Print Form

International Student Application

7250 Mesa College Drive, San Diego, CA 92111-4998
(619) 388-2717 (619) 388-2960 FAX

Attach Photo Here

FALL SEMESTER: ☐ SPRING SEMESTER ☐

(PLEASE PRINT OR TYPE INFORMATION ON THIS FORM)

Name in full (AS IT APPEARS ON YOUR PASSPORT):

_____ _____ _____ _____
Last name First Middle initial Maiden

Complete Address:

_____
(I-20 will be mailed to this address)

E-mail address (if available): _____ Phone No.: _____

TOEFL TEST DATE: _____ TOEFL SCORE: _____

MAJOR at SAN DIEGO MESA COLLEGE: _____

EDUCATIONAL GOAL:
1) ☐ Associate Degree 2) ☐ Associate Degree and transfer for Bachelor's Degree 3) ☐ Transfer only
If you plan to transfer to a four-year institution after San Diego Mesa College, please indicate institution (if known) and major:

_____

BIOGRAPHICAL DATA

Passport Number: _____ Date of Birth: _____
(Month / Day / Year)

Gender: ☐ Male ☐ Female Country of Birth: _____
Country of Legal Residence: _____ Country of Citizenship: _____ Native Language: _____
Complete Home Country Address: _____
Home Country Phone: _____ Marital Status: Single ☐ *Married ☐
*If married, list the name, relationship, and date of birth of any dependents traveling to the United States with you:

FOR STUDENTS ALREADY IN THE UNITED STATES

Date of last entry into the United States: _____ Visa Type (B2, F1, F2, etc.) _____ Expiration date: _____
(Month /Day / Year) (Month / Day / Year)
If your Visa status was changed, when was the change approved by INS: _____
(Month / Day / Year)
I-94 Number: _____ I-94 Expiration date: _____
(Month / Day / Year)
List institutions that issued you an I-20: _____ Did you attend that institution on an F1 visa? ____
Dates attended: _____
If you have a Social Security Number, please list: _____
Do you plan to process your San Diego Mesa College I-20 outside the United States? _____

This form is also available online at: www.sdmesa.edu/international

OFFICIAL TRANSCRIPTS ARE REQUIRED FROM ALL UNITED STATES SCHOOLS ATTENDED

Show in chronological order all schools and colleges you have attended and all diplomas or certificates you earned at these schools. List all years from first year of elementary or primary school (not Kindergarten). If you are currently attending classes, please indicate the exact date (day, month, year) your current semester will end.

OFFICIAL TRANSCRIPTS & ENGLISH TRANSLATIONS IF NEEDED ARE REQUIRED
FROM HIGH SCHOOL AND ALL COLLEGES ATTENDED.

Attendance Dates: FROM Month/Year TO Month/Year	Name of School and Country	Grades or Levels	Certificates or Units/Diploma/Degrees Received	Grades Received or GPA
_____ TO _____				
_____ 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	RELATIONSHIP	PHONE NO.
1.			
2.			
3.			
4.			
5.			

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.

Name of Applicant (Please Print) _____

_____ _____

Signature of Applicant Date