



# SEVP International Student Intro

NOVA Training Center

Therapeutic Massage School 2022

# SEVP

Nova Training Center (NTC) is authorized by the Department of Homeland Security's Student Exchange Visitor Program (SEVP) to issue Forms I-20 – Certificate of Eligibility for Nonimmigrant Student Status to international nonimmigrant students.

# SEVP

**STUDENT AND EXCHANGE  
VISITOR PROGRAM**



**U.S. Immigration  
and Customs  
Enforcement**



## Conditions:

M-1 nonimmigrant students can only study in full-time programs. We recommend that you contact NTC at least three months before your planned period of study to allow enough time for the Form I-20 to be timely issued and provided to the U.S. Embassy or Consulate with other supporting documentation.




A close-up photograph of a person's hands shaping a piece of clay on a pottery wheel. The person is wearing a dark blue t-shirt with a yellow logo that says "SECO". The background is a blurred grey surface. The image is overlaid with a semi-transparent green banner at the top and bottom, and a white text box in the center.

# International Students (M-1) Apply from Outside of the U.S.

If you do not live in the United States and want to get a student visa (M-1), you must request an I-20 form to obtain a student visa. Follow the steps below to apply to NOVA Training Center and request an I-20.

# Step 1. Application


Download, complete, print and sign the **Application-for-International Admission** and **Student Enrollment Agreement.** (Form attached)

<b>APPLICATION FOR ADMISSION</b> <b>INTERNATIONAL STUDENT</b>	 <b>NOVA TRAINING CENTER</b> THERAPEUTIC MASSAGE SCHOOL	<b>OFFICE USE ONLY</b> Expected Entry Date: _____ School Reg. Initial: _____
<small>NOVA Training Center student education records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. Written student consent is required for access and release of information defined as educational records in federal and state law. A student's directory information (name, address, telephone number, date and place of birth, program of study, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent education institution attended) may be released upon request unless the Admissions and records office receives written notification that a student reserves the right to authorize in writing, on an individual request basis, the access and release of the directory information. NOVA Training Center does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.</small>		
<b>PERSONAL INFORMATION</b>		
Last (Family) Name _____	First Name _____	Middle Name _____
Date of Birth (mm/dd/yyyy) ____/____/____	Gender <input type="radio"/> Female <input type="radio"/> Male	E-mail Address _____
Permanent Address Street _____ _____ City _____ Province / Territory _____ Country _____ Zip Code _____		
Current Mailing Address Street _____ _____ City _____ State _____ Zip Code _____ Phone Number _____ (____) _____-____		
Citizenship Country of Citizenship: _____ Place of Birth: _____ City _____ Country _____		Ethnic Origin <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other
<b>PROGRAM PLAN</b>		
Semester Start	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	
Program	<input type="checkbox"/> Therapeutic Massage [600 Hours Therapeutic Massage Certificate]	

	<b>ENROLLMENT AGREEMENT</b> <b>NOVA Training Center</b> <b>Therapeutic Massage School</b> 4231 Markham St #224 Annandale, VA 22003 Telephone 703.266.2220/Fax 703.256.2112 Email: <a href="mailto:info@NOVATrainingcenter.edu">info@NOVATrainingcenter.edu</a> <a href="http://www.NOVATrainingcenter.edu">www.NOVATrainingcenter.edu</a>
<b>STUDENT INFORMATION:</b>	
STUDENT NAME: _____	
ADDRESS: _____	
CITY/STATE/ZIP: _____	
TELEPHONE # S: Home: _____ Cell: _____ Work: _____	
E-MAIL: _____ LAST 4 DIGITS SOCIAL SECURITY #: _____	
DATE OF BIRTH: _____	
EMERGENCY CONTACT NAME: _____	
RELATIONSHIP: _____ TELEPHONE #: _____	
<b>PROGRAM INFORMATION:</b>	
DATE OF ADMISSION: ____/____/____ MO. DAY YR	PROGRAM NAME: <u>Therapeutic Massage</u>
NUMBER OF WEEKS: <u>27</u>	TOTAL CLOCK HOURS: <u>600 Hours</u>
PROGRAM START DATE: _____	ANTICIPATED END DATE: _____
FULL-TIME: <input type="checkbox"/>	
<b>Full-Time Training Schedule</b> Classroom Instruction/Lab: Monday - Wednesday 9:00 am – 1:00 PM and 2:00 - 6:00 pm Internship/Clinic Hours: Monday - Wednesday 2:00 - 6:00 pm	
<b>Academic Calendar</b> Standard lecture and lab hours are scheduled Monday through Wednesday. Classes canceled for holiday observance on a Monday are usually made up on Friday of the same week. The school reserves the right to utilize Thursdays, Fridays, and Saturdays for make-up work, snow days or other unusual circumstances.	
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## Step 2. Request I-20

