



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

**ATTACH  
PASSPORT  
SIZED  
PHOTO**

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

**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: \_\_\_\_\_      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:

**IF IN THE UNITED STATES, WHERE WILL YOU BE PROCESSING YOUR I-20?**

- Transfer SEVIS record from current school  
 Obtaining initial F-1 visa abroad  
 Changing visa status through USCIS in the U.S.  
 Other. Please specify: \_\_\_\_\_

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>			
<b>*HIGH SCHOOL</b>  <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				
<b>U.S. COLLEGE/ UNIVERSITY</b>  <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				
<b>OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL</b>  <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 5-day mandatory orientation (approximately three weeks before the start of the semester). I understand that failing to attend the 5-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_