

Shoreline Community College RETURNING F-1 Student Application Form

Complete this application if

You are a former Shoreline Community College international student and planning to enroll as an F-1 student, AND:

- Currently attending another U.S. school in F-1 status and plans to transfer to Shoreline, OR
- Currently in home country and attended Shoreline more than two quarters ago. Your SEVIS record is no longer active.

Do not use this form and please contact our F-1 specialist to complete the New SEVIS I-20 Request Form if you are:

- Taking a leave of absence for two quarters or less, OR
- Out of status due to violation of F-1 rules (Terminated).

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- □ Completed application form
- ☐ Financial statement (bank statement or letter from the bank in English issued within 6 months) with minimum balance of USD 21,150.

Additional required documents for students who are currently studying at a U.S. institution in F-1 status:

- ☐ F-1 Transfer Student Information form https://tinyurl.com/y7fy9hlt
- ☐ Transcript and registration form from current U.S. school (unofficial transcript is acceptable)

Recommendations:

□ \$35 International express mail fee (non-refundable)

Application are not reviewed until ALL required documents are submitted.

\$35 Express Mailing Fee Payment Information (non-refundable)

Phone

HOW TO SUBMIT

Street

Country

Emergency Contact

Email: international@shoreline.edu

Mail: International Admission, International Education, Shoreline Community College

16101 Greenwood Ave. N, Shoreline, WA 98133 USA

In person: International Education, Room 9302

IMPORTANT:

Province/State

Postal/zip code

Submit your completed application and other required documents as soon as possible. If you are in your home country, we recommend starting the process at least 2 months BEFORE your return quarter.

Online payment Please use our secure	e online form: <u>www.tin</u>	yurl.com/y7opzyxk (We cannot a	ccept credit/debit car	d by phone or email.)		
Enclosed: personal check ba	nk draft 🔲 mone	ey order				
1. Applicant Information						
I am \square in my home country \square currently att	ending a U.S. school		ear] 🔲 2019 nter (Jan) 🗌 Spring (Ap	2020 2021 2021 201) Summer (June)		
Shoreline ID 965 -	Date	you were last enrolled at SCC:	QUARTER	YEAR		
Last Name (Family/surname, as it appears on page 1	assport) First	Name (Given, as it appears on passp	oort) Middle N	Middle Name (if any)		
Date of birth (Month/Day/Year)	Country of citizenship		Country of birth			
Gender	Marital Status	☐ Single ☐ Married				
Home Country Address (This address can	not be a U.S. address)					

City

Email

Email

Agent/Educational Partner (if applicable)