Download, complete, print and sign the **I-20 Request Form** and **International Student Enrollment Acknowledgement** (Form attached)

  
**NOVA TRAINING CENTER**  
Therapeutic Massage School

INTERNATIONAL STUDENT  
ENROLLMENT ACKNOWLEDGEMENT

1. Attendance  
M1 non-immigrant visa students must be enrolled in classes full-time, at least 18 hours per week, full 600 hours Therapeutic Massage Program. Any student who has excessive absence will be reported to SEVIS in accordance with the United States Citizenship and Immigration Service regulation. NOVA Training Center is not responsible for the results of reported students' record. Any student who needs to miss a class for a medical reason must submit either a doctor's note describing the medical conditions or an appointment notice.

2. Vacation, temporary absence, or other break in study  
M-1 students should speak with their DSO if they are planning to do any of the following:

- Take a break from school.
- Travel outside the United States.
- Move to a new address.
- Request a program extension.

M-1 students are not eligible for an annual vacation. However, M-1 students may travel abroad during times when school is not in session, such as weekends, holidays or time between terms. During this absence, an M-1 student's record in the Student and Exchange Visitor Information System (SEVIS) will be terminated.


3. Immigration Policy – Change of Address  
It is important to update current address to the International Student Office. All nonimmigrant residents in the United States must report any address change to USCIS within 10 days after such change. Failure by a non-immigrant resident to report a change of address is considered as misdemeanor and incurs a penalty of \$200 or a maximum of 30 days in jail. Information can be found on [www.uscis.gov](http://www.uscis.gov) and search for form AR-11.

4. Program Completion  
M-1 students are only admitted into the United States for the period of time that is needed to complete their course of study as indicated on their Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status," plus any practical training (PT) after they complete their program. This time cannot exceed one year. M students have 30 days after completion of their program (the program end date on your Form I-20) to leave the United States. The latest date you may remain in the United States is the "admit until"

NOVA Training Center  
Therapeutic Massage School

4231 Markham St Suite 224  
Annandale, VA 22003

[www.novatrainingcenter.edu](http://www.novatrainingcenter.edu)  
[info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)

  
NOVA TRAINING CENTER  
THERAPEUTIC MASSAGE SCHOOL

4231 Markham St Suite  
Annandale, VA 22003  
[info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)  
[www.novatrainingcenter.edu](http://www.novatrainingcenter.edu)

**I-20 REQUEST FORM**

Name: \_\_\_\_\_  
Family Name First Name Middle Initial

Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please check your e-mail regularly. The International Student Office will keep you updated about special events and activities as changes in U.S. government regulations. That information will be sent out by e-mail.  
If you don't have an e-mail address now, please let us know when you have an address.

Telephone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Emergency Contacts:**  
We hope that an emergency never happens, but we need to be prepared. Please provide the name and phone number of an individual we can contact if necessary. This information will be confidential and will only be used for an emergency.

[In the United States]	Name	_____
	Telephone Number	_____
	Relationship	_____
[Outside the U.S.]	Name	_____
	Telephone Number	_____
	Relationship	_____

**MINIMUM STUDY REQUIREMENT**  
M-1 students are only admitted into the United States for the period of time that is needed to complete their course of study as indicated on their Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status," plus any practical training (PT) after student complete the program.  
I am requesting that the International Student Office at NOVA Training Center issue an I-20 form. All the information included with this request is true to the best of my knowledge.


SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Step 3. Bank Statement

Provide a **bank statement** which must be dated within **six months of the start date of the program.**

Ending balance of the bank statement is over **\$25,000** to enroll in Therapeutic Massage Program.

