

**ATTACH
PASSPORT
SIZED PHOTO
HERE**

PLEASE TYPE INFORMATION ON THIS FORM: FALL SEMESTER SPRING SEMESTER

NAME IN FULL (PASSPORT NAME):

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

COMPLETE ADDRESS (I-20 will be mailed to this address):

NUMBER STREET CITY

PROVINCE/ TERRITORY/STATE POSTAL/ZIP CODE COUNTRY

E-MAIL ADDRESS: _____ PHONE NO.: _____
(Please do not list @Hotmail) AREA CODE + NUMBER

ENGLISH PROFICIENCY:

TOEFL TEST DATE AND SCORE: _____ LANGUAGE OF INSTRUCTION: _____

MAJOR/CAREER GOALS TO PURSUE AT MESA COLLEGE:

EDUCATIONAL GOAL:

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)/MAJOR(S) YOU ARE CONSIDERING:

COLLEGE/UNIVERSITY MAJOR

A. BIOGRAPHICAL DATA

PASSPORT NUMBER: _____ DATE OF BIRTH: _____ GENDER: FEMALE MALE
MONTH/DAY/YEAR

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF BIRTH: _____ NATIVE LANGUAGE: _____

COMPLETE HOME COUNTRY ADDRESS: _____
NUMBER STREET CITY

PROVINCE/ TERRITORY/STATE POSTAL/ZIP CODE COUNTRY HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

MARTIAL STATUS: SINGLE *MARRIED

***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 BELOW:**

B. FOR STUDENTS ALREADY IN THE UNITED STATES

DATE OF THE LAST ENTRY INTO THE UNITED STATES: _____ VISA TYPE (B, E, F1, F2, ETC.): _____ EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

DID YOU CHANGE YOUR VISA TYPE? NO YES, WHEN WAS IT APPROVED BY DHS: _____
MONTH/DAY/YEAR

I-94 NUMBER: _____ I-94 EXPIRATION DATE: _____
REFER TO CBP.GOV WEBSITE MONTH/DAY/YEAR OR D/S

LIST INSTITUTIONS THAT ISSUED YOU AN I-20: _____

DID YOU ATTEND AN INSTITUTION ON AN F1 VISA? YES NO DATES ATTENDED: _____

IF YOU HAVE A SOCIAL SECURITY NUMBER, PLEASE PROVIDE: _____

DO YOU PLAN TO TRAVEL OUTSIDE OF THE UNITED STATES AND USE THE MESA I-20 TO RE-ENTER? YES NO
IF NO, ARE YOU REQUESTING WE ISSUE YOU A CHANGE OF STATUS I-20? YES NO

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Please list your most recent or current attendance first and end with secondary/high school.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGES ATTENDED

ATTENDANCE DATES: FROM Month/Year	TO Month/Year	NAME OF SCHOOLS AND COUNTRY	GRADES OR LEVELS	CERTIFICATES OR UNITS/DIPLOMA/DEGREES RECEIVED	GRADES RECEIVED OR GPA
CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ TO _____					
_____ TO _____					
_____ TO _____					
_____ TO _____					

CERTIFICATION AND RELEASE OF INFORMATION

Please provide names of anyone you wish to authorize to obtain information about you, your application or your enrollment status.

NAME LAST NAME, FIRST NAME	RELATIONSHIP PARENT/SIBLING/FRIEND/ETC	PHONE NUMBER 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 dismissal.

If accepted, I will attend the **4-day mandatory orientation (approx. three weeks before the start of the semester).**

NAME OF APPLICANT: _____ SIGNATURE OF APPLICANT: _____ DATE: _____
PLEASE PRINT MONTH/DAY/YEAR