Agency/Organization name Agency contact person's name and email

Phone

9/18/21

2. Where would you like to receive your I-20/admission documents?							
Please check one: Homparent/guardian can pick up a	ne country address 🗍 Othe an I-20)	er address (provide addre	ess below) 🗌 Pic	k up (only the student,	their dependents, or i	f a minor, the	
Street	City		Province/State		Р	Postal/zip code	
Country	Phone		Email				
3. Are you currently	in the United States	?					
Yes, I am attending and	other U.S. school in F-1 statu	JS.					
Yes, but I am not attend	ding any school because 🗌	graduated 🗌 OPT 📗	Other (please sp	pecify)			
If you check "Yes" go to Se	ection 4.						
☐ No, I am currently outsi	de of the U.S.						
Date you left the U.S.	(mm/dd/yy)			n to return to the U.S. (rer the U.S. more than 30 days b		r.	
Your F-1 visa stamp i	information:			·	·		
Visa expiration date (r	mm/dd/yy)						
If your F-1 visa is expired or yo	ou are out of the U.S. more than five mon	ths, you need to apply for a new vi	isa stamp.				
4. Do you have any	dependent(s) arrivin	g with you?					
	d dependent I-20(s) for my	<u> </u>	n)				
	y of passport of dependent(s	s) and bank statement	that includes de	ependent expense (L	JS \$5,000 per depe	ndent)	
5. Education Inform			h If you plan to	n take academic clas	ses nlease choose	one program	
	udy ESL (English as a Seco n ESL. (Skip b. Go to Academ			. If you plan to take academic classes, please choose one program. University Transfer/Associate Degree (2+2 program)			
How long? 1 quarter	2 quarters 🗌 3 quarters 🛭		Area of study (transfer to earn a Bachelor degree at a univ.)				
Yes, and I also want to		alaccos (If you shook	☐ Two-year Professional/Technical degree				
this, please see below.)	only plan to take academic	ciasses. (ii you check	Degree in:				
Please provide documents	for proof of English proficien	cy or you may be	One-year Professional/Technical certificate				
	s English Language Placeme	nt Test at Orientation.	Certificate in:				
http://tinyurl.com/lowkjoa			Other (please specify below)				
For more information on the		to a Manager to a set	/			ala an la aus de	
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 ::	st of schools you have atter	adad AETED van laft Ch	orolino				
Addicting thistory.	st of schools you have atter	ided Ai TEN you left Sir	orenine.			Graduated?	
				/	/	Yes	
Name of U.S. School attended	ding	City	Country	Date attended Fro	m (mm/yy) To (mm/yy)	Graduated?	
				/	/	Yes	
Name of U.S. School attended	ded	City	Country	Date attended Fro	m (mm/yy) To (mm/yy)	Graduated?	
				/	/	Graduated? ☐ Yes	
Name of U.S. School attend	ded	City	Country	Date attended Fro	m (mm/yy) To (mm/yy)		
				,	,	Graduated?	
Name of other school atter	nded	Citv	Country	/ Date attended Fro	m (mm/w) To (mm/w)	Yes	

9/18/20

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.	ine officed otates.	rou mast sub	Tille a
The specified sources of my funds:			
Personal funds:			
Family funds: (Parent or Spouse): (Last name) (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 a			24)
NOTE: We reserve the option of asking for originals or additional documents if necessary such as U.	S. Amidavit of Supp	ort (Form I-1	34).
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 ag	gree to comply with	the college's	s policies
and the terms and conditions pertaining to F-1 immigration status requirements.	3.00 to 00p.ya.		, po
B. Financial statement:			
I will have sufficient funds to pay for my expenses and tuition. The source of funds I provided in continue throughout my program at Shoreline Community College. I understand that submitting from admission to Shoreline Community College.			
C. Medical Release:			
 The undersigned hereby gives to Shoreline Community College, its officers, employees, agents, permission to take whatever action they feel is reasonably warranted under the circumstances student and parent/guardian, regarding the named student's health and safety. This authority necessarily limited to, the following: Rendering or ordering medical treatment; the giving of medication; and any examinations, diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the understaken. The undersigned agrees to be financially responsible for all medical attention so authorize attendance at Shoreline Community College. The undersigned represents that the named student has no medical restriction that limits and activities of Shoreline Community College, except as disclosed in any writing attached the student to participate in all activities offered at Shoreline Community College, except as To the fullest extent permitted by law, the undersigned hereby releases Shoreline Communand host families from all liability, and waive and release all claims, related to or arising from taken under the authority of the document. 	, and to act as ager and permission inc X-rays, anesthetic ersigned parent/gu ed or ordered during his/her full partici I to this document. as restricted in any nity College, its offi	nt of the underludes, but is ardian before g the student pation in the Permission is attached writcers, employe	ersigned not surgical e any action c's programs s given for ting, ees, agents,
By my signature below, I verify that, to the best of my knowledge, all of the statements on read the Signature Statement and agree to terms and conditions.	this application f	orm are true	e. I have
☐ I authorize Shoreline Community College to release academic records and immigration status i agency, and or parents.	nformation to my s	ponsor, educ	ational
Student's name (please print)	Date of Birth	/ (Month/Day	/ (//oar)
Student's name (please print) Age		(wonth/Da)	y rear)
Chadanata Circatanash	Today's Date	/	/
Student's Signature*		(Month/Day	,
I am under 18 years old and understand that my parent/legal guardian will also sign below bef	ore my application	is considered	t complete.*
Parent / Legal Guardian's Name (please print)	-		

Parent / Legal Guardian's Signature

(Month/Day/Year)