If you have a sponsor, please download the **Affidavit of Support**. Your sponsor completes and signs the form.

 231 Valley Farms Street  
Santa Monica, CA 90403  
firstcitizensbank@domain.com


**STATEMENT OF ACCOUNT**

Account Number: 111-234-567-890  
Statement Date: mm/dd/yyyy  
Period Covered: mm/dd/yyyy to mm/dd/yyyy

John Smith  
1450 Courage St, STE 108  
Brownsville, TX 78521

Opening Balance: 175,800.00  
Total Credit Amount: 510,000.00  
Total Debit Amount: 94,000.00  
Closing Balance: 591,800.00  
Account Type: Current Account  
Number of Transactions: 8

Date	Description	Credit	Debit	Balance
mm/dd/yyyy	Payment - Credit Card		5,400.00	170,400.00
mm/dd/yyyy	Payment - Insurance		3,000.00	167,400.00
mm/dd/yyyy	Account Transfer in	500,000.00		667,400.00
mm/dd/yyyy	Cheque Deposit	10,000.00		677,400.00
mm/dd/yyyy	Payment - Electricity		1,500.00	675,900.00
mm/dd/yyyy	Payment - Water Utility		600.00	675,300.00
mm/dd/yyyy	Payment - Car Loan		3,500.00	671,800.00
mm/dd/yyyy	Account Transfer Out		80,000.00	591,800.00
--- End of Transactions ---				

  
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Therapeutic Massage School

**AFFIDAVIT OF SUPPORT**

I, \_\_\_\_\_ the undersigned, swear that I shall give the below-named person full support during his/her study in the United States, including living expenses and other miscellaneous expenses.

STUDENT

Name in Full: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

SPONSOR

Name in Full: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Sponsor's Signature)  
Identification Copy need (i.e.Passport)

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www.novatrainingcenter.edu  
info@novatrainingcenter.edu



## Step 4: Proof of Completion of High School level

1. Provide evidence that you have completed the equivalent of a U.S. high school education.

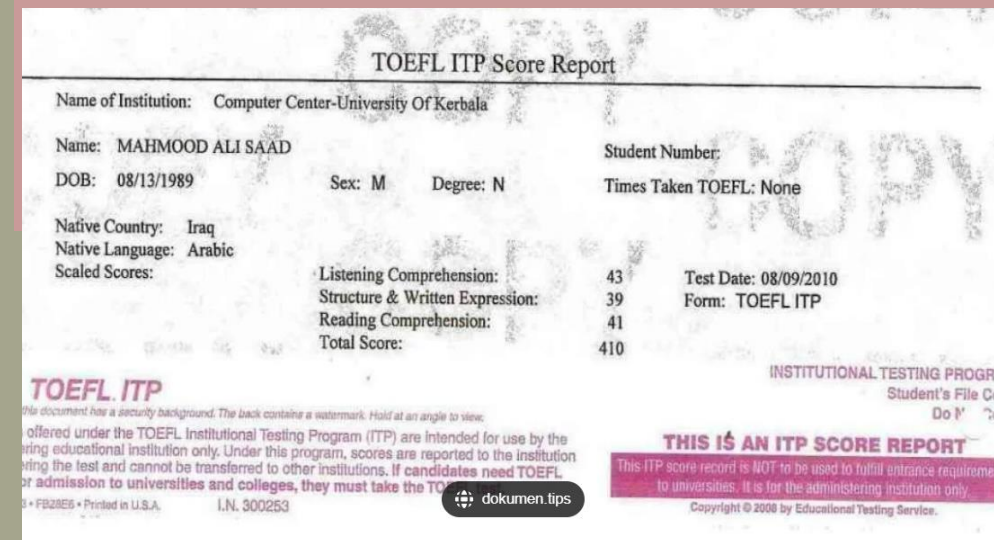
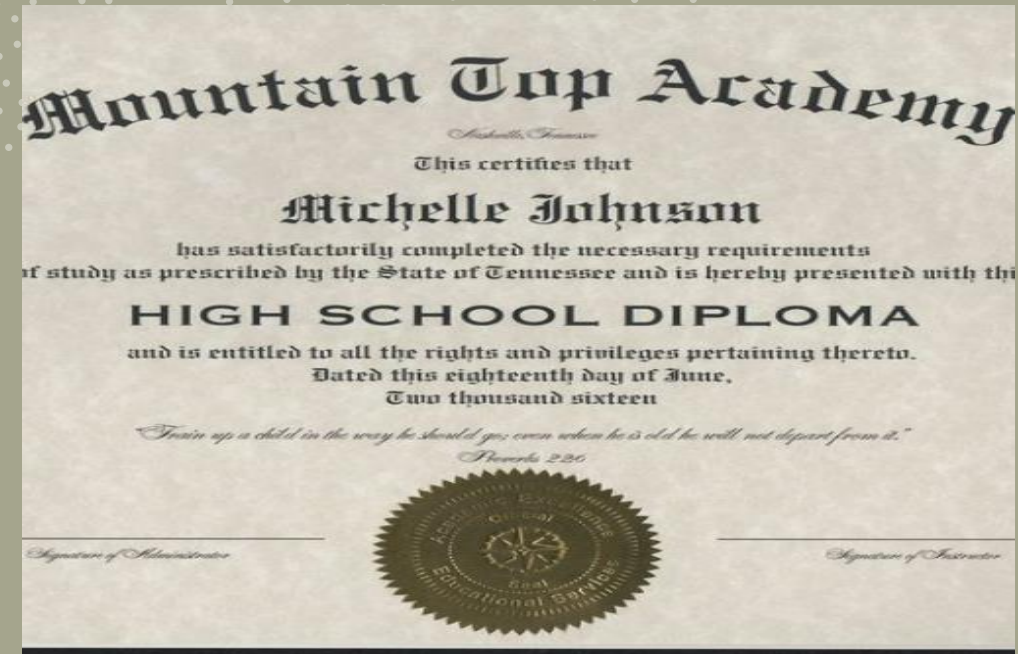
**Copy of your high school or your secondary school diploma, OR**

