Orange Coast College International Student Application

2701 Fairview Road • Costa Mesa • California 92626 USA • (714) 432-5940 • occinternational@cccd.edu

PLEASE PRINT OR TYPE

1. This application is for: ☐ Fall ☐ Spring ☐ Summer _____ Year

If returning student, include your OCC Student I.D. (Leave blank if none available).

☐-☐☐☐☐-☐☐☐☐

2. Student Enrollment Status:

☐ Initial Student, Applying from outside the US

☐ Transfer student. Current School: _____

☐ Returning student to Orange Coast College

☐ Part-time student. Must have permission from school that will maintain SEVIS record.

School Name: _____

PERSONAL INFORMATION

3. Name: _____ _____ _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

4. Date of birth: _____/_____/_____ Gender: ☐ Male ☐ Female
MONTH DAY YEAR

5. Place of birth: _____ _____
CITY COUNTRY

6. Country of citizenship: _____ **7.** Email address: _____

8. Primary language (check one) ☐ English ☐ Not English (primary language) _____

9. Permanent address in home country (REQUIRED): _____

_____ _____
PHONE NUMBER IN HOME COUNTRY

10. Address in U.S. (if applicable), OR Mailing Address: _____

_____ _____
PHONE NUMBER IN USA

VISA INFORMATION

12. Visa Type (check one): ☐ F-1 Student ☐ No Visa (Outside USA) ☐ Other Visa: _____

13. Do you have a dependent spouse or child who will accompany you? ☐ Yes ☐ No If yes, please list names and relationships:

_____ _____
NAME RELATIONSHIP

_____ _____
NAME RELATIONSHIP

_____ _____
NAME RELATIONSHIP

14. Do you have a disability? (mark all that apply):

☐ Health Impairment
☐ Severe Visual Impairment
☐ Hearing Disability
☐ Speech Disability
☐ Learning Disability
☐ Mobility or Orthopedic Disability

EDUCATIONAL INFORMATION

15. High school education (mark all that apply):

- ☐ Earned a foreign high school diploma
- ☐ Earned a U.S. high school diploma
- ☐ Earned a degree or attended a foreign university
- ☐ Earned a degree or attended a U.S. university

16. Name of high school attended/attending: _____ (HIGH SCHOOL NAME) _____ (COUNTRY)

17. High school graduation date or expected date of graduation: _____ (MONTH) / _____ (DAY) / _____ (YEAR)

18. Educational goal (select one):

- ☐ Associate Degree
- ☐ Certificate Only
- ☐ Transfer to a 4-year university
- ☐ Undecided

19. Major (select from the drop down box): SELECT ONE (MAJOR)

20. List any school (college, university or ESL language program) you may have attended in the U.S. (most recent first):

COLLEGE	CITY/STATE	FROM (month/year)	TO (month/year)

STUDENT RELEASE INFORMATION

If you would like to give permission to OCC to release your information including release of your records and documentation to an agency or individual, please indicate their name(s) below (OPTIONAL):

_____ (NAME OF AGENCY OR INDIVIDUAL) _____ (RELATIONSHIP TO STUDENT)

AUTHORIZATION FOR ADMISSION OF A MINOR

If the applicant is under the age of 18, the legal guardian must sign the following (REQUIRED):

I, _____ being the parent or legal guardian of the applicant give my consent for admission and study at OCC as well as medical treatment of this minor, if necessary.

I understand that this authorization is valid until the minor applicant reaches his/her 18th birthday.

_____ (**PARENT'S / GUARDIAN'S SIGNATURE**) _____ (**DATE**)

CERTIFICATION

I certify that all information provided is correct and that I have adhered to the registration policies as set for in the OCC catalog.

_____ (STUDENT'S SIGNATURE) _____ (DATE)

This application is considered a legal document and will become a permanent part of your record. Falsification of this document may be cause for dismissal or denial of your admission to OCC.

HOW DID YOU FIND OUT ABOUT OCC?

The information below if helpful to the OCC International Center for outreach purposes.

- ☐ Friend/Relative _____
- ☐ Education Agency (name) _____
- ☐ Overseas Advising Center (location) _____
- ☐ Student Fair (name) _____
- ☐ Advertisement (publication name) _____
- ☐ Internet (name of site) _____

Payment Authorization

(Application Fee $55.00)

If you wish to pay your application fee with a credit card, please fill out the authorization statement below and mail it to the International Center along with your application.

