

# International Student Application Form

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## **Applying for** - please select a semester:

Spring (January)  Year: \_\_\_\_\_ Summer (June)  Year: \_\_\_\_\_ Fall (August)  Year: \_\_\_\_\_

Major Program: \_\_\_\_\_

Educational Goal:  Associate Degree  Certificate of Achievement  Transfer to University

## **Application Status** - please check one of the following:

- Applying from home country (outside the U.S.)  
 Applying from within the U.S., as a transfer student (from an intensive English program)  
 Applying from within the U.S., as a transfer student (from another college or university)  
 Applying from within the U.S., need a change of visa status from \_\_\_\_\_ to F-1\*

\* If you entered the US on or after April 12, 2002, you will not be allowed to enroll into classes until you receive the approval from INS for your "Change of Status" application to F-1 visa status.

## **Applicant Information** - you must include all the following information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ (Month, Day, Year) Age: \_\_\_\_\_ Gender: Male  Female:

## **Permanent Address (in your home country):**

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_

State (prefecture): \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## **Current Address (if different from permanent address):**

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_

State (prefecture): \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

E-Mail Address: (mandatory) \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ Test Date: \_\_\_\_\_

Native Language: \_\_\_\_\_ Other Languages (not English): \_\_\_\_\_

**Marital Status:** Single  Married

\* If married, will your dependent(s) be accompanying you to the U.S.? Yes  No

\* *If yes, please complete the following:*

**Dependent 1:**

Last Name:  First Name:   
Relationship to Applicant:  Date of Birth:   
Country of Citizenship:  Country of Birth:

**Dependent 2:**

Last Name:  First Name:   
Relationship to Applicant:  Date of Birth:   
Country of Citizenship:  Country of Birth:

**Dependent 3:**

Last Name:  First Name:   
Relationship to Applicant:  Date of Birth:   
Country of Citizenship:  Country of Birth:

**Educational Background** - Please fill out completely:

**High School (Secondary)**

Name:   
City and Country:   
Year Graduated:  Degree or Level Completed:

**College or University (if any)**

Name:   
City and Country:   
Year Graduated:  Degree or Level Completed:

**Intensive English School (in the US, if any)**

Name:   
Address:   
Date Completed:  Level Completed:

**For Transfer Students Only (from an intensive English program or college/university in the U.S.)**

SEVIS ID Number:

**Please make sure to inform your current school of your intention to transfer to Palomar College and ask the Designated School Official to complete the Transfer Clearance form.**

**Emergency Contacts:**

**In your home country:**

Last Name:  First Name:   
Address:   
Phone Number:  Relationship:   
Fax Number:  E-Mail Address:

**In the United States:**

Last Name:  First Name:   
Address:   
Phone Number:  Relationship:   
Fax Number:  E-Mail Address:

**Financial Source (minimum of \$16,100 required)**

Source:  Personal  Family  Sponsor  Scholarship Amount Available:

**Name Of Sponsor (if any):**

Last Name:  First Name:

\*Add 50% of living expenses amount for your spouse and 25% for each dependent accompanying you to the United States

\*Palomar College retains the right to require advanced deposit from applicants in countries experiencing difficulties in foreign exchange

\*If funds are other than "Personal", you must include the Statement of Support form, completed and signed by sponsor

**Applicant Certification** - please read and sign by entering your full legal name in space provided:

*I certify that the information contained in this application is accurate. I understand that submission of inaccurate information can be considered sufficient cause for denial of my application. If accepted, I agree to an English, Reading and Math placement test and to attend an international student orientation session prior to registration for classes.*

Applicants Signature:  Date:

**All application materials must be submitted before the deadline. Submit them to:**

The Office of International Education  
Palomar College  
1140 West Mission Road  
San Marcos, CA 92069-1847  
U.S.A.

Questions regarding the above mentioned requirements or the status of your application should be addressed to the Office of International Education: Telephone: (760) 744-1150 extension 2167 FAX: (760) 761-3592, or e-mail:

[intladm@palomar.edu](mailto:intladm@palomar.edu).