**Copy of your college or university transcript.**

2. English language proficiency\*: If English is not your first language, you are required to submit official scores from an English proficiency examination, regardless of citizenship. Requirements may be fulfilled through any **one of the following** options:

A. English Language Competency (TOEFL): the equivalent TOEFL Score of at least 45 iBT, **TOEFL PBT 450**, TOEFL CBT 131, IELTS 5.0, TOEIC 440, OR

B. **Satisfactory completion of at least two academic years** (60 semester credits/90 quarter credits) of education at the baccalaureate level from an institution accredited by an agency recognized by the U.S. Secretary of Education







# Step 6. Application Fee Fee payment options:

Submit the application fee. International Student Application fee of **\$100** (non-refundable)

Tuition deposit **\$500** (non-refundable)


Mailing Fee (non-refundable) will be different based on a delivery location; minimum **\$50**.

a. **Credit Card:** Submit Credit Card Authorization Form (attached)

b. **Wire Transfer:**

TD Bank  
6200 Multiplex Dr  
Centreville, VA 20121

Account Name:  
NOVA Training Center  
Routing Number:  
054001725  
Account Number:  
4329983773

  
**NOVA TRAINING CENTER**  
Therapeutic Massage School

Fee payment options:

a. Credit Card: Submit Credit Card Authorization Form (attached)

b. Wire Transfer:

TD Bank	Account Name: NOVA Training Center
6200 Multiplex Dr	Routing Number: 054001725
Centreville, VA 20121	Account Number: 4329983773

Application forms and documents should be delivered to the International Student Admissions.

Mailing Address:  
NOVA Training Center  
Therapeutic Massage School  
International Students Admission  
4231 Markham St Suite 224  
Annandale, VA 22003  
Email: [info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)

After reviewing your documents and determining that you meet all the requirements, we will issue you your I-20. Based on the information you provided on your I-20 Application Form, we will mail your I-20 to you or call you to arrange a pick-up schedule. Make sure your contact information (home address, email, phone) in the application form is complete.

NOVA Training Center  
SEVP International Student

### Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential.

