

## SUPPLEMENTAL APPLICATION FOR INTERNATIONAL STUDENTS

### Section 1: Student Information

Name should be written exactly as it appears on your passport or national identity card. (Must provide copy of passport identity page.)

Family/Last Name (Surname): \_\_\_\_\_ First/Given Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Email Address: \_\_\_\_\_ Gender:  Male  Female

**Permanent Address in Home Country:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number (with area code): \_\_\_\_\_

**Current Address in the United States/Mailing Address:** Local/U.S. Phone Number (w/ area code): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Immigration Information:**

Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**If applicable (DO NOT USE Taxpayer ID #):**  
 SSN # or ACC Alternative ID # \_\_\_\_\_

### Section 2: Visa Information

If you are not a U.S. citizen, permanent resident, or alien allowed to domicile in the U.S., you will need an F-1 student visa in order to study full time at ACC. Check at least one of the following items that applies to you.

- I need an initial Form I-20 to apply for an F-1 student visa in my home country.
- I am in the U.S. and need an initial Form I-20 to apply for a **change of status to the F-1 student visa status.** My visa status is: \_\_\_\_\_
- I have a Form I-20 with another school and want to transfer to ACC. I am out of status:  Yes  No
- I have a Form I-20 with another school and wish to co-enroll at ACC (take selected courses and transfer them back to my school).
- I do not need a Form I-20. **My visa status is:** \_\_\_\_\_
- I have an application with USCIS pending approval for one of the following statuses: Permanent Resident, Asylum, or Refugee.

**My family will accompany me, and will need a Form I-20 for an F-2 dependent visa. Dependent Information:** Dependent is defined as spouse, or child under 21, on an F2 visa status in the U.S. If you plan to bring a dependent to the U.S. please provide sufficient funds as listed on the Financial Statement of Support. Please attach an additional sheet if you need more space.

Name: Last, First and Middle	Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship	Relationship

### Section 3: Program Information

I want to apply for an academic program. Requested Major: \_\_\_\_\_  
 Mark the session and which academic year you are applying for:

<input type="checkbox"/>	Spring Semester	Academic Year	
<input type="checkbox"/>	Summer Semester	Academic Year	
<input type="checkbox"/>	Fall Semester	Academic Year	

I want to apply for the Intensive English Program. Mark the session you are applying for:

Academic Year		Summer ..... 8 week session
Fall A ..... 1 st 8 week session	Fall B ..... 2 nd 8 week session	
Spring A ..... 1 st 8 week session	Spring B ..... 2 nd 8 week session	

### Section 4: English Proficiency Information

I have taken the following English Proficiency exam:  TOEFL      Score: \_\_\_\_\_ Date taken: \_\_\_\_\_  
 IELTS      Score: \_\_\_\_\_ Date taken: \_\_\_\_\_

### Section 5: Academic Information

#### Name of Secondary School or High School attended in the U.S. or outside the U.S.:

Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_

#### Name of Intensive English Language Program attended in the U.S. (if applicable):

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_

#### List all of the colleges or universities you have attended:

Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Start Date(s)/Year: \_\_\_\_\_ End Date(s)/Year: \_\_\_\_\_

### Section 6: Certification

By checking this box, I authorize Austin Community College to access my online I-94 in the event I fail to provide it upon arrival.

*My dated signature certifies that all information given on this application is complete and correct to the best of my knowledge.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_