

## **INTERNATIONAL F-1 STUDENT APPLICATION**

Application Deadlines

July 15<sup>th</sup> for Fall Semester

November 15<sup>th</sup> for Spring Semester

April 15<sup>th</sup> for Summer Semester

#### APPLICANTS MUST SUBMIT A COPY OF THEIR PASSPORT WITH THIS APPLICATION

# **Applicant Information**

First Name		Middle Name		Family Name/Last Name			
Date of Birth	(Month-Day-	Year)		Gender	Male	Female	
Mobile Telephone				Home Telephone			
Email Address	s of Applican	t (required to send I-	20)				
Education Level		ertificate Program	Ass	ociate Degree	Major		
When do you	wish to enro	ill?					
Fall	Year	Spring	Year	Summer	Year		
Foreign Home Address							
Street							
City		Territory		St	State/Province		
Postal Code/2	Zip		Country				
Country of Citizenship			Country of Residence				
Country of Bi	rth						

## **Emergency Contact Information**

Name of Emergency Contact Relationship to Applicant

**Street Address** 

City Territory State/Province

Zip/Postal Code Country

Telephone Email Address

#### Academic Information

Name of secondary school or high school & Country Completion/Graduation Date

## List all colleges/universities attended

Name Dates Attended

# **Dependent Information**

Dependent is defined as a spouse or child under age 18 on an F2 VISA. If you plan to bring a dependent to the United States, you must provide this information and provide additional funds as listed on the Confirmation of Financial support form.

Name of Dependent Date of Birth Country of Birth Country of Citizenship Relationship