

INTERNATIONAL F-1 STUDENT APPLICATION

Application Deadlines

July 15th for Fall Semester

November 15th for Spring Semester

April 15th for Summer Semester

APPLICANTS MUST SUBMIT A COPY OF THEIR PASSPORT WITH THIS APPLICATION

Applicant Information

First Name		М	iddle Name		Family Name/Last Name		
Date of Birth (N	Ionth-Day-Yea	r)		Gender	Male	Female	
Mobile Telephone				Home Telep	Home Telephone-Include Foreign Country Code		
Email Address c	of Applicant (re	quired to	send I-20)				
Education Level	l Associate Deg	gree Sele	ect Major -				
When do you w	vish to enroll?						
Fall	Year	Spring	Year	Summer	Year		
Campus Location	n Cisco, T	X	Abilene, TX				
Foreign Ho	me Addre	SS					
Street							
City			Territory		State/Pro	vince	
Postal Code/Zip			Country				
Country of Citizenship			Country of Residence				
Country of Birth	า						

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