

**SBVC International Student Application for Admission**

**PLEASE PRINT CLEARLY**

Student's Name: \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR PASSPORT**

Name: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

Gender: (\_\_\_\_) Male (\_\_\_\_) Female (\_\_\_\_) Nonbinary (\_\_\_\_) Other

Select the English Proficiency test you completed: TOEFL Score: \_\_\_\_\_ IELTS \_\_\_\_\_ Score Date Taken: \_\_\_\_\_  
(Please include a copy of the scores to your application)

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

Is English Your Primary Language? YES \_\_\_ NO \_\_\_ If No, What Is Your Primary Language? \_\_\_\_\_  
(If English is the official spoken language in your home country, please complete the TOEFL/IELTS Waiver Request Form)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**SBVC Application Term:**

TERM/YEAR: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Major (Area of Study) \_\_\_\_\_

Do you plan to transfer to a 4-year university in the U.S.? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**PLEASE NOTE THAT YOU ARE REQUIRED TO NOTIFY YOUR INTERNATIONAL STUDENT ADVISOR OF ANY CHANGES IN YOUR LOCAL ADDRESS AND PHONE NUMBER**

Local Address and Phone Number in the U.S.A (temporary address is acceptable for application purposes)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Home Country Information</b>	
Address:	
City:	
Province:	
Country:	
Postal or Mail Code:	
Telephone:	Country Code: (            ) Number:
Fax Number:	Email:

In Case of Emergency Contact			
Name: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone: _____		Fax: _____	
Relationship to Student: _____	Parent: _____	Relative: _____	Friend: _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Are you now living outside of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are living in the United States, please answer the following questions below:

Date of Your Most Recent Entry: \_\_\_\_\_ Place of Your Most Recent Entry: \_\_\_\_\_

Type of Visa You Hold Now (i.e., F-1, F-2, J-1, B-1, B-2, ...): \_\_\_\_\_

Type of Visa at Entry: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Expiration Date: \_\_\_\_\_

Valid for: \_\_\_\_\_ One Entry \_\_\_\_\_ Multiple Entries

Current Immigration Status: \_\_\_\_\_

If currently an F-1 visa student, which U.S. college, university, or high school issued the I-20 Form?

School Name: \_\_\_\_\_

Designated School Official Name and Contact Information: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates Attended: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

How many units/credits were completed? \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Type of School: \_\_\_\_\_ Language School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other

Have you attended any other U.S. schools? YES \_\_\_\_\_ NO \_\_\_\_\_

Please List:

Name of School: \_\_\_\_\_ Dates Attended: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School: \_\_\_\_\_ Dates Attended: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>WILL YOUR SPOUSE OR UNMARRIED MINOR CHILD (UNDER 18 YEARS OF AGE) BE ACCOMPANYING YOU?</b>	
YES _____ NO _____	
<b>IF YES PLEASE INCLUDE THE FOLLOWING INFORMATION REGARDING THIS DEPENDENT.</b>	
Dependent Name:	Date of Birth:
Country of Birth:	Country of Citizenship:

**PASSPORT INFORMATION**

Issued By: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date Issued By: \_\_\_\_/\_\_\_\_/\_\_\_\_ Original Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I-94 INFORMATION**

I-94 Number or Admission Number (the number on the upper left corner of the white card in your passport).

Validity (Choose One)	: D.S.	or	/	/	/ Month/Day/Year
Date of Initial Entry to the U.S.	/	/	/	/	Month/Day/Year
Initial Immigration Status	/	/	/	/	Month/Day/Year

**ALL DOCUMENTS SUBMITTED TO SAN BERNARDINO VALLEY COLLEGE BECOME THE PROPERTY OF SAN BERNARDINO VALLEY COLLEGE AND WILL NOT BE RETURNED TO THE STUDENT.**

**YOUR SIGNATURE BELOW INDICATES YOU AGREE TO:**

- 1.) **Subscribe to an accident and health insurance policy if you are not being covered through a sponsoring agency or your government (see SBVC's international student website)**
- 2.) **Maintain F-1 visa student status which includes enrollment in a minimum of 12 units in the fall and spring semesters, with a grade point average of 2.0 or above. If the summer session is the student's first session, enrollment is a minimum of 6 units.**

**ALL INFORMATION PRESENTED IN THIS APPLICATION IS TRUE AND CORRECT. IF ACCEPTED TO SAN BERNARDINO VALLEY COLLEGE, I AGREE TO ABIDE BY ALL OF THE RULES AND REGULATIONS SET FORTH BY THE COLLEGE.**

**SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SIGNATURE OF PARENT OR LEGAL GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE:**

<b>OPTIONAL</b>	
<i>Release of information: I hereby give permission to San Bernardino Valley College to release information concerning my student status and academic progress to the following person(s):</i>	
Name:	Relation:
Signature of Applicant:	Date: