



City College of San Francisco

International Student Application Form

This form is for the Intensive English Program and Conditional Admission Only

For Office Use Only
Application Received:

Date: _____ By: _____

Method: _____

Applicant #: _____

CCSF ID #: _____

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I. PROGRAM INFORMATION: (please only select one program)

☐ New Student ☐ Transfer Student ☐ Continuing Student ☐ Re-Enter Student

Conditional Admission:

(Sessions begin in the month indicated)

☐ Spring 20 _____

☐ Summer 20 _____

☐ Fall 20 _____

☐ 18 Weeks - January to May

☐ 8 Weeks - June to July

☐ 18 Weeks - August to December

☐ 9 Weeks - March to May

☐ 4 Weeks - July

☐ 9 Weeks - October to December

Intensive English Program:

(Sessions begin in the month indicated)

☐ Spring 20 _____

☐ Summer 20 _____

☐ Fall 20 _____

☐ 18 Weeks - January

☐ 8 Weeks - June

☐ 18 Weeks - August

☐ 9 Weeks (I) - January

☐ 4 Weeks (I) - June

☐ 9 Weeks (I) - August

☐ 9 Weeks (II) - March

☐ 4 Weeks (II) - July

☐ 9 Weeks (II) - October

II. PERSONAL INFORMATION: (please print clearly)

1a. Name (as it appears on your passport)

Last (Family): _____

First (Given): _____

Middle: _____

2a. Date of Birth: _____ / _____ / _____
Month Day Year

3a. ☐ Male ☐ Female ☐ Other

4. Dependents accompanying you to the U.S. on F-2 status? ☐ None ☐ Child(ren) ☐ Spouse

5. E-mail Address: _____

6a. Complete permanent address in your home country (required):

Street Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Home Country Phone Number: _____

6b. Complete address you wish to have your **acceptance package and/or I-20 mailed to:** (please check your delivery method)

☐ Free Local Mail - for students with a U.S. address only

☐ \$75 DHL - for new students in their home country only

Name of Receiver: _____

Delivery Street Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone Number of Receiver: _____

6c. If you would like to **pick up or have your spouse pick up** your acceptance package and/or I-20, please provide their information:

Full Name: _____ Phone #: _____

Relationship to Applicant: _____ E-mail: _____

6d. Complete local address in the U.S.: (if you are presently in the U.S.)

Street Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ U.S. Phone Number: _____

III. ETHNIC BACKGROUND: (please check all that apply)**Page 2**Are you Hispanic or Latino/a? ☐ YES ☐ NO☐ 01 Hispanic, Latino/a☐ 02 Mexican, Mexican-American, Chicano☐ 03 Central American☐ 04 South American☐ 05 Hispanic Other☐ 06 Asian Indian☐ 07 Asian Chinese☐ 08 Asian Japanese☐ 09 Asian Korean☐ 10 Asian Laotian☐ 11 Asian Cambodian☐ 12 Asian Vietnamese☐ 13 Filipino☐ 14 Asian Other☐ 15 Black or African American☐ 16 American Indian/Alaskan Native☐ 17 Pacific Islander Guamanian☐ 18 Pacific Islander Hawaiian☐ 19 Pacific Islander Samoan☐ 20 Pacific Islander Other☐ 21 White**IV. EDUCATION INFORMATION:****1a. What is your intended major (field of study) in the U.S. (*)?** _____

(* If undeclared, please put down General Education or Liberal Art. Please put down IEP for Intensive English Program only)

1b. What is your intended education goal in the U.S.? (please check one only)☐ AA/AS Degree☐ BA/BS Degree☐ MA/MS Degree☐ Certificate☐ Language Training Only (IEP)**2a. Full names of last High School attended:** _____

Date of Graduation (if applicable): _____

2b. Full names of last College/University attended: _____

Date of Graduation (if applicable): _____

3. English Proficiency: ☐ I have TOEFL/IELTS score of: _____ Date Taken (MM/YYYY): _____Waiver Request: ☐ My native language is English ☐ I studied in an English speaking school for more than 3 years☐ I graduated from high school, college, or university in the U.S. or other English speaking country**4. Do you have a 2-year Associate Degree from the U.S.?(*)** ☐ Yes ☐ No If yes, from where? _____Do you have a 4-year Bachelor's Degree from the U.S.?(*) ☐ Yes ☐ No If yes, from where? _____Do you have a Master's Degree from the U.S.?(*) ☐ Yes ☐ No If yes, from where? _____*If you answer yes to any of the above questions in #4, please submit a copy of your diploma & a personal statement explaining why you want to study at CCSF**V. CURRENT STATUS:** (if you are currently in the U.S. only)Are you applying for Change of Status in the U.S. ? ☐ Yes ☐ No**1. Are you currently on F-1 international student status?** ☐ Yes ☐ No If No, what visa type are you currently on? _____**1a. If yes, is your I-20 currently in good status?** ☐ Yes ☐ No

If yes, which school are you studying at now? _____

If yes, how long have you been there? _____

If yes, are you attending full time? _____

If yes, what is your SEVIS I-20 number? N _____

1b. If you are not on F-1 status, what type of visa or status type are you currently on? _____**VI. FINANCIAL INFORMATION:****1. Who provides your financial support?** ☐ Myself ☐ Family(*) ☐ Sponsor(*) ☐ Student Loan ☐ Government(*)

(*) Name of family member, sponsor, organization, or government: _____

(*) Relationship to applicant of family member, sponsor, or organization: _____

VII. GENERAL INFORMATION:**1. How did you hear about CCSF?** ☐ Family ☐ Friends ☐ Current/Former CCSF Students ☐ Agents☐ Fair ☐ Other _____**VIII. ACKNOWLEDGEMENT:***I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to City College of San Francisco, I hereby agree to abide by all the rules and regulations set forth by the college.*_____
STUDENT SIGNATURE_____
DATE