

SBVC International Student Application for Admission

Term Fall () _____ year Spring () _____ year Summer () _____ year



valley college

Major (Area of Study) _____

PLEASE WRITE YOUR NAME AS IT APPEARS ON YOUR PASSPORT.

Name: Last _____ First _____ Middle _____

Gender: (____) Male (____) Female

TOEFL Score _____ Date Taken _____

Country of Citizenship: _____ Official Language of your Country: _____

Date of Birth: Month _____ Day _____ Year _____

Do you plan to transfer to a 4-year university in the U. S.? Yes _____ No _____

Home Country Information:	Address _____
	City _____
	Province _____
	Country _____
	Postal or Mail Code _____
Telephone: _____	Country code: (_____) Number: _____
Fax number: _____	E-Mail: _____

Address and Phone
Number in the U.S.A.
(if known)

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

In case of emergency contact:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____

Telephone: _____ Fax: _____

Relationship to Student: Parent _____ Relative _____ Friend _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Are you now living outside the United States? Yes _____ No _____

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

Date of Entry: _____ Type of Visa you now hold: _____

Type of Visa at Entry: _____ Expiration date of I-94: _____

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

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Dates Attended: From: ___/___/___ To: ___/___/___

How many units/credits 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: _____

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All documents submitted to San Bernardino Valley College become the property of San Bernardino Valley College and will not be returned to the student.

Submission of any false information or fraudulent documents will result in immediate dismissal.

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 agent or your government.**
- 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 summer session is the student's first session, enrollment is a minimum of 8 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(s) Relation

Signature of Applicant Date