

# ENGLISH LANGUAGE INSTITUTE

## F-1 INTERNATIONAL STUDENT APPLICATION



**Start Term:**

**Year:** 20 \_\_\_\_\_  Fall Full Term (August)  Spring Full Term (January)  Summer Full Term (May)

**Student's Name:** *Please provide your name **exactly** as it appears on your passport.*

\_\_\_\_\_ **Gender:**  M  F  
Family/Surname(s) First, Middle Names

**Email address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

**Passport Information**

Please attach a photocopy of your passport showing the information below along with full name and date of birth.

**Passport Number:** \_\_\_\_\_

**City/Country:** \_\_\_\_\_ **Issue Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

**Dependent Information**

For spouse/children, please attach a photocopy of each passport showing full name, date of birth, and expiration.

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

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

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

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

**Foreign Address:**

**U.S. Address (if available):**

Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## Transfer Students:

If you already have an F-1 visa, which institution issued your last I-20?

Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_

In compliance with the **Federal Family Educational Rights and Privacy Act (FERPA)** of 1974 [Statute 20 USCA, 1232g, Regulations: 34 C.F.R. Part 99] as amended, information about your student record may NOT be released to a third party (i.e. your parents, spouse, sponsor, etc.) without your written permission. To grant specific individuals access to your international student record information, please complete this form.

I, \_\_\_\_\_, authorize the release of information  
Print (First, Middle & Last Name)

on my International Student Record with the International and Admissions Offices at Seminole State College to the individual(s) listed below. This permission will be valid until a new form is completed.

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

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

**Please note:** This authorization pertains to student international file only. Requests for information maintained by other offices (i.e. Office of the Registrar, Business Office, etc.) are not covered by this authorization.

## PLEASE READ AND SIGN

By signing below, I certify that all information in this application is complete and accurate.

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

## APPLICANTS UNDER 18 YEARS OF AGE PARENT/GUARDIAN AUTHORIZATION

I, the parent or legal guardian of the above mentioned applicant, give permission for the student to participate in the Intensive English Program and indemnify / Seminole State College of all liability in the event of personal injury, property damage, property theft or claims of that nature including damage or injury caused by Seminole State College's negligence, actions or omissions. In the event of an emergency, I authorize the participant to receive medical treatment for an illness or injury at my own expense. I, the undersigned parent or legal guardian, affirm that I have read and am freely signing this agreement.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

## Application Checklist:

- F-1 International Student Application
- Passport copies for student and dependents
- Bank letter or bank statement in PDF format

Send completed application to: [christopherd@seminolestate.edu](mailto:christopherd@seminolestate.edu)