Student Name: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize NOVA Training Center to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4231 Markham St Suite 224, Annandale, VA 22003 TEL: 703-266-2220 [www.novatrainingcenter.edu](http://www.novatrainingcenter.edu) [info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)

All Application forms and documents should be delivered to the International Student Admissions. (email or mail)

NOVA Training Center

Therapeutic Massage School

International Students Admission

4231 Markham St Suite 224

Annandale, VA 22003

Email: [info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)

Attn: SEVP Office



NOVA TRAINING CENTER  
Therapeutic Massage School

**International Student Application Preparation Check List. (Cover Page)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<600-hour Therapeutic Massage Program>

10/03/2022-04/04/2023       04/03/2023-10/04/2023       10/02/2023-04/06/2024

- Download, complete, print and sign the International Admission Application.
- Download, complete, print and sign the Student Enrollment Agreement.
- Download, complete, print and sign the I-20 Request Form
- Download, complete, print and sign the M1 Visa Student Acknowledge Form
- Provide a bank statement which must be dated within six months of the start date of the program. (Ending balance of the bank statement is over \$25,000 to enroll in Therapeutic Massage Program)

**Proof of Completion of High School level & English language proficiency**

1. Provide evidence that you have completed the equivalent of a U.S. high school education.  
Copy of your high school or your secondary school diploma, OR  
Copy of your college or university transcript.
2. English language proficiency\*: If English is not your first language, you are required to submit official scores from an English proficiency examination, regardless of citizenship. \*English language competency requirements must be met for all degree-granting programs.

Requirements may be fulfilled through any one of the following options:

A. English Language Competency (TOEFL): the equivalent TOEFL Score of at least 45 iBT, TOEFL PBT 450, TOEFL CBT 131, IELTS 5.0, TOEIC 440, OR

B. Satisfactory completion of at least two academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level from an institution accredited by an agency recognized by the U.S. Secretary of Education.

- Copy of your valid passport
- Submit the application fee receipt or credit cate authorization. (International Student Application fee of \$100 (non-refundable) & Tuition deposit \$500 (non-refundable). Mailing Fee (non-refundable) will be different based on a delivery location; minimum \$50.

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Therapeutic Massage School

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# Step 7.

