



INTERNATIONAL STUDENT FORM

100 Weldon Boulevard, Sanford, Florida 32773 • 407-328-2041

PLEASE
PLACE A
FORMAL
COLOR
PHOTO
HERE

PLEASE PRINT

Be yourself. Only better.SM

BIOGRAPHICAL INFORMATION

Name: _____
Family Name First Name Middle Name

SSN: _____ - _____ - _____ (if applicable) **E-Mail:** _____

SSC ID: _____ **Gender:** Male Female **Date of Birth:** _____ / _____ / _____
Month / Day / Year

Ethnic Origin: African American American Indian **City and Country of Birth:** _____
 Asian or Pacific Islander Caucasian, not of Hispanic Origin
 Hispanic Not Applicable **Citizenship:** _____

PROGRAM OF STUDY

Starting Term Fall (August) Spring (January) Summer (May)
 Language Institute (English training course)
 EAP (English for Academic Purpose/College Credit)
 A.A. Associate in Arts Degree Major: _____
 A.S. Associate in Science Major: _____

PASSPORT INFORMATION

Please attach a photocopy showing the information below along with full-name and birthday.

Passport Number: _____ **Issue Date:** _____ / _____ / _____
Month / Day / Year

Expiration Date: _____ / _____ / _____
Month / Day / Year

ADDRESS INFORMATION

Home Country Address: _____
Street (P.O. Box or abbreviations are not acceptable)

City State

Territory/Province Prefecture

Zip Code Country

Telephone: _____ / _____ / _____
Country Code / Area Code / City Code

United States Address: _____
Street (P.O. Box or Abbreviations is not acceptable)

City State

Zip Code Country

Telephone: _____ / _____ / _____
Area Code

EDUCATIONAL INFORMATION

Please provide an evaluated transcript if you are applying for a college credit degree and/or EAP to the International Office, Seminole Community College, 100 Weldon Blvd., Sanford, Florida 32773

Name of High School: _____ **Graduation Date:** _____ / _____ / _____
Month / Day / Year

Address of School: _____
City State Country

Name of College/University: _____ **Graduation Date:** _____ / _____ / _____
Month / Day / Year

Address of School: _____
City State Country

Dates of Attendance: (start) _____ / _____ / _____ (finish) _____ / _____ / _____
Month / Day / Year Month / Day / Year

Type of Degree: _____ *Form continues on back* ➔

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Telephone: _____ / _____ / _____ Area Code Business Telephone: _____ / _____ / _____ Area Code

FINANCIAL INFORMATION

Name of Sponsor: _____ Relationship: _____

Name of Sponsor: _____ Relationship: _____

VISA INFORMATION

Do you currently hold a Visa? Yes (Please attach a photocopy of your visa) No

If yes, type of Visa: _____ Issue Date: _____ / _____ / _____
Month / Day / Year

Expiration Date: _____ / _____ / _____
Month / Day / Year

I-94 Card Expiration Date: _____ / _____ / _____
Month / Day / Year

If you have a F-1 Visa, which institution issued your last I-20?

Name of Institution: _____ Telephone: _____ / _____ / _____
Area Code

International Advisor's Name: _____

DEPENDENTS INFORMATION

If you have a spouse or children coming/living with you, please attach a photocopy of passport showing full name, date of birth, passport expiration date.

Name: _____ Relationship: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

Name: _____ Relationship: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

Name: _____ Relationship: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

Name: _____ Relationship: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement will subject me to the penalties for making a false statement pursuant to 837.06, Florida Statutes, and that a false statement may subject the above named student to the penalties for making a false or fraudulent statement.

Student's Signature: _____ Date: _____
(Signature required for all requests)

**Seminole Community College
International Office**

100 Weldon Boulevard, Sanford, Florida, 32773 • Building A, Room 104
Telephone: 407-328-2041
Fax: 407-328-2395
www.scc-fl.edu/international