



Alliance Computing Solutions

36-60 Main Street 4th Fl., Flushing, N.Y. 11354
Tel: (718) 661-9771 Fax: (718) 661-4197
<http://www.acs.edu> ■ training@acs.edu

Date : _____ ACS Counselor: _____

Legal Name: _____ Gender: Male Female SS#: (Last 4 digits) : _____ Birth Date: ___/___/___

Nationality _____ Cell Phone: _____ QQ or We chat ID: _____

Address: _____ City : _____ State: _____ Zip: _____

Email address: _____

How did you hear about our school?

- Internet (Specify website) _____ Friend Window Sign Sidewalk Sign
 Food Court Poster Street Poster Newspaper (Specify) _____ Other (Specify) _____

1. Which Course are you interested in? below are the courses are available at our school:

- ESL Language Business English Medical Office Specialist Accounting / Bookkeeping Specialist
 IT Certifications Graphic | Web Design RN-NCLEX Prep. Others (specify) _____

2. What is your highest education level?

- High School Associate Degree Bachelor Master Other (Specify) _____

3. What are you planning to do with our school?

- Transfer from F1 Transfer from F1 (OPT) Exp. _____ Reinstatement from F1 Terminated
 Change of the status - B1/ B2/ J1/ H1B____ (please circle one) Others (Specify) _____

4. When are you planning to start your training with our school? _____

5. Choose one of the following training schedules you prefer:

- Weekday (M-F 5 days) Weekdays (M-Th. 4 days) Weekdays (M&T or W&Th. 2 days)
 Weekends (Fri. Sat. Sun. 3 days) Weekends (Sat. & Sun. 2 days)
 Evenings (M.-Th. 4 days) Others, Please (specify) _____

Signature: _____