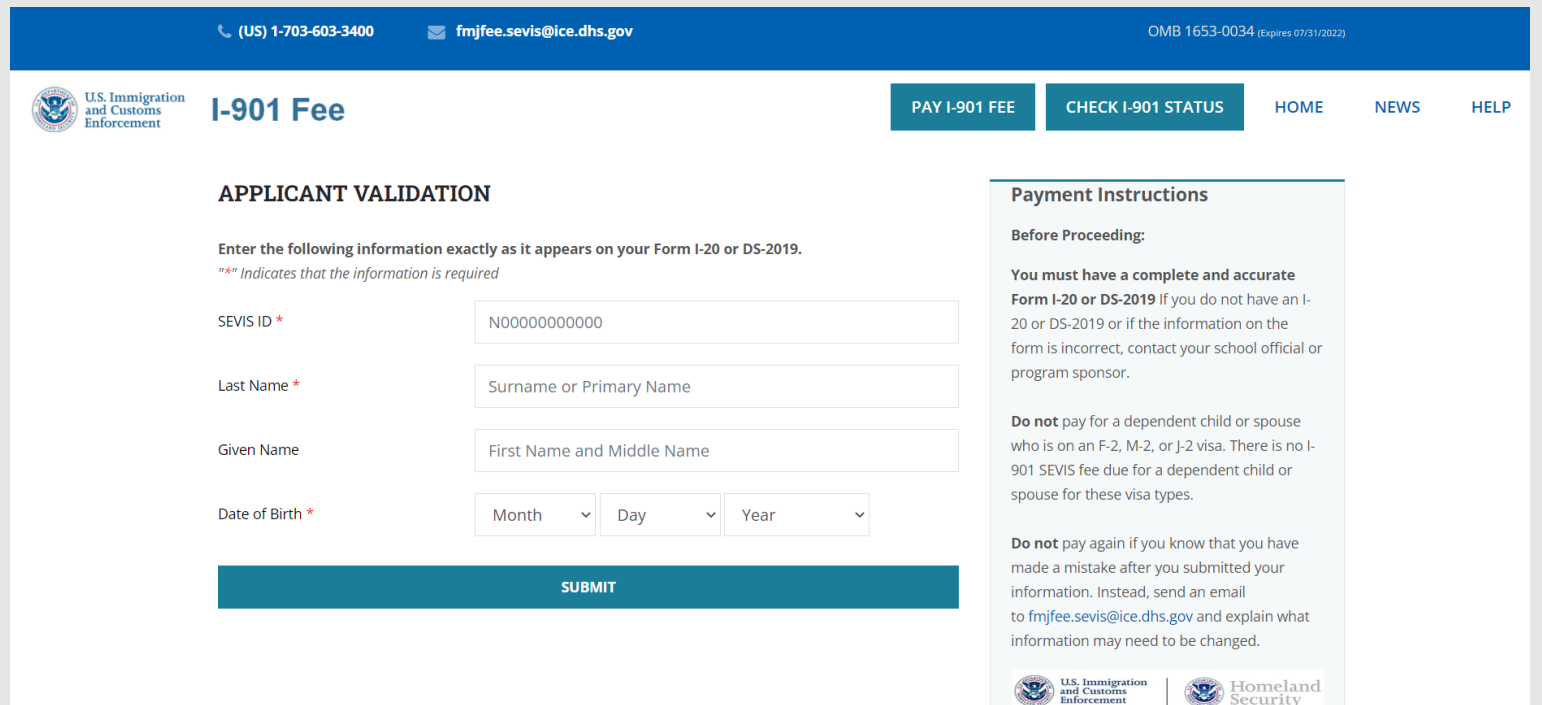
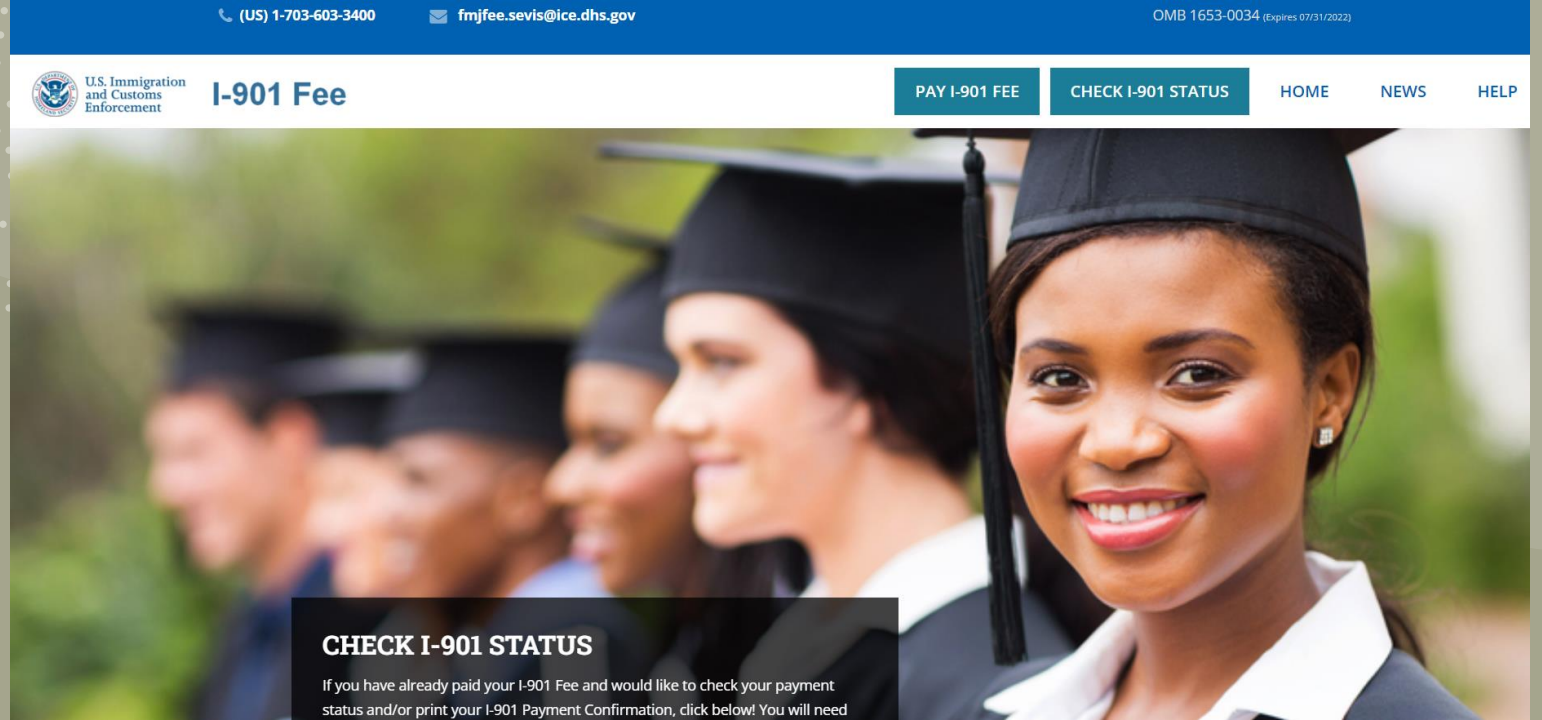
## ACCEPTANCE LETTER/I-20

