



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 (Website) <http://isc.fullcoll.edu>

Attach
Photo
Here

FOR OFFICE USE ONLY:
 Date Received: _____
 New _____ Transfer _____
 COS _____ Returning _____
 ID# @ _____

Please 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. Home Country Address

Number and Street	City	State/Province	Country	Zip Code

5. **Country of Birth:** _____ 6. **Date of Birth:** _____

7. **City of Birth:** _____ 8. **First Language:** _____

9. **Country of Citizenship:** _____ 10. **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.

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: _____