



Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

REFUGEE/ASYLEE STATEMENT

Student Information

Student Name

First Name

Middle Name

Last Name

Approval Date of Refugee/Asylee

MM

/

DD

/

YYYY

Telephone Number

_____ — _____ — _____

Name of Program

Program Start Date

MM

/

DD

/

YYYY

I have been forced to leave my country in order to escape war, persecution, or natural disaster. I hereby confirm that I finished my secondary education at _____ High School but I cannot provide my high school diploma nor can I make an attempt to contact the country I left.

Student Signature: _____

Date: _____

MM / DD / YYYY