After reviewing your documents and determining that you meet all the requirements, we will issue you an I-20. Based on the information you provided on your I-20 Application Form, we will mail your I-20 to you.

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
<b>SEVIS ID: N0004705574</b>			
<b>SURNAME/PRIMARY NAME</b> Doe		<b>GIVEN NAME</b> John	<b>Class of Admission</b>  <b>M-1</b>  <b>TECHNICAL AND VOCATIONAL</b>
<b>PREFERRED NAME</b> John Doe		<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> KENYA		<b>COUNTRY OF CITIZENSHIP</b> KENYA	
<b>DATE OF BIRTH</b> 01 JANUARY 1990		<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> CONTINUED ATTENDANCE - TRAVEL - Program Extension Requested		<b>LEGACY NAME</b> John Doe	
<b>SCHOOL INFORMATION</b>			
<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies		<b>SCHOOL ADDRESS</b> 9002 Nancy Lane, Ft. Washington, MD 20744	
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson PDSO		<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F44444000 03 APRIL 2015	
<b>PROGRAM OF STUDY</b>			
<b>EDUCATION LEVEL</b> OTHER VOCATIONAL SCHOOL:		<b>MAJOR 1</b> Musical Instrument Fabrication and Repair 47.0404	<b>MAJOR 2</b>
<b>PROGRAM ENGLISH PROFICIENCY</b> Required		<b>ENGLISH PROFICIENCY NOT</b> Student is proficient.	<b>EARLIEST ADMISSION DATE</b> 27 OCTOBER 2015
<b>START OF CLASSES</b>		<b>PROGRAM START/END DATE</b> 26 NOVEMBER 2015 - 25 NOVEMBER 2016	
<b>FINANCIALS</b>			
<b>ESTIMATED AVERAGE COSTS FOR: 12 MONTHS</b>		<b>STUDENT'S FUNDING FOR: 12 MONTHS</b>	
Tuition and Fees	\$ 1,000	Personal Funds	\$ 10,000
Living Expenses	\$ 5,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 2,500	Doe Foundation	\$ 8,000
Insurance	\$ 500	On-Campus Employment	\$
<b>TOTAL</b>		<b>TOTAL</b>	
\$ 9,000		\$ 18,000	
<b>REMARKS</b>			
student has wonderful opportunity for training that is not available in his country			
<b>SCHOOL ATTESTATION</b>			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(m)(9). I am a designated school official of the above named school and am authorized to issue this form.			
<input checked="" type="checkbox"/>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>	
SIGNATURE OF: Helene Robertson, PDSO	09 May 2016	Ft. Washington, MD	
<b>STUDENT ATTESTATION</b>			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> John Doe	<b>DATE</b>	
<b>NAME OF PARENT OR GUARDIAN</b>	<input checked="" type="checkbox"/> <b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>	<b>DATE</b>

# Step 8. Pay the SEVIS fee

Pay the SEVIS fee (<http://fmjfee.com>)



# Step 9. APPLYING FOR YOUR M-1 STUDENT VISA

Complete the Nonimmigrant Visa Application (Form DS-160) for the M1 student visa here (<https://ceac.state.gov/genniv/>). You must upload a photo to the application. Read the photograph requirements. Don't forget to print the application form and bring it to your interview.

