INTERNATIONAL STUDENT
Application Checklist

Must be completed and returned with application
Please read this form carefully – All boxes need to be checked off

NAME____________________________________  COUNTRY OF CITIZENSHIP_____________________

MAJOR WHILE STUDYING IN US______________ IN COUNTRY (US) OR IN HOME COUNTRY? (Circle one)

1. _____ Application form (circle semester applying for):  FALL  SPRING  Year ______

2. _____ Application fee of $100.00 U.S. Dollars made out to “West Valley College”. THIS FEE MUST BE INCLUDED IN YOUR APPLICATION PACKET FOR WVC TO REVIEW YOUR FILE

3. _____ Confidential financial statement (attached to application). Student should have financial resources of $16,500/one academic year. Bank statements should be in US Dollar equivalents.

4. _____ An original bank statement on letterhead (bank statement to be current within 1 month of application). Bank statements over 3 months old will not be reviewed.

5. _____ High school or university transcripts. English translations required – official transcripts req. if attending U.S. school or University. (Must be in a sealed envelope when from US College or school).

6. _____ Transfer status letter (enclosed in application packet). Only send if transferring from a US school, college, or university IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20

7. _____ Official copy of TOEFL/STEP Eiken score. If test has not been taken, date test will be taken on_____ TOEFL/STEP Eiken score ______ Date taken _____ Is English your primary spoken/written language? _____TOEFL/STEP Eiken waiver request? Yes/ No Explain________________________

8. _____ VISA and I-94 copy. State current visa status _____ IN COUNTRY APPLICANTS ONLY

9. _____ I-20 copy (front and back). IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20

10. _____ Copy of Passport page showing student’s full legal name, date of birth & passport expiration date.

11. _____ Medical insurance is required. Health insurance plan info provided at orientation once accepted to WVC. If you do not have insurance, check the box □

12. _____ Proof of medical and immunization clearance—see attached medical checklist (attach copy of medical tests and records). Medical immunization clearance is required for I-20 issuance.

13. _____ Handwritten statement of purpose/intent – why do you want to study in the United States?

14. _____ Current passport size photograph of prospective student for file (passport size photo)

________________________________________/________________________________________/________________________________________

For office use only – do not write below this line

Sara Patterson, PDSO _____ Dr. Wanda Wong, DSO/Counselor _____ Gail Barta, ESL Dept _____ Terry Eppley _____

Comments? ____________________________________________________________

Issue SEVIS I-20 to student ______ yes ______ no. F or M visa? IF NO, rejection letter sent on: date_______ by _______

Admissions:

SHAP Application _____ by _____ I-20 done _____ by _____ I-20 mailed on date _____ by _____

Copies: student file _____ I-20 mailed local _____ I-20 mailed international _____ Holds? _____

Special instructions or delivery information: ______________________________________________________

FOR PDSO: COS required? Yes / No - Current visa _____ SEVIS RELEASE DATE: ____________ FROM: ____________

03/15/07
INTERNATIONAL STUDENT
Confidential Financial Statement
Required for all applicants

STUDENT’S NAME: ________________________________________ DATE: ____________________

(Family Name, Given Name)

COUNTRY OF BIRTH ______________________ COUNTRY OF CITIZENSHIP: ______________________

The amount of $16,500 US Dollars is the minimum needed to cover college/living expenses while studying in the United States for one academic school year- 9 months (a Fall and Spring semester ONLY – please note that winter and summer session are not included since they are not full time required semesters).

SOURCE OF INCOME WHILE STUDYING IN THE US:

1. Family **(give name(s) of person/people responsible and their relationship to you)
   
   Name __________________________________________ Relationship __________________________
   
   Name __________________________________________ Relationship __________________________

2. Sponsor **(give name of person/people responsible):
   
   Name __________________________________________ email: __________________________
   
   Name __________________________________________

3. Personal savings** __________________

4. Scholarship** __________________ (Example: CSN) Explain: __________________________________

5. Other** __________________ Please explain: __________________________________

**Financial/Bank Statement or letter of scholarship award must accompany all applications. Bank statements need to be on original letterhead, US Dollars noted – NO COPIES!

Students who are supported by family members or sponsors must have the responsible party sign the statement below. A notarized Immigration form I-134 may be filed for US based family members that act as sponsors as well as non-related sponsors.

