



# Fullerton College

**International Student Center**  
 321 East Chapman Avenue, Rm 220  
 Fullerton, California 92832-2095  
 (Tel) 714.992.7078 (Fax) 714.992.9927  
 (Email) [isc@fullcoll.edu](mailto:isc@fullcoll.edu) (Website) <http://isc.fullcoll.edu>

Attach  
Photo  
Here

**FOR OFFICE USE ONLY:**  
 Date Received: \_\_\_\_\_  
 New \_\_\_\_\_ Transfer \_\_\_\_\_  
 COS \_\_\_\_\_ Returning \_\_\_\_\_  
 ID# @ \_\_\_\_\_

**Type into the form below. We will NOT accept handwritten forms. Deadline to submit documents is July 1.**

## FALL INTERNATIONAL F-1 SUPPLEMENTAL QUESTIONS

### PERSONAL INFORMATION

**Instructions:** Please complete all of the fields below. Sign and submit your application to International Student Center before the deadline above.

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Legal Last Name (Family Name)                      First Name (Given Name)                      Middle Name**

2. **CCID** (can be found in OpenCCC account): \_\_\_\_\_      3. **Email:** \_\_\_\_\_

4. **Foreign Address (NOT in USA)**

Number and Street	City	State/Province	Country	Zip Code

5. **Country of Birth:** \_\_\_\_\_      6. **Date of Birth:** \_\_\_\_\_

7. **Country of Citizenship:** \_\_\_\_\_      8. **First Language:** \_\_\_\_\_

9. **How did you hear about Fullerton College?**

- Friend     
  Family     
  Internet     
  Magazine     
  Other: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

10. **Last/Family Name:** \_\_\_\_\_      **First/Given Name:** \_\_\_\_\_

11. **Relationship to You:** \_\_\_\_\_      12. **Phone Number:** \_\_\_\_\_

13. **Email Address:** \_\_\_\_\_

14. **Street Address:** \_\_\_\_\_

15. **City:** \_\_\_\_\_      16. **State/Province:** \_\_\_\_\_

17. **Zip/Postal Code:** \_\_\_\_\_      18. **Country:** \_\_\_\_\_

## STATUS INFORMATION

**19. Do you have an F-1 visa?**  No (*If no, go to #20*)  Yes (*complete the following*) SEVIS #: \_\_\_\_\_

Complete the following information about the school that issued the I-20:

Name of school: \_\_\_\_\_ Are you now attending school?  No  Yes

City, State: \_\_\_\_\_ Attended from: \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_

Did you transfer to this school from another school?  No  Yes School name: \_\_\_\_\_

## DEPENDENTS

**20. Do you have any dependents (spouse, children)?**  No  Yes (*complete the following*)

Name	Relationship to You ( <i>Spouse or Child</i> )	Date of Birth ( <i>MM/DD/YY</i> )	Passport Number

## THIRD PARTY CONSENT

**21.** In accordance with the Family Educational Rights and Privacy Act of 1974, we may not release your records/information to someone other than yourself (the applicant) without your prior consent. Would you like to authorize an additional person to handle your records, requests and/or information?  No  Yes

Name of authorized person: \_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_

Authorized person's Email: \_\_\_\_\_ Authorized person's Phone: \_\_\_\_\_

I, \_\_\_\_\_ (applicant's name), authorize the above named person to handle my records, requests and/or information pertaining to my application for admission to Fullerton College.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

**22.** The applicant must complete and sign this section to be considered for admission. Typed names are not acceptable.

I certify that, to the best of my knowledge, the information provided on this application is accurate and complete. I understand that cancellation of my admission may result if any information is found to be incomplete, inaccurate or fraudulent. I agree that if admitted, I will abide by the rules and regulations of Fullerton College as contained in the current catalog.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_