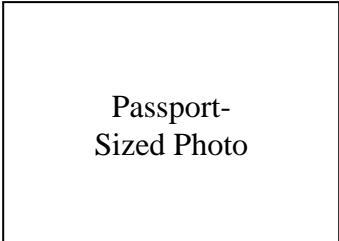




EL CAMINO COLLEGE

INTERNATIONAL/F-1 VISA STUDENT APPLICATION FOR THE STUDENTS INSIDE THE UNITED STATES

FOR FALL ____ SPRING ____ YEAR 20__



Passport-Sized Photo

SEVIS ID# N _____ Current School in the US _____
(for students already inside the US)

PLEASE PRINT OR TYPE IN BLACK OR BLUE INK

PERSONAL INFORMATION

__ Mr. __ Ms. _____
Last (Family or Surname) First (Given) Middle name

Local Address in the United States
(Address where the acceptance letter should be mailed)

Address in your Country (Required)
(NO P.O. Boxes, no Agency Addresses, Please)

City _____
State _____ Postal Code (ZIP) _____
Telephone Number _____
Fax _____

City _____ Postal Code _____
Province/State _____ Country _____
Telephone Number (required) _____
Fax _____

Email (**REQUIRED**) _____

Birth day _____ Country of Birth _____ Country of Citizenship _____
Month / Day / Year

Are you married? Yes __ No __ _____
Name of spouse/dependents accompanying you [Include full name(s), date(s) of birth, country(-ies) of birth]

IMMIGRATION INFORMATION

When did you enter the United States? _____ Visa Type _____ Expiration Date _____
Month/Day/Year Month / Day / Year

EDUCATION INFORMATION

List **all** the language and high schools, colleges and universities attended:

High Schools _____ Graduation Date _____
College _____ Dates Attended _____
College/University _____ Dates Attended _____
Language School _____ Dates Attended _____

FIELD OF STUDY (required) _____ (Please do not write "Undecided")

ENGLISH PROFICIENCY TEST Date of exam _____ Score _____ Circle one: **IBT TOIEC**
PBT IELTS
EIKEN

Office Use Only: Fed-Ex Tracking # _____ Date _____
El Camino College Student ID Number _____ SS Number _____ SEVIS ID_ N _____

Student Expenses

The cost for study at El Camino College for one academic year (fall and spring semesters) for international students will depend upon personal spending habits of the students. The college tuition and fees may vary by year. Current tuition and fees, and approximate living expenses per two semesters, are as follows (transportation to and from the U.S. not included).

Tuition and Fees for one academic year (12 units per semester)	\$ 5,950.00
Housing (10 Months) *	\$ 5,500.00
Food (10 months)	\$ 2,000.00
Books & Supplies	\$ 700.00
Medical Insurance (<i>Must be purchased through El Camino College</i>)	\$ 800.00
Personal Expenses	\$ 1,800.00
Total	\$ 16,750.00

* El Camino College does not have living accommodations on campus.

Confidential Financial Statement

This statement must be completed by all students seeking to study under an F-1 visa at El Camino College. To issue an I-20 to prospective students, the college must be assured that sufficient funds are available to meet all tuition and living expenses for the duration of their studies. **The minimum requirement is USD\$17,000.00.**

Please report the funds in any convertible currency with a Verification of Funds letter/statement from the sponsor's bank, citing the name of the account holder. Documents must have been issued within three months of application.

Source:	Amount	Name	Relation
Family Funds	\$ _____	_____	_____
Personal Funds	\$ _____	_____	_____
Sponsor *	\$ _____	_____	_____

* If sponsored by a government agency, then the letter of assurance from said agency must be included.

Falsification of any part of this document may subject the student to later disciplinary action.

RELEASE OF INFORMATION (Optional)

I hereby give permission to El Camino College to release information concerning my student status to the following person(s):

Father: _____ Mother: _____
 Guardian: _____ Sponsor: _____

 Student Signature

 Date

I hereby certify that, to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand that the falsification of information can lead to immediate dismissal from El Camino College.

Signature _____ **Date** _____

How Did You Learn About El Camino College? _____

SEND TO:

*International Student Program
 El Camino College
 3400 W. Manhattan Beach Blvd.
 Torrance, CA, 90504 U.S.A.*

www.elcamino.edu/academics/is Telephone: (310) 660-3431 Fax: (310) 660-6779 E-mail: ISP@elcamino.edu

Admissions Checklist (Please complete the form and include the following):

International Application____ Copy of transcripts____ Copy of English Proficiency Test result____ \$50 Non-refundable Processing Fee____
 One Passport-sized Photograph____ Bank's Verification Letter/Statement____ Copy of the Passport ____ Copy of an F-1 Visa in your passport____
*A transfer approval form is required of students transferring from another school or program in the United States*_____

TRANSFER APPROVAL FORM
El Camino College - International Student Program
3400 Manhattan Beach Blvd., Torrance, CA 90506
Tel: (310) 660-3431 / Fax: (310) 660-6779

***Transfer student's I-20 to: El Camino Community College District
DHS School ID #: LOS 214 F 0 0338.000
(Please verify school by SEVIS School ID Number)***

Required only of those students transferring directly from U.S. institutions

Section A: Student Must Complete This Section

To: _____ Re: _____
(Name of Institution) (Name of Student)

I-94#: _____ SEVIS#: _____

I have applied to study at El Camino College. I have been asked to have my current school verify my immigration status. I request and authorize you to complete this form and return the original to the above address. Thank you for your assistance.

(Student Signature) (Date)

Section B: To be completed by DSO at current institution

The student attended our institution from _____ to _____
(First Date) (Last Date)

PLEASE CHECK ALL APPLICABLE:

- _____ This student is considered to be in full-time status.
- _____ This student is out of status and has been advised to seek reinstatement.
- _____ This student received off-campus work authorization for:
- CURRICULAR Practical Training (circle one) Full Time / Part Time
- From _____ to _____
- OPTIONAL Practical Training (circle one) Full Time / Part Time
- From _____ to _____

Date student's SEVIS I-20 will be transferred to **El Camino Community College District** _____

Name and Title of DSO Signature

Name of Institution INS School Code

Telephone Fax E-Mail Date