



2. Where would you like to receive your I-20/admission documents?

Please check one: ☐ Home country address ☐ Other address (provide address below) ☐ Pick up (only the student, their dependents, or if a minor, the parent/guardian can pick up an I-20)

Street City Province/State Postal/zip code

Country Phone Email

3. Are you currently in the United States?

☐ Yes, I am attending another U.S. school in F-1 status.

☐ Yes, but I am not attending any school because ☐ graduated ☐ OPT ☐ Other (please specify) _____

If you check "Yes" go to Section 4.

☐ No, I am currently outside of the U.S.

Date you left the U.S. (mm/dd/yy)

Date you plan to return to the U.S. (mm/dd/yy)*

*You cannot enter the U.S. more than 30 days before the start of the quarter.

Your F-1 visa stamp information:

Visa expiration date (mm/dd/yy)

If your F-1 visa is expired or you are out of the U.S. more than five months, you need to apply for a new visa stamp.

4. Do you have any dependent(s) arriving with you?

☐ No ☐ Yes I need dependent I-20(s) for my ☐ Spouse ☐ Child(ren)

Note: Please submit a copy of passport of dependent(s) and bank statement that includes dependent expense (US \$5,000 per dependent)

5. Education Information

a. Are you planning to study ESL (English as a Second Language)?

☐ Yes, I only want to take ESL. (Skip b. Go to Academic History)

How long? ☐ 1 quarter ☐ 2 quarters ☐ 3 quarters ☐ until complete ESL

☐ Yes, and I also want to take academic classes.

☐ No, I am ESL Exempt. I only plan to take academic classes. (If you check this, please see below.)

Please provide documents for proof of English proficiency or you may be required to take Shoreline's English Language Placement Test at Orientation.

<http://tinyurl.com/lowkjoa>

b. If you plan to take academic classes, please choose one program.

☐ University Transfer/Associate Degree (2+2 program)

Area of study (transfer to earn a Bachelor degree at a univ.)

☐ Two-year Professional/Technical degree

Degree in:

☐ One-year Professional/Technical certificate

Certificate in:

☐ Other (please specify below)

For more information on the programs we offer, see: <https://www.shoreline.edu/programs/>. If you are undecided about your area of study or leave it blank, we will put "Liberal Arts and Sciences/Liberal Studies" (General Studies) on your I-20. Please note that you will be able to change your intended major after enrolling at SCC and start taking core classes.

Academic History: List of schools you have attended AFTER you left Shoreline.

Name of U.S. School attending	City	Country	Date attended From (mm/yy) To (mm/yy)	Graduated? <input type="checkbox"/> Yes
Name of U.S. School attended	City	Country	Date attended From (mm/yy) To (mm/yy)	Graduated? <input type="checkbox"/> Yes
Name of U.S. School attended	City	Country	Date attended From (mm/yy) To (mm/yy)	Graduated? <input type="checkbox"/> Yes
Name of other school attended	City	Country	Date attended From (mm/yy) To (mm/yy)	Graduated? <input type="checkbox"/> Yes

6. Financial Certification

All international applicants are required by law to show proof of financial ability to live and study in the United States. You must submit a current bank statement (no more than six months old) prior to admission.

The specified sources of my funds:

☐ Personal funds:

☐ Family funds:

(Parent or Spouse): _____

(First name)

☐ Other:

(Last name)

(First name)

Relationship to student (e.g. uncle, aunt) _____

☐ Scholarship:

Name of scholarship: _____

(Embassy, government, or agency sponsoring student must submit a letter stating amounts and period of coverage.)

NOTE: We reserve the option of asking for originals or additional documents if necessary such as U.S. Affidavit of Support (Form I-134).

7. Admission Agreement

A. International Student Admission Agreement:

I will use the I-20 issued to me to enter the U.S and report to Shoreline Community College. I agree to comply with the college's policies and the terms and conditions pertaining to F-1 immigration status requirements.

B. Financial statement:

I will have sufficient funds to pay for my expenses and tuition. The source of funds I provided in the Financial Certification section will continue throughout my program at Shoreline Community College. I understand that submitting fraudulent documents will disqualify me from admission to Shoreline Community College.

C. Medical Release:

The undersigned hereby gives to Shoreline Community College, its officers, employees, agents, and host families full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following:

- Rendering or ordering medical treatment; the giving of medication; and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary.
- The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken.
- The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Shoreline Community College.
- The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of Shoreline Community College, except as disclosed in any writing attached to this document. Permission is given for the student to participate in all activities offered at Shoreline Community College, except as restricted in any attached writing.
- To the fullest extent permitted by law, the undersigned hereby releases Shoreline Community College, its officers, employees, agents, and host families from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of the document.

By my signature below, I verify that, to the best of my knowledge, all of the statements on this application form are true. I have read the Signature Statement and agree to terms and conditions.

☐ I authorize Shoreline Community College to release academic records and immigration status information to my sponsor, educational agency, and or parents.

Student's name (please print) _____ Age _____ Date of Birth _____ / _____ / _____
(Month/Day/Year)

Student's Signature* _____ Today's Date _____ / _____ / _____
(Month/Day/Year)

☐ I am under 18 years old and understand that my parent/legal guardian will also sign below before my application is considered complete.*

Parent / Legal Guardian's Name (please print) _____

Parent / Legal Guardian's Signature _____ Today's Date _____ / _____ / _____
(Month/Day/Year)