



International F-1 Student Application for Admission

APPLYING FOR: FALL SPRING SUMMER YEAR: _____

1. Last Name (surname as it appears on your passport) _____ First Name _____ Middle Name _____

2. Date of Birth: -- 3. Age: _____ 4. Gender: Male Female
Month Day Year

5. U.S. Address (where you will physically reside; do not use a P.O. Box address):

Number/Street/Apt. No. _____ City _____ State _____ Zip Code _____

6. Telephone: (_____) _____ 7. E-mail Address: _____
(gmail / yahoo / hotmail ONLY)

8. Foreign Address (outside the U.S.): All F-1 students **must** provide a foreign address, even if you are currently living in the United States.

Address _____ City _____

Province _____ Country _____ Postal Code _____

9a. Country of Birth: _____ 9b. Country of Citizenship: _____

10. Primary Language: _____ 11. Major: _____

12. Are you currently residing in the U.S.? No (skip to Question 13) Yes (complete the following)

I have an I-20 from _____ My SEVIS number is N _____
Print Name of School

This section is to be completed by your International Advisor/DSO at your current or last school attended.

Note to DSO: Please do **NOT** transfer the student's SEVIS record at this time. Upon acceptance, the student will receive a letter of admissions and a transfer authorization form with Mt. San Antonio College's SEVIS ID. Thank you for your assistance.

Is the student currently in status? Yes No If no, please explain _____

Printed Name _____ Signature _____ Date: _____ Phone Number _____

I plan to change my status to F-1. My current status is _____ It will expire on _____

None of the above (explain): _____

Attach copies of your passport, visa, I-94 (front and back) and I-20 with this application.

13a. EMERGENCY CONTACT INFORMATION: Whom should we contact in case of an emergency?

Name: _____ Relationship to Student: _____ Telephone: _____

Address _____ City _____ State _____ Zip _____

13b. Release of Information: Do you wish to give permission to Mt. San Antonio College to release information concerning your student application status to the emergency contact above? Yes No

14. Do you authorize Mt. SAC to access your I-94 record online? Yes No

The Family Education Rights and Privacy Act of 1974 prohibits the release of certain information without the student's written consent. Only directory information (i.e., student's name, community of residence, major field of study, participation in official activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and most recent previous school attended) may be released without the student's expressed consent.

15. SIGNATURE: The statements made by me in this application are true and complete to the best of my knowledge. I understand that any falsification constitutes perjury and may be legal basis for dismissal. My signature provides consent for me to receive final grades by telephone.

Student Signature: _____ Date: _____

International F-1 VISA Student Confidential Financial Guarantee of Support

17. In accordance with federal immigration requirements, applicants must verify that they have the necessary funds to pay for their academic and living expenses. The approximate cost for one year at Mt. San Antonio College is \$20,782 USD. Current proof of funding must be in the form of a bank letter or bank statement with official signature/seal. All bank verifications must indicate **U.S. currency** and be dated within **six months** of the semester start date. If information is unclear, additional proof may be required.

Name of Student/Applicant: _____

Sponsor Name: _____ Relation to Applicant: _____

_____ Address City Country Phone Number

SPONSOR'S GUARANTEE

I guarantee that the funds listed will be available for the above-named student for the duration of the student's enrollment at Mt. San Antonio College or for a minimum of three years, whichever is longer.

_____ Sponsor Signature Date

<p>18. Certification of Funds This is to verify that the above-named sponsor: _____ has \$ _____ U.S. Dollars on deposit at this bank. Name of Bank: _____ Phone: _____ Bank Address: _____ Signature of Bank Official _____ Date _____ Name of Bank Official: _____ Title of Bank Official: _____</p> <p><i>*In lieu of completing this form, an official letter from the bank on bank letterhead providing the requested information may be submitted.</i></p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;">Bank Seal</div>
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19. DEPENDENT INFORMATION

The following information is required regarding each dependent. Additional financial support must be submitted. An additional \$10,000 per dependent is required. For additional dependent information, please photocopy this page and attach it with your application.

Relationship: _____	
Last Name: _____	Middle Name: _____
First Name: _____	Date of Birth (mm/dd/yyyy): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship: _____
Country of Birth: _____	

Relationship: _____	
Last Name: _____	Middle Name: _____
First Name: _____	Date of Birth (mm/dd/yyyy): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship: _____
Country of Birth: _____	

20. TUBERCULIN SKIN TEST (TB TEST)

TB Skin Test: All students are required to have a Tuberculosis Skin Test. The result must be negative. If the result is positive, students will be required to obtain a chest x-ray. Results of a TB Skin Test should be dated within six months of the semester start date.

TB Test Date: _____ TB Test Result: _____

NOTE: If the result of tuberculin skin test is positive, a chest x-ray is required.

Date of X-Ray: _____ X-Ray is negative: _____ Positive: _____

Name of physician: _____

City/State: _____ Telephone: _____

Physician's Signature: _____ Date: _____

Affix official stamp or seal here.

(Rubber stamp of doctor's clinic and address may be used.)