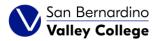
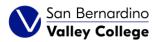


SBVC International Student Application for Admission

PLEASE PRINT	CLEARLY							
Student's Name	e:						Today's [Date//
PLEASE WRITE	YOUR NA	ME AS IT A	PPEARS	S ON YO	OUR PASSPC	ORT		
Name: LAST: FIRST:						MIDDLE:		
Gender: (_) Male	() F	emale	(_) Nonbinar	y () Other	
Select the Engli (Please include a c					TOEFL Scor	e:	IELTS	Score Date Taken:
Country of Birt	h:				Country	/ of Citiz	enship:	
								nguage? aiver Request Form)
Date of Birth:	Month:		Day:		Year:			
SBVC Application	on Term:							
TERM/YEAR:	Fall	Spring	8	Sui	mmer			
Major (Area of	Study)						_	
Do you plan to	transfer to	o a 4-year i	universit	ty in the	e U.S.? YES	5:	NO:	
PLEASE NO	TE THAT Y		-				IATIONAL STU HONE NUMB	JDENT ADVISOR OF ANY ER
Local Address a	and Phone	Number i	n the U.	S.A (ter	nporary add	lress is a	acceptable for	application purposes)
Address:								
							Zip Cod	e:
Cell Phone:					_ Home Pho	one:		
Email:								
			н	ome Co	ountry Infor	mation		
Address:								
City:								
Province:								
Country:								
Postal or Mail	Code:							
Telephone:			Cour	ntry Coo	de: ()	Number:	
Fax Number:					Email:			



	In C	ase of Emergency (Contact			
Name:						
Address:						
City:	Sta	te:	Zip Co	ode:		
Telephone:	Devent	Deletive	Fax:			
Relationship to Student:	Parent:	Relative:	Friend:			
PLEASE ANSWER THE FOLLO	WING QUESTIO	INS				
Are you now living outside c	f the United Sta	tes? Yes	No			
If you are living in the United	d States, please a	answer the followin	g questions below	<i>ı</i> :		
Date of Your Most Recent Er	ntry:	Place of You	r Most Recent Ent	ry:		
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	on Date:			
Valid for: One Entr	γN	Aultiple Entries				
Current Immigration Status:						
If currently an F-1 visa stude	nt, which U.S. co	ollege, university, or	high school issue	d the I-20 Form	1?	
School Name:						
Designated School Official N	ame and Contac	t Information:				
Address:						
City:	Sta	te:	Zip Co	ode:		
Telephone:						
Dates Attended: From:	//	To:/_	/			
How many units/credits wer	e completed?		Grade Point Av	/erage:		
Type of School: Language School High School College Other						
Have you attended any othe	r U.S. schools?	YES NO				
Please List:						
Name of School:		Dates Attended	: From:/	/ To:	//	
Name of School:		Dates Attended	: From:/	/ To:	//	



WILL YOUR SPOUSE OR UNMARRIED MINOR CHILD (UN	DER 18 YEARS OF AGE) BE ACCOMPANYING YOU?				
YES NO					
IF YES PLEASE INCLUDE THE FOLLOWING INFORMATION REGARDING THIS DEPENDENT.					
Dependent Name: Date of Birth:					
Country of Birth:	Country of Citizenship:				
PASSPORT INFC	ORMATION Ort Number:				
Date Issued By:// Origina	al Expiration Date://////				
I-94 INFORM	IATION				
I-94 Number or Admission Number (the number on the up	oper 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.	1	/	/	/ Month/Da	ay/Year		
Initial Immigration Status	/	/		/ Month/Da	ay/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:

OPTIONAL				
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):				
Name:	Relation:			
Signature of Applicant:	Date:			