



# INTERNATIONAL STUDENT FORM

PLEASE PRINT CLEARLY.

## BIOGRAPHICAL INFORMATION

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

**Name:** \_\_\_\_\_  
First Middle Last (Family Name)

**Former Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.  
Home Phone Cell Phone Work Phone

**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 are not acceptable)

\_\_\_\_\_ City State Zip Code

**Gender:**  Female  Male

## EDUCATIONAL GOALS

Associate in Arts Degree Major: \_\_\_\_\_

Associate in Science Major: \_\_\_\_\_

Bachelor of Applied Science in Interior Design

English Language Institute

**Start Term:**

Year: \_\_\_\_\_  Fall Full Term (August)  Spring Full Term (January)  Summer Full Term (May)

## STUDENTS WITH DISABILITIES

For information about programs and services available to students with disabilities, please contact the **Coordinator of Disability Support Services at 407.708.2110.**



**SCC Social Security Number Collection Statement** Seminole Community College recognizes that an individual's social security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, SCC must collect social security numbers under certain circumstances in order for the College to be able to properly perform its duties and functions as an educational institution and in order to ensure that such duties and functions are performed accurately and efficiently. Due to the sensitive nature of an individual's social security number, the College provides the following statement regarding the College's collection of social security numbers:

SCC collects your Social Security Number only for the following purposes: Identification and verification; Background checks; Billing and payments; Payroll administration; Garnishments; Data collection, reconciliation and tracking; Benefits administration; Tax reporting; State and federal educational and employment reporting; Administration of federally funded financial aid programs; Administration of student services programs; Vendor applications; Independent contractors

This Social Security Number Collection Statement has been prepared by Seminole Community College in compliance with Section 119.071(5), Florida Statutes (2007). (January 2008)

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone Cell Phone

### 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: \_\_\_\_\_

Visa Issue Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year Visa 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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

International Advisor's Name: \_\_\_\_\_

### 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

### DEPENDENTS INFORMATION

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year  Attached copy of passport

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year  Attached copy of passport

**Note:** If the number of dependents exceeds the space provided above, please attach a separate sheet listing the information needed.

### STUDENT CONSENT

I consent to and agree to uphold the policies of the institution. I further agree to have any transcripts and test scores released to Seminole Community College and that all information provided is true. In addition, I give Seminole Community College permission to send me admissions information and materials to the e-mail address that I have provided in this application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature must be in ink only)

Please Return to: Seminole Community College • International Office  
100 Weldon Boulevard, Sanford, Florida, 32773 • Building A, Room 104  
Telephone: 407.708.2172 • Fax: 407.708.2395 • www.scc-fl.edu/international