

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 U.S. PHONE NO.: (_____) _____
COUNTRY AREA CODE + NUMBER

E-MAIL 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 AND 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: _____ COUNTRY OF BIRTH: _____
MONTH/DAY/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:

ARE YOU CURRENTLY IN THE UNITED STATES? NO, continue to Page 2. YES, answer the following:

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

ARE YOU REQUESTING AN INITIAL ATTENDANCE-CHANGE OF STATUS FORM I-20 TO OBTAIN YOUR F-1? YES NO, I ALREADY HAVE F-1 STATUS OR NO, I
WILL RETURN TO MY HOME COUNTRY TO OBTAIN MY F-1 VISA.

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: FROM Month/Year TO Month/Year	NAME OF SCHOOLS AND COUNTRY	TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED	GRADES EARNED OR GPA
*HIGH SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY	*MUST SUBMIT PROOF OF GRADUATION/COMPLETION	
COLLEGE/UNIVERSITY <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY		
OTHER, LANGUAGE SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY		

*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 or your enrollment status, in case of an emergency.

NAME	RELATIONSHIP	PHONE NUMBER
_____ LAST NAME, FIRST NAME	_____ PARENT/SIBLING/FRIEND/ETC	_____ AREA CODE, FOLLOWED BY NUMBER
_____ LAST NAME, FIRST NAME	_____ PARENT/SIBLING/FRIEND/ETC	_____ AREA CODE, FOLLOWED BY NUMBER

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 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: _____