



Semester You Plan to Enroll:

Fall (August -December): ____ (yyyy)
Spring (January-May) ____ (yyyy)
Summer (June-July) ____ (yyyy)

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

(PLEASE PRINT)

1. _____
Family Name First Name Middle Name

Date of Birth: (mm/dd/yyyy) ____/____/____ Age: ____ Gender: Male ____ Female ____

Country of Birth: _____ Country of Citizenship: _____

Email: _____

2. U.S. Address (Required if currently in the United States)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell Phone _____

3. Home Country Address (Required)

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

4. Major/Field of Study (Required) _____

5. Dependent Information (Please Print). A dependent is defined as a spouse or child of an F-1 student.

Information needed only for dependents traveling with F-1 Student

Family Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student

6. Friend or relative who has permission to discuss your file:

Name: _____ Relationship (i.e. uncle, friend, etc.): _____
Telephone #: _____ Email: _____

7. Address if I-20 is to be mailed: (Brookhaven College does not send documents by courier service)

Name: _____
Address: _____

City: _____ State/Province _____
Zip Code: _____ Country: _____

8. Family member or emergency contact in home country:

Name: _____ Relationship (i.e. uncle, friend, etc.): _____
Telephone #: _____ Email: _____
Home Country telephone #: _____
Email: _____
Does this person speak English? ___ Yes ___ No If no, what language? _____

9. Are you currently in the U.S.? ___ Yes ___ No

If yes, state your current immigration status (F1, J1, etc.) _____, and enclose copies of your immigration documents (I-94, I-20, I-797, etc.).

10. Have you ever attended a DCCCD school? ___ Yes ___ No If yes, DCCCD ID: _____

11. Have you ever completed college level credits at U.S. schools? ___ Yes ___ No

If yes, all official transcripts must be provided.

12. Translations

Any document containing a foreign language shall be accompanied by a full English language translation which the translator has acknowledged as complete and accurate and that he or she is competent to translate from the foreign language into English.

IMPORTANT! Please read before signing.

Health Insurance is strongly recommended. Upon arrival, you may request a brochure with insurance policy information from the Multicultural Center.

Permission for Emergency Treatment: In the event of an emergency illness, accident, or injury, I hereby grant permission for the Brookhaven College staff to give first aid and/or to call an ambulance to have me transported to a hospital at my expense.

Student's Signature: _____ Date: _____