I, the undersigned, agree to act as sponsor for ____________________________, an applicant for (Student’s name) Admission to West Valley College. As a sponsor, I guarantee all expenses such as the student’s education, books, room and board, supplies, transportation, insurance, and personal expenses. I also understand that the above student will not be eligible to work off campus during his/her first academic school year at West Valley College per Department of Homeland Security regulations. Work on campus is NOT guaranteed.

Name of Family Member OR Sponsor: ____________________________ (Print Name)

Signature: __________________________________________ Date: ______________________

Home Country Address: __________________________________________

________________________________________________________________________

Home Country Phone /Fax # including country code: __________________________

Family member or Sponsor E-mail: __________________________________________

05/14/07
West Valley College International Student Admissions  
14000 Fruitvale Avenue, Saratoga, CA 95070-5698

For your application to be considered for acceptance by the International Student Selection Committee, you will need to make sure that you follow instructions and submit a **COMPLETE PACKAGE** – otherwise you will not be considered for admission to West Valley College.

The following must be on file by the deadline for your application to be reviewed and considered for admission:

1. A West Valley College Application for Admission (make sure that you sign it) and $100 application fee.
2. Application checklist (please make sure that each item is checked off or if it is non-applicable list N/A)
3. An official TOEFL or STEP Eiken score – please do not submit a copy (500 score on paper test or 173 on computer version, 61 Internet based test or Pre-1 level on STEP Eiken test - a TOEFL test older than 2 years from date taken is considered invalid).
4. OFFICIAL Transcripts from your high school, language school and/or college (university) must accompany your application. An English translation is required if they are not in English.
5. If you have attended a Language School, College or University in the USA, you must submit a Transfer/Status letter (enclosed in your application packet) to confirm your status and your ability to transfer. This letter must be filled out/signed by a school DSO/PDSO. If applying from outside the USA, this requirement does not apply to you (N/A).
6. An original bank statement, on official bank letterhead must accompany your confidential financial statement (enclosed in your application packet). The bank statement should be current to within one month of your application. **Applications with bank statements older than 3 months will not be reviewed.** A United States dollar equivalent must accompany your bank statement, if submitted from a foreign bank source. Failure to follow these instructions will delay review of your application.
7. Completed Medical/Immunization record. Tuberculosis test must be negative and within 60 days of application. **If presenting a positive Mantoux Tuberculosis test, a physician cleared chest x-ray report (do not send us your x-ray picture just the report) will be required.** All immunizations must be current. Medical forms from previous colleges may be used for admission and must be signed by a physician/doctor and stamped official.
8. **IN COUNTRY APPLICANTS:** Submit copies verifying your current visa status, including I-94, visa page and passport picture page showing passport expiration date. B visitor visa students must change status to F-1 BEFORE they will be allowed to attend West Valley College per USA Immigration requirements. Please contact PDSO, Sara Patterson at (408) 741-2694 or email: sara_patterson@westvalley.edu if you have questions regarding any of the above information.

03/15/07
West Valley College Transfer Eligibility/Status Letter

In Country Applicants ONLY

This letter is to confirm whether your student is eligible to transfer to another US based school in the SEVIS system. Students fill out Part 1 – Advisors/PDSO/DSO please fill out Part 2.

**Part 1.** This portion is to be filled out by the student ONLY if attending a USA based school, college or university:

**Student’s name**

Current Address

Street name and number

City State Zip code

Telephone E-mail

**I give permission for my present school to release the information requested on this form (**must be signed).**

Signature Date

---

**Part 2. **

**TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR/COUNSELOR/PDSO/DSO:**

Please fill out the following areas and check all that apply to your student.

Admission number

SEVIS ID # (if available)

Current I-20 End Date

1. Is this student currently attending the school that s/he was last authorized by the ICE to attend? Yes No

☐ Student did not report to this school

☐ Student reported to this school, but did not complete registration or attend classes.

☐ Student began studying in this program on _______ and completed the course of study on

☐ Student did not complete the course of study. His/her last day of attendance was

☐ Other

SEVIS ID # (if available)

Current I-20 End Date

2. Has this student cleared all financial obligations with your institution? Yes No

If no, please explain on the reverse side.

3. To the best of your knowledge, is this student “in-status” with the DHS? Yes No

If no, please explain on the reverse side.

