

Otherwise, it is sufficient for rejection or dismissal

Revised 6/7/12

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INTERNATIONAL STUDENT ADMISSIONS APPLICATION

PLEASE COMPLETE USING BLACK INK **REQUIRED FIELDS Select the first semester and year you plan to enroll: Spring Year 20____ Social Security # or Tax ID # - if you have one SEVIS ID Number Legal Name: _ Date of Birth: ____ Last First Middle (as it appears on your passport) Foreign Mailing Address: ___ Number and Street or PO Box _____ State/Province: __ ___ Country: ____ U.S. Mailing Address: _____ **Number and Street or PO Box** _____ State: _____ Zip Code: _____ Current Phone Number: _____ Email Address: _ Country of Birth: ___ Country of Citizenship: If you have dependents accompanying you who will require an F-2 visa: # of Dependents ___ List dependent information on Financial Statement form How did you hear about ACC? Intended U.S. Visa Type: _____ I-94 expiration date: ____ Passport # How do you want to receive your I-20: Pick-up ____ Mail to: US address ____ or Foreign address ____ Please check the box that best describes your ethnic origin: (I) American Indian or Alaskan (B) Black (O) Asian or Pacific Islander (H) Hispanic (W) White NAMES OF SECONDARY SCHOOLS AND ALL COLLEGES OR UNIVERSITIES ATTENDED Graduation Name of Secondary School Location Degrees/ **Diplomas** Date **Colleges or Universities** Do you have an I-20 from another school? ____ If yes, name of school _____ Intended Major or Field of Study I hereby certify that, to the best of my knowledge, the information Date _____ Given is true and complete. I understand that if it is found to be

Signature _____