



ABHEC STUDENT REGISTRATION FORM

**APPLICABLE TO BOTH REGULAR STUDENTS
& FINANCIAL AID STUDENTS**



ABHEC

American Board of Higher Education Commission



Student Registration Form

Paste your photo here

Kindly fill the required details below in BLOCK letters. Please note that all fields are mandatory and necessary to process your registration application with American Board of Higher Education Commission.

Certification Details

Please mention your certification program name

Personal Information

Full Name

Date of Birth

M	M	D	D	Y	Y

Age

	Years		Months
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Gender

☐	Male	☐	Female
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Permanent Home Address:

Current Residential Address (must include city name in address):

Country of Residence

Country of Nationality

Current Profession:

Current Job Title

Landline Number

Mobile Number

General Details

Do you currently hold a valid visa to United States?

☐	Yes	☐	No
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Please specify, if you prefer to pursue this program traditionally on-campus?

☐	Yes	☐	No
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Please specify, whether your travel plans are solely for academic purposes or if you intend to participate in a study and work program?

☐ Yes ☐ No

In the event of your travel to the United States, what would be your accommodation preference?

☐ On-campus ☐ Own Accommodation

Please specify, whether you have a desire to immigrate to the United States and pursue permanent residency?

☐ Yes ☐ No

If your response to the previous question is affirmative, please specify whether you wish to apply for an individual residency permit or if you plan to include your spouse/family in the application?

☐ Yes ☐ No

If you do not wish to travel or if program requirements do not involve travel, please specify.

☐ Yes ☐ No

Credit Transfer Interest

Are you interested in exploring credit transfer options?

☐ Yes ☐ No

If yes, please specify your preference:

- ☐ Continue the program in the current state
- ☐ Transfer credits and continue the program in a different state

Would you consider transferring from distance learning to on-campus, or vice versa?

☐ Yes, from distance learning to on-campus ☐ Yes, from on-campus to distance learning ☐ No, I prefer to stay in my current mode of learning

Do you have significant experience in the field related to your program of study that may qualify for certification or credit recognition?

☐ Yes ☐ No

If yes, please provide details about your professional experience and any certifications obtained





Do you have any immediate relatives, family members, or close contacts living in the United States

☐ Yes ☐ No

If so, would you like to transfer your credit hours to the state they are residing in? Please specify the city and state.

City State

Travel History Information

Please provide details of your international travel history for the past five (5) years. Include all trips outside your home country, regardless of the purpose (e.g., vacation, study, work).

Destination Country	City Visited	Purpose of Travel	Date of Arrival	Date of Departure

** Please be aware that if you have stayed in any country for more than six months, you may be required to provide a Police Clearance Certificate (PCC) from that country at the time of your visa application. This certificate confirms that you do not have a criminal record during your stay. Although it is not required for this registration form, it is important to obtain the PCC in advance to ensure a smooth visa application process.*





Previous Academic Details

1. Institution Name:

Program Name	Started In	Completed In

2. Institution Name:

Program Name	Started In	Completed In

3. Institution Name:

Program Name	Started In	Completed In

Health and Medical History

Do you have any pre-existing medical conditions that may require special attention or accommodations during the program?

☐ Yes ☐ No

If your response to the previous question is affirmative, please specify your condition.

Have you undergone any recent surgeries or medical treatments? If yes, please provide details





Are you currently taking any medications? If so, please list them and specify the medical condition they are prescribed for.

Have you been vaccinated against COVID-19? If yes, please provide the date(s) of vaccination and the type of vaccine received.

Are you willing to comply with any health and safety measures, including COVID-19 testing and vaccination requirements, set forth by the educational institution or relevant authorities?

Is there any other medical information or health concerns you believe we should be aware of to ensure your well-being during the program?





Financing of Program

(mark self only if full fees is paid by the student without any financial aid)

☐ Self ☐ Parent/Guardian ☐ Company Sponsored ☐ Govt. Financial Aid

Guardian / Spouse (If Married)

Father's Name

Father's Phone

Mother's Name

Mother's Phone

Spouse's Name

Spouse's Phone





Emergency Financial Aid Transfer

In the case of an emergency, do you wish to transfer your Financial Aid to an immediate family member?

☐ Yes ☐ No

If your response to the previous question is affirmative, please specify your condition.

Family Member's Full Name:	
Relationship to You:	
Phone Number:	
E-mail Address:	

Legal and Ethical Background

1. Have you ever faced disciplinary consequences in any educational institution you attended from the 9th grade (or its international equivalent) onward? This could involve academic misconduct or behavioral issues resulting in actions such as probation, suspension, dismissal, or expulsion from the institution?