Applicant's Name:_____

Credit Card Holder's Name: _____

Billing Address: _____

_____

Telephone Number:_____

Credit Card Number:

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

(Visa or MasterCard only)

Expiration Date: Month ☐☐ Year ☐☐☐☐

CVV: ☐☐☐

I hereby authorize the International Center at Orange Coast College to charge the application fee on my credit card listed above.

Authorized Signature_____

Date:_____

Sponsorship Form

Self-Sponsors:

Are you sponsoring yourself? ☐ Yes ☐ No (If no, ask your sponsor to complete the next section). If yes, please attach a letter or a bank statement (dated within the last 5 months) from your bank, or have the Financial Statement Form (page 20) completed by your bank official, and fill out the following section:

Please explain how you plan to secure financial support after the first year:

_____

_____

_____

Private/Family Sponsors:

If you have private/family sponsors, please have your sponsor complete the section below and submit either an original bank statement or an official bank certification on the Financial Statement Form (page 20).

"I hereby guarantee without reservation to support the education cost and living expenses (tuition and fees, room and board, health insurance, travel and personal expenses) for the student whose name appears below while he/she is enrolled at OCC. I understand that the applicant, if accepted to this college, will be a full-time student who may not accept unauthorized on-campus or off-campus employment as specified under regulations of the U.S. Department of Homeland Security (DHS)."

_____
STUDENT'S NAME

_____ _____
SPONSOR'S NAME RELATIONSHIP TO STUDENT

_____
SPONSOR'S STREET ADDRESS

_____ _____ _____
CITY STATE/COUNTRY ZIP CODE

_____ _____
SPONSOR'S SIGNATURE DATE

Please explain how you plan to secure financial support after the first year:

_____

_____

_____

The information provided above is complete and correct to the best of my knowledge:

_____
STUDENT'S NAME

_____ _____
STUDENT'S SIGNATURE **DATE**

Financial Statement Form

Certification By Bank Official

This is to certify that the current balance, in United States Dollars, in the sponsor's account(s) at this bank is/are:

$_____

Name on Account:_____

Name of Bank: _____

Address: _____

_____

Bank Phone Number: _____

Official's Name:_____

Official's Title:_____

Official's Email:_____

Official Bank Seal or Stamp

_____ _____

SIGNATURE OF BANK OFFICIAL DATE

Government, Foundation Agency or Corporate Fellowship Support

Complete the section below **ONLY** if you are sponsored by a government agency or a corporation.

Please submit this form to the agency providing your financial support for certification specifying the amount of the award, period of support, as well as all other conditions or terms.

Agency Name: _____

Address: _____

Country: _____

Official Seal or Stamp

I certify that the agency named above will provide the applicant the equivalent of $_____ United States Dollars per year for the duration of his/her studies.

Comments: _____

_____

Official's Name:_____

Official's Title:_____

Official's Email:_____

_____ _____

SIGNATURE OF BANK OFFICIAL DATE

Transfer Evaluation Form

To the Student:

You need to submit this Form ONLY if you are an F-1 international student in the US and intend to transfer to Orange Coast College. If you are a new student and are applying from outside of the US, you do not need to submit this form. Please complete the top part of this form, sign the statement below and then have the bottom portion completed by your International Student Advisor or an authorized school official at your current school.

Student Name: _____ _____ _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

Birthdate: _____/_____/_____ OCC ID#: _____
MONTH DAY YEAR (IF KNOWN)

I grant permission for the information requested below to be forwarded to OCC.

Student's Signature: _____ Date: _____

To the International Student Advisor:

The student named above has applied for admission to Orange Coast College (listed under Coast Community College District in SEVIS). Please do not release student's record in SEVIS at this time. Please provide the information requested below and mail or fax this form to:

Orange Coast College,
International Center
2701 Fairview Road
Costa Mesa, CA 92626
Tel: (714) 432-5940 • Fax: (714) 432-5191
occinternational@cccd.edu

SEVIS ID Number: _____ _____
EXPECTED RELEASE DATE

Level of Program (ESL, Associate, Baccalaureate, etc.): _____

Dates of attendance: From _____ To _____

Date of expected graduation or completion of program: _____

Was the student enrolled full-time? _____

Was the student ever authorized for any period of OPT or CPT? If yes, explain:

_____

Was the student ever authorized for a reduced course load? If so, please include time period and reason:

_____

Is he/she eligible for a transfer? ☐ Yes ☐ No

Comments: _____

_____

Advisor's Name: _____ Title: _____

Advisor's Signature: _____ Date: _____

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Email: _____