

Shoreline Community College F-2 Dependent Part-Time International Student Application

| ◆◆◆ F-2 Enrollment must be UNDER 11.5 credits per quarter ◆◆◆ | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| MINIMUM REQUIREMENTS | HOW TO SUBMIT | | | | | | | |
| Completion of the equivalent of U.S. 9th grade Must be at least 16 years of age at program start date TUITION RATE Non-Resident/Non-U.S. Citizen https://tinyurl.com/yb9g3m5y | International Education Shoreline Community College 16101 Greenwood Ave. N | | | | | | | |
| TO APPLY, PLEASE SUBMIT (Application will not be reviewed until ALL required documents are submitted) | Shoreline, WA 98133 USA Fax: 206-546-7854 In person: International Education, Room 9302 | | | | | | | |
| ☐ Completed application form☐ \$50 application fee (non-refundable) | Application Fee Payment Information Application fee is required to process your application online payment | | | | | | | |
| A copy of: | Please use our secure online form: www.tinyurl.com/y7opzyxk | | | | | | | |
| □ F-2 visa stamp page □ Academic records (If you plan to study a degree/certificate program) □ English assessment score (recommended) | (We cannot accept credit/debit card by phone or email.) Enclosed: personal check bank draft money order We accept faxed and scanned documents. However, we reserve the right to request original document if needed. All documents submitted for admission become the property of Shoreline Community College and will not be returned. | | | | | | | |
| 1. F-2 Applicant Information | | | | | | | | |
| I want to start in the quarter below: Fall YEAR Winter YEAR | Spring Summer YEAR | | | | | | | |
| Last name First name | Middle Name | | | | | | | |
| Date of birth (mm/dd/yy) Country of citizenship Gender Male Female Relationship t | Country of birth | | | | | | | |
| 2. F-1 Student Information | | | | | | | | |
| Last name First name | Middle Name | | | | | | | |
| Date of birth (mm/dd/yy) Country of citizenship Gender Male Female | Country of birth | | | | | | | |
| Name of school on I-20 | I-20 End Date | | | | | | | |
| 3. Current U.S. Address | | | | | | | | |
| | | | | | | | | |
| Street | City Province/State Postal/zip code | | | | | | | |
| Phone | Email | | | | | | | |

| 4. Wha | at do you plan | to study at Shoreline? | | | | | | |
|---|---------------------------------------|---|--------------------------|----------------------|----------------|---------------|------|--|
| | English Language | e Training (ESL / EAP) | | | | | | |
| | University Trans | fer/Associate Degree* | Major | | | | | |
| | Professional/Ted | chnical Degree Program* | Major | | | | | |
| | Professional/Ted | chnical Certificate Program* | Major | | | | | |
| | Other (e.g. Non- | degree) | Major | | | | | |
| Please se | | oreline.edu/programs/degrees | Major -certificates.a | aspx for programs | of studv. | | | |
| *Required to complete Academic History and submission of academic transcripts. | | | | | | | | |
| 4. How | long do you | plan to study at Shorelir | e? | | | | | |
| 1 c | quarter/3 months | 2 quarters/6 months | 1 A | cademic year/9 mc | onths 2 | 2 or more y | ears | |
| 5. Acad | demic History | * (complete if you plan to | study a de | gree/certificate | program) | | | |
| | • | | , | | , , | Graduate | d? | |
| Name of las | t school you attended | City Co | ountry | From (mm/yy) | To (mm/yy) | | | |
| | | | | Date attended | | YES | NO | |
| If you have taken an English Assessment Test in the last two years, please see if you qualify for an exemption. If you do, please email a copy of your score report to international@shoreline.edu. For more information: www.tinyurl.com/scc-escore . | | | | | | | | |
| 6. Agre | eement for Re | strictions on F-2 Study | | | | | | |
| | • | hildren are permitted to enroll | in "less than | a full course of stu | dy (below 11.5 | credits)" i | n | |
| Shoreline's ESL and academic courses. If F-2 students plan to pursue full time study, they must apply for and obtain a change of status to F-1. (See | | | | | | | | |
| 1 | International Stud | lent Admissions staff for more in | nformation) | | | | | |
| | _ | he Restrictions on F-2 Study ab ation form are true. | ove. I verify | to the best of my | knowledge th | at all of the | 3 | |
| Student' | s name | | | | | | | |
| (please pri | nt) Last n | ame | First name | | Date of bi | rth (mm/dd/yy |) | |
| | | | | | | | | |
| Student' | tudent's signature Date (mm/dd/yy) | | | | | | | |
| | s under the age of Guardian's name | f 18 must also have parent/gua | ırdian's signa | ature | | | | |
| (please pri | nt) | Last name | | First name | | | | |
| Phone | | Eı | mail | | | | | |
| | | | | | | | | |
| Parent/G | Guardian's signatu | ire | | Date (mm/dd/yy) | | | | |