestry, disability, marital or veteran status.