



**International Student Program
Student Application**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717



PLEASE WRITE PREFERRED NAME BELOW:

PREFERRED NAME

TYPE OR PRINT IN BLUE OR BLACK INK ONLY

FALL SEMESTER SPRING SEMESTER

YEAR

NAME IN FULL (AS IT APPEARS ON PASSPORT):

SURNAME/PRIMARY/LAST NAME GIVEN/FIRST NAME MIDDLE NAME

CURRENT U.S. CONTACT INFORMATION (IF AVAILABLE):

STREET NUMBER STREET NAME CITY

STATE ZIP CODE UNITED STATES COUNTRY U.S. PHONE NO.: () AREA CODE + NUMBER

EMAIL ADDRESS: _____

ENGLISH PROFICIENCY: WHAT IS YOUR LANGUAGE OF INSTRUCTION? ENGLISH IF NOT ENGLISH, PROVIDE THE SCORE/GRADE FOR ONE OF THE FOLLOWING TOEFL IELTS U.S. ENGLISH COMPOSITION COURSE _____
SCORE/GRADE DATE COMPLETED

EDUCATIONAL GOAL: _____
MAJOR

ASSOCIATE DEGREE ASSOCIATE DEGREE & TRANSFER FOR BACHELOR'S DEGREE* TRANSFER ONLY FOR BACHELOR'S DEGREE*

*IF YOU PLAN TO TRANSFER TO ANOTHER COLLEGE AFTER SAN DIEGO MESA COLLEGE, PLEASE INDICATE THE INSTITUTION(S) YOU ARE CONSIDERING:

COLLEGE/UNIVERSITY

BIOGRAPHICAL INFORMATION

DATE OF BIRTH: _____ CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____
MONTH/DATE/YEAR

COUNTRY OF CITIZENSHIP: _____ GENDER: FEMALE MALE

PASSPORT NUMBER: _____ HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

COMPLETE HOME COUNTRY ADDRESS: _____
STREET NUMBER STREET NAME CITY

PROVINCE/TERRITORY/STATE POSTAL/ZIP CODE COUNTRY

MARITAL STATUS: SINGLE MARRIED *COMPLETE BELOW AND SEE ADDITIONAL REQUIREMENTS ON THE FINANCIAL STATEMENT FORM

*IF ANY DEPENDENTS WILL BE TRAVELING WITH YOU TO THE UNITED STATES, YOU MUST ATTACH A COPY OF THEIR PASSPORT(S). PLEASE LIST THEIR NAME, RELATIONSHIP (SPOUSE OR CHILD), COUNTRY OF BIRTH AND COUNTRY OF CITIZENSHIP HERE:

HOW WILL YOU BE OBTAINING YOUR F-1 VISA?

- Transfer SEVIS record from current school (F-1 Visa already in possession)
- Obtaining initial F-1 visa abroad at a U.S. consulate in my home country
- Changing visa status through USCIS in the U.S.
- Other. Please specify: _____

THE QUESTIONS BELOW ONLY APPLY IF YOU ARE CURRENTLY IN THE U.S.

DATE OF LAST U.S. ENTRY: _____ VISA STATUS (B,E1, E2, F1, F2, J, ETC.): _____ I-94 EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Do not list schools attended prior to high school.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGE/UNIVERSITIES ATTENDED

| GRADES OR LEVELS | ATTENDANCE DATES | | NAME OF SCHOOL AND COUNTRY | TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED | GRADES EARNED OR GPA |
|---|--|---------------------------------|--|---|----------------------|
| | FROM <small>Month/Year</small> | TO <small>Month/Year</small> | | | |
| *HIGH SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED | FROM / | TO / | NAME: COUNTRY: | *MUST SUBMIT PROOF OF GRADUATION/COMPLETION | |
| | CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| U.S. COLLEGE/ UNIVERSITY <input type="checkbox"/> TRANSCRIPT INCLUDED | FROM / | TO / | NAME: <input type="checkbox"/> FULL-TIME STUDIES <input type="checkbox"/> PART-TIME STUDIES <input type="checkbox"/> F-1 VISA <input type="checkbox"/> OTHER VISA. PLEASE SPECIFY: _____ | | |
| | CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED | FROM / | TO / | NAME: COUNTRY: | | |
| | CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

Please duplicate this page to report additional schools attended.

*An international student in possession of an associate degree or its equivalent (completion of about 60 semester units), or higher may be determined to be beyond the course offerings of Mesa college and is encouraged to apply to a four-year college or university.

EMERGENCY CONTACTS

Please provide names of anyone you wish to authorize to obtain information about you, your application of your enrollment status, in case of an emergency.

| NAME | RELATIONSHIP | PHONE NUMBER |
|--------------------------------------|--|--|
| _____ | _____ | _____ |
| <small>LAST NAME, FIRST NAME</small> | <small>PARENT/SIBLING/FRIEND/ETC.,</small> | <small>AREA CODE, FOLLOWED BY NUMBER</small> |
| _____ | _____ | _____ |
| <small>LAST NAME, FIRST NAME</small> | <small>PARENT/SIBLING/FRIEND/ETC.,</small> | <small>AREA CODE, FOLLOWED BY NUMBER</small> |

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ADMISSIONS INFORMATION IN ITS ENTIRETY.

I declare under penalty of perjury that all information provided refers specifically to me and is true and correct. I understand that falsification or withholding information requested on this form shall constitute grounds for denial. In the event of a denial, San Diego Mesa College reserves the right to refrain from disclosing information pertaining to your admissions status.

If accepted, I will attend the 4-day mandatory orientation (approximately three weeks before the start of the semester). I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____