



# Victor Valley College

## International Student Application (For F-1 Visa)

Date: \_\_\_\_\_

*\*Information required to process your application*

Indicate Semester Start Date:  Summer 20 \_\_\_\_  Fall 20 \_\_\_\_  
 Winter 20 \_\_\_\_  Spring 20 \_\_\_\_

\*Name \_\_\_\_\_  
(Last Name / First / Middle – As it appears on your passport)

\*Date of Birth \_\_\_\_\_ \*Male \_\_\_\_\_ \*Female \_\_\_\_\_

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

\*Country of Citizenship \_\_\_\_\_ \*Country Passport Issued \_\_\_\_\_

\*Foreign Address

Address in the U.S.

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

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

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

*Please keep us informed of any change in your address(es).*

Applying as a \_\_\_\_\_ Freshman (first year student – directly from secondary level, high school education).

\_\_\_\_\_ Transfer (student who has completed some college or university education).

\*Major Course of Study: \_\_\_\_\_

### \*EDUCATIONAL BACKGROUND

Please list all schools attended. Begin with secondary/high school and end with your current or most recent school.

	Name of School	City, Country	Dates of Attendance		Language Of Instruction	Examinations, Certificates, Diplomas	Date Received
			From (mo/yr)	To (mo/yr)			
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

Native (First) Language \_\_\_\_\_

Indicate your TOEFL score or when you plan to take the test (*a minimum TOEFL score of 94 IBT– or 7 IELTS – is an admission requirement.*) Please submit an **official** TOEFL/IELTS score:

\_\_\_\_\_  
(Month/Year) TOEFL/IELTS Date \_\_\_\_\_ TOEFL/IELTS Scores \_\_\_\_\_

# VISA INFORMATION

*\*Information required to process your application.*

Are you currently in the United States?  Yes  No

If yes, what is your current status? (i.e. F-1, B-1/B-2, H-1, J-1)

If F-1, what institution issued your I-20?

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What institution are you now attending?

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If on a tourist visa (B-1/B-2) what is your date of entry and expiration date of I-94? \_\_\_\_\_  
(Please submit copies of both sides of your I-94.)

Have you ever applied for an extension?  Yes  No

\*Passport Number \_\_\_\_\_ \*Passport Expiration Date \_\_\_\_\_

Have you applied for permanent residence (green card)?  Yes  No

Do you plan to travel outside the U.S. prior to the beginning of the semester?  Yes  No

If yes, please indicate date of travel: \_\_\_\_\_

Address where the form I-20 should be mailed:

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
(Last Name) (First)

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
(Last Name) (First)

Address \_\_\_\_\_

## IMPORTANT RELEASE OF INFORMATION

*I do not wish to have information released.*

*I hereby give permission to Victor Valley College to release information concerning my student status to the following person(s):*

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_ Sponsor: \_\_\_\_\_

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

*I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to Victor Valley College, I hereby agree to abide by all of the rules and regulations set forth by the College.*

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

### Mail to:

Victor Valley College, Admissions & Records, 18422 Bear Valley Road, Victorville, CA 92395 USA  
Telephone: (760) 245-4271 ext. 2373 Fax: (760) 843-7707 Internet: <http://www.vvc.edu>