



MT. SAN ANTONIO COLLEGE
INTERNATIONAL F-1 VISA STUDENT
APPLICATION FOR ADMISSIONS

APPLYING FOR: [ ] FALL [ ] WINTER [ ] 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
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. Email Address: \_\_\_\_\_

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

9. To which address will the I-20 be mailed? [ ] U.S. Address [ ] Foreign Address

10a. Country of Birth: \_\_\_\_\_ 10b. Country of Citizenship: \_\_\_\_\_

11. Primary Language: \_\_\_\_\_ 12. Major: \_\_\_\_\_

13. Are you currently in the United States? [ ] No (Skip to Question # 14) [ ] 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.

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

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address City State Zip

15. 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

The Family Education Rights and Privacy Act of 1974 prohibit the release of certain information without the student's written consent. Only directory information, i.e. students 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 consent.

16. 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 Immigration requirements, applicants must verify that they have the necessary funds to pay for their academic and living expenses. 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><b>18. Certification of Funds</b></p> <p>This is to verify that the above named Sponsor _____</p> <p>Has \$ _____ U.S. Dollars on deposit at this bank.</p> <p>Name of Bank: _____</p> <p>Bank Address: _____</p> <p>Bank Phone Number: _____</p>	<div style="border: 3px double black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 1.2em; color: gray;">Bank Seal</p> </div>
<p><b>Signature of Bank Official</b> _____ <b>Date</b> _____</p> <p>Name of Bank Official: _____ Title of Bank Official: _____</p> <p><i>**In lieu of completion of this form an official letter from the bank on letterhead may be submitted.</i></p>	

**19. DEPENDENT INFORMATION**

The following information is required regarding each dependent. Additional financial support will need to 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:  Male  Female Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Gender:  Male  Female Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**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: \_\_\_\_\_