The screenshot shows the U.S. Department of State Consular Electronic Application Center (CEAC) website. The header includes the U.S. Department of State logo and the text "U.S. DEPARTMENT of STATE CONSULAR ELECTRONIC APPLICATION CENTER". A language selection dropdown is set to "ENGLISH". The main heading is "Online Nonimmigrant Visa Application (DS-160)". Below this is a "Apply For a Nonimmigrant Visa" section with an "FAQs" button. A tooltip indicates that most of the application has been translated. The page is divided into two columns: "Welcome!" and "Get Started". The "Welcome!" column contains introductory text and a list of important instructions. The "Get Started" column contains a location selection dropdown, a CAPTCHA image, and buttons for "START AN APPLICATION" and "RETRIEVE AN APPLICATION".

U.S. DEPARTMENT of STATE  
CONSULAR ELECTRONIC APPLICATION CENTER

Select Tooltip Language **ENGLISH**

## Online Nonimmigrant Visa Application (DS-160)

### Apply For a Nonimmigrant Visa

**FAQs**

Tooltip Language: English [View Tool Tip Help]  
Most of this application has been translated. To see the translation point your mouse over any sentence on the page.

**Welcome!**

The first step in applying for a U.S. nonimmigrant visa is to complete your application. It takes approximately 90 minutes to do this. After you submit your application, you can move on to the next steps such as scheduling your interview.

**Important: Before You Start**

1. Learn about [Types of Visas](#).
2. ***This website is designed to be accessed using Chrome, Edge, or Firefox only.***
3. [Gather your documents](#).
4. Review the [instructions](#) and [FAQ](#).

**Notes:**

Other people can assist you with your visa application. Note that under U.S. law (22 C.F.R. 41.103) you must electronically sign and submit your own application unless you qualify for an exemption. Even if someone else helped you complete the application, you (the applicant) must click the "Sign Application" button, or your application may not be accepted.

\*\*Please be patient as you use this form.  
Download times may vary depending on your

**Get Started**

Select a location where you will be applying for this visa

- SELECT ONE -

Enter the code as shown:

Select a location and make sure you have the documents and information you will need.

**START AN APPLICATION**

You will be asked for your application ID and answer a security question.

**RETRIEVE AN APPLICATION**

**Additional Information**

- » **Write down the Application ID** displayed on the top right hand corner of the page. If you close your browser window, you will need your ID to access your application again.
- » **Save your application frequently.** The system will time out after 20 minutes of inactivity, and you will lose all unsaved information.
- » Read more about U.S. visas at [travel.state.gov](http://travel.state.gov).





# Step 11. Pay Tuition

## Fees

All students are guaranteed that tuition at the time of registration will not increase if they are actively and continuously enrolled in the same program.

TUITION:	\$7,300.00
NON-REFUNDABLE REGISTRATION FEE:	\$100.00
BOOKS/SUPPLIES*:	\$300.00
WONDERLIC ADMISSION TEST FEE:	\$45.00
UNIFORM:	\$50.00
TOTAL COST	\$7,795.00

Pay Program full tuition  
within 2weeks after the visa approval.

### Wire Transfer:

TD Bank  
6200 Multiplex Dr  
Centreville, VA 20121

Account Name:  
NOVA Training Center  
Routing Number: 054001725  
Account Number: 4329983773

### School Address:

NOVA Training Center  
Therapeutic Massage School  
International Students Admission

4231 Markham St Suite 224  
Annandale, VA 22003  
Email: [info@novatrainingcenter.edu](mailto:info@novatrainingcenter.edu)



# Step 12. Prepare for travel and Come to school

You can arrive in the USA up to 30 days  
before your program starts.





# Thank you

Presenter name: Shannen Park

Email address:

[spark@novatrainingcenter.edu](mailto:spark@novatrainingcenter.edu)

Website: [www.novatrainingcenter.edu](http://www.novatrainingcenter.edu)