Signature of School P/DSO-Advisor/Counselor Name & Title

School Address Phone Number including area code

Date [School Seal]

Please return this form to: West Valley College, Sara W. Patterson, PDSO or Dr. Wanda Wong, DSO

International Student Admissions Office, 14000 Fruitvale Avenue, Saratoga, CA 95070-5698

***Advisors: Please note - Sealed forms are required, sent by you, not the student - Transfer Clearance Forms will not be accepted if unsealed. This form needs to be sent directly from the DSO/PDSO to our college at the above address.***

03/15/07
Thank you for your interest in West Valley College. In selecting our college, you have chosen to attend one of California's finest community colleges. West Valley College students have a long and honored tradition of academic excellence and success.

Your success is our top priority. To help ensure that you succeed in achieving both your academic and career goals, we ask that you complete the following steps as they apply to your needs.

Applicant's Name:

Eligibility

To be eligible for admission you must be:

A. A high school graduate or equivalent, or
B. 18 years of age or older on the day before the first day of the semester for which you are applying, or
C. An elementary or high school student who has permission from your school to attend West Valley.

STEPS FOR ADMISSIONS

1. **Submit Application (everyone)**
   
   A. Print clearly and complete the entire application. Be sure to sign and date it.
   
   B. Either mail the application to address above or deliver it in person to the Admissions Office.
   
   C. If you are not 18 years of age by the day before the first day of the semester for which you are applying, you must furnish proof that you are either a high school graduate or have successfully completed the California High School Proficiency Examination (CHSPE) or earned a General Educational Development Diploma (GED).
   
   D. If you are enrolled in elementary or high school, you must submit the appropriate Concurrent Enrollment form signed by your principal or counselor along with your application.

2. **Complete Assessment (as needed)**
   
   A. You should take placement tests if:
      
      1. You are a first-time college student planning to work toward a degree or certificate at this college or to transfer to a 4-year college. Assessment should be completed prior to attending orientation.
      
      2. You plan to take an English, ESL, or a reading course where assessment is a prerequisite.
   
   B. Assessment is not necessary if you can provide the Assessment Office (Counseling Bldg. - Rm 27) with either test scores from another college that clearly identify eligibility, or transcripts with a grade of "C" or better in appropriate college courses. Unofficial transcripts or grade reports are acceptable.
   
   C. Refer to the West Valley College Class Schedule for the assessment sessions offered. For further information, call the Assessment Office at 408-741-2035.

3. **Attend Orientation (as needed)**
   
   Orientation is strongly recommended for all new first-time college students planning to work toward a degree or certificate at West Valley or to transfer to a 4-year college. Refer to the West Valley College Class Schedule for orientation offerings.

4. **Clear Prerequisites (as needed)**
   
   If you have completed a course prerequisite at another college or in high school, you will need to submit a copy of your transcript to the Assessment Office (Counseling Bldg. - Rm 27) prior to your registration date. Unofficial transcripts or grade reports are acceptable.

5. **Register for Classes (everyone)**
   
   The Admissions Office will notify you of your registration date and PIN number when your completed application is submitted. Refer to the West Valley College Class Schedule for registration procedures.

6. **Pay Fees (everyone)**
   
   Payment may be made in person at the Cashier's Window in the Admissions Office or mailed to the address listed in the class schedule.

Visit our web site to view the current class schedule.

www.westvalley.edu/wvc
**WEST VALLEY COLLEGE MAJORS**

Select your major from the list below and enter it on question #9 of the application. If you have not yet selected a specific major or if your major is not listed, select Liberal Arts. You may change your major at a later time if you wish.

