



**FOR OFFICE USE**

I.D. NUMBER \_\_\_\_\_

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

STAT: NEW \_\_\_\_\_

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CHA \_\_\_\_\_

**INTERNATIONAL STUDENT APPLICATION**

Type of visa currently held (if any):      F-1      B-2      J-1      OTHER      NONE

**Entrance:**                      From United States  
  
    From Overseas Location  
  
    Transfer from a United States school

**I plan to begin attending South Suburban College:**

August (Fall)                      January (Spring)                      June (Summer)

**Name** (as shown on passport) \_\_\_\_\_  
    Family                      First                      Middle

**Address** (home country) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** (home country) \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Address in United States** (if known) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number in U.S.** \_\_\_\_\_

**Country of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Male**      **Female**      **Single**      **Married**

**Education**

List secondary and post-secondary schools previously attended. Proof of secondary school completion and an **original evaluation report** must be sent to South Suburban College (To order an evaluation report, use the enclosed forms for ECE).

Name of school or college	Location	Dates of attendance
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Academic Plan**

I am planning to complete the following program at South Suburban College:

Associate of Arts or Science degree (university transfer), A.A. or A.S.

Associate in Applied Science degree (career program), A.A.S.

My major field of study is: \_\_\_\_\_

**Statement of Intent**

In English, please explain why you are choosing your particular field of study and how you intend to use your education when you return to your home country.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for selecting South Suburban College?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I grant permission to South Suburban College to provide my sponsor with documents and/or information concerning my admission status.      Yes      No

It is strongly recommended that you have medical insurance coverage in case of illness or accident. The college does not provide coverage. Indicate how you are planning to meet this need:

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Parental policy – Name of insurance carrier : \_\_\_\_\_

Independent coverage – Name of insurance carrier:

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**Certifying Statement\*\*\***

I hereby certify that all information on this application is true and correct. I understand that the presentation of false information or failure to comply with South Suburban College policies and procedures may result in my dismissal without refund of any fees paid. In addition, I understand that I must purchase and provide proof of medical insurance during my enrollment at the college.

\_\_\_\_\_  
*Student Name (print)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**\*\*\*Application must be completed and signed by the student applicant.**

If you plan to live with relatives or friends in the United States, please provide the following information:

Name:

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Address:

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Telephone (\_\_\_\_\_) \_\_\_\_\_