☐ Yes ☐ No

2. Apart from traffic offenses, have you ever been officially declared guilty or convicted of a misdemeanor or felony

☐ Yes ☐ No

* If you responded affirmatively to either of the aforementioned questions, please provide a comprehensive statement of pertinent details, including the approximate date of the incident(s), on a separate sheet of paper. Include your name and date of birth

Professional Information

Employer's Name

Current Position

Employer's Phone Number

Supervisor / Manager's Contact Details (For Reference)

Employer's Email Address

Employer's Address





Undertaking

Terms and Conditions

1. As a student applying for the Financial Aid Program, I acknowledge that I have paid the registration charges associated with my application. In the event of my Financial Aid cancellation under these Terms and Conditions, I am obligated to pay the necessary fees to the US government without prior notice for clearance.
2. In the event of enrollment cancellation or withdrawal from the Financial Aid Program (including discounted tuition plans), after the tuition fee has been submitted, a portion of the fee may be deducted as cancellation charges. The amount deducted will depend on the duration of enrollment and the extent of services accessed or made available up to the point of withdrawal.
3. By participating in this program, I give consent for the administration of my medical care, including first aid, non-prescription medication, examinations, and appropriate treatment by qualified medical practitioners, as deemed necessary for my health. I also authorize the American Board of Higher Education Commission (ABHEC) and its designated representatives to arrange for medical, dental, or optical treatment when required.
4. I am aware that it is my responsibility to obtain a passport and any necessary documents for travel, and I will inform the American Board of Higher Education Commission (ABHEC) if I do not plan to travel, providing a No Objection Certificate (NOC) for a travel extension. In both cases, I will submit an NOC for traveling with a student permit. I understand that the Commission reserves the right to terminate my participation in the program without a refund if I fail to comply with U.S., State, and local laws or American Board of Higher Education Commission (ABHEC) policies.
5. I, along with my guardians, hereby agree to personally bear the cost of all non-tuition-related expenses, including but not limited to books, additional language training, and round-trip airfare. I also understand that if the American Board of Higher Education Commission (ABHEC) provides any financial assistance, such as an advance, loan, or aid, or incurs any special expenses on my behalf, I am obligated to repay such amounts promptly upon request. This declaration is being submitted as part of my request for tuition discount approval. I understand that any amendments to this agreement must be documented in writing and duly authorized by ABHEC management.
6. It is understood that, following recent changes implemented under the Trump administration—particularly the dissolution of the Department of Education—the option for zero tuition (full financial aid) is no longer available. All applicants are now required to contribute toward partial tuition and associated costs, as determined by their respective universities and in accordance with American Board of Higher Education Commission approvals.

By signing below, I agree to the following:

1. I, as the student, grant authorization and give my consent for the submission of this application for approval.
2. I am aware that if the information verified above is found to be untrue, I, the student may face various disciplinary actions.
3. All details submitted in the admission process, including this application and any accompanying materials, are accurately and truthfully presented.

Applicant's Signature

Full Name:	
Date:	





Undertaking

Terms and Conditions: Applicant

1. I as the student, applicant for the program administered by the American Board of Higher Education Commission (ABHEC). I accept all the outlined conditions and acknowledge that I have had sufficient time to review and comprehend these Terms and Conditions, along with recognizing my responsibilities under them.
2. I affirm that all information provided in the application process, including the application itself and accompanying materials, is genuine, accurate, and my own work. I understand that these documents will become the property of the American Board of Higher Education Commission (ABHEC) and will not be returned. I am aware that submitting false or forged information may result in disciplinary actions, such as admission revocation, expulsion, and the annulment of course credit, grades, and degrees.
3. In case of any modifications (such as traveling or transfer), I agree to submit the required documents, including a resident ID card and passport copy, to facilitate the registration process and program validation. I acknowledge that I will fulfill the necessary credit hours for English proficiency, and any significant differences in results may lead to adjustments in my program registration by the American Board of Higher Education Commission (ABHEC).
4. I acknowledge that I am subject to the laws of the country and state where I am studying, as well as the rules, policies, and regulations of the educational institution. It is my responsibility to stay informed about these laws, regulations, and policies and to conduct myself accordingly.
5. I take full responsibility for any personal activities outside the program and required coursework, as well as my conduct during the program and coursework. I am aware that I am personally liable for any damage to property or persons resulting from my participation in this program.

By signing below, I agree to the following:

1. I as the student, and I acknowledge that if the information verified above is found to be false, I may face respective disciplinary actions.
2. All details submitted in the admission process, including this application and any accompanying materials, are accurately and truthfully presented.

Applicant's Signature

Full Name:	
Date:	





Registration and Confirmation

Upon receiving your complete application, we will assess the registration, and a decision will be finalized within 7 business days by the committee of American Board of Higher Education Commission (ABHEC). If approved, letter of registration will be provided to you. Subsequently, the American Board of Higher Education Commission (ABHEC) will generate the necessary documents, and you will be furnished with the Terms and Conditions along with pre-arrival information containing additional instructions for travelers. Alternatively, you can submit the necessary documents for us to initiate the validation process.

Required Documents Checklist for Financial Aid Registration

To proceed with your registration for the Financial Aid Program through the American Board of Higher Education Commission, please prepare and submit the following documents:

- ☒ Passport Copy
- ☒ Passport-Sized Photograph
- ☒ Updated Resume
- ☒ Academic Transcripts and Certificates
- ☒ Degree Certificates
- ☒ Job ID Card
- ☒ Citizenship Card (if applicable)
- ☒ Experience Letters

Ensure that all documents are clear, valid, and properly scanned to avoid delays in processing your application.

For any suggestions, feedback, or complaints regarding the education provider or any external/legal requirements, the individual should directly coordinate with the ABHEC. All external and governmental processes are within the jurisdiction of ABHEC.

Note: Do not write below this line.

FOR OFFICIAL USE ONLY

Name:	
Email:	
State:	
Contact:	