<table>
<thead>
<tr>
<th>AA/AS DEGREES</th>
<th>TRANSFER PROGRAMS</th>
<th>CERTIFICATES (continued)</th>
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</thead>
<tbody>
<tr>
<td>Administration of Justice (Criminal Justice)</td>
<td>Administration of Justice (Criminal Justice)</td>
<td>Computer Applications</td>
</tr>
<tr>
<td>Anthropology</td>
<td>Anthropology</td>
<td>Computer Applications</td>
</tr>
<tr>
<td>Architecture</td>
<td>Architecture</td>
<td>Microsoft Office</td>
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<tr>
<td>Art</td>
<td>Art</td>
<td>Computer Information Systems</td>
</tr>
<tr>
<td>Computer Arts: Animation</td>
<td>Biological Science</td>
<td>Business Applications Option</td>
</tr>
<tr>
<td>Biological Science</td>
<td>Business/Business Administration</td>
<td>Computer Science Option</td>
</tr>
<tr>
<td>Business/Business Administration</td>
<td>Chemistry</td>
<td>Local Area Network Administration</td>
</tr>
<tr>
<td>Chemistry</td>
<td>Child Studies/Early Childhood Education</td>
<td>Programming Emphasis</td>
</tr>
<tr>
<td>Child Studies/Early Childhood Education</td>
<td>Communication Studies</td>
<td>Court Reporting</td>
</tr>
<tr>
<td>Communication Studies</td>
<td>Computer and Information Systems</td>
<td>Legal Secretarial Studies</td>
</tr>
<tr>
<td>Computer Applications</td>
<td>Drafting Technology</td>
<td>Legal Transcription Technologist</td>
</tr>
<tr>
<td>Computer Information Systems</td>
<td>Economics</td>
<td>Note Reading and Scoping Technologist</td>
</tr>
<tr>
<td>Court Reporting</td>
<td>Engineering Technology</td>
<td>Office Asst./Transcription Technologist</td>
</tr>
<tr>
<td>Digital Media Design and Production</td>
<td>English</td>
<td>Real Time Stenographic Interpreter</td>
</tr>
<tr>
<td>Digital Media/Internet Services</td>
<td>Fashion Design/Apparel Manufacturing</td>
<td>Stenographic Comp.-Aided Med. Trans.</td>
</tr>
<tr>
<td>Drafting Technology</td>
<td>Foreign Language</td>
<td>Digital Media/Internet Services</td>
</tr>
<tr>
<td>Economics</td>
<td>Geography</td>
<td>Desktop Publishing</td>
</tr>
<tr>
<td>Engineering</td>
<td>Geology</td>
<td>Digital Media Design &amp; Production</td>
</tr>
<tr>
<td>English</td>
<td>Humanities</td>
<td>Web Design and Production</td>
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<tr>
<td>Fashion Design</td>
<td>Interior Design</td>
<td>Web Development, Online</td>
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<tr>
<td>Foreign Language</td>
<td>Landscape Architecture</td>
<td>Drafting Technology</td>
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<td>French</td>
<td>Liberal Arts</td>
<td>Ethnic Studies</td>
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<tr>
<td>German</td>
<td>Mathematics</td>
<td>Fashion Design</td>
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<tr>
<td>Italian</td>
<td>Music</td>
<td>Apparel Design</td>
</tr>
<tr>
<td>Japanese</td>
<td>Philosophy</td>
<td>Apparel Production</td>
</tr>
<tr>
<td>Spanish</td>
<td>Physics</td>
<td>Electronic Grading and Marker Making</td>
</tr>
<tr>
<td>Geology</td>
<td>Political Science</td>
<td>Electronic Pattern Making</td>
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<tr>
<td>Health Care Technologies</td>
<td>Psychology</td>
<td>Foreign Language</td>
</tr>
<tr>
<td>Medical Assisting</td>
<td>Social Science</td>
<td>French</td>
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<tr>
<td>Medical Transcription</td>
<td>Sociology</td>
<td>Spanish</td>
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<tr>
<td>History</td>
<td>Theatre Arts</td>
<td>Geography</td>
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<tr>
<td>Interior Design</td>
<td>Women's Studies</td>
<td>Health Care Technologies</td>
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<tr>
<td>Landscape Architecture</td>
<td></td>
<td>Clinical Assistant</td>
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<tr>
<td>Liberal Arts</td>
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<td>Insurance Billing Specialist</td>
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<tr>
<td>Mathematics</td>
<td></td>
<td>Massage Therapy</td>
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<tr>
<td>Music</td>
<td></td>
<td>Medical Assistant</td>
</tr>
<tr>
<td>Paralegal</td>
<td></td>
<td>Medical Administrative Assistant</td>
</tr>
<tr>
<td>Park Management</td>
<td></td>
<td>Medical Office Laboratory Assistant</td>
</tr>
<tr>
<td>Photography</td>
<td></td>
<td>Medical Office Reception</td>
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<tr>
<td>Electronic Imaging</td>
<td></td>
<td>Medical Transcription</td>
</tr>
<tr>
<td>Physical Education</td>
<td></td>
<td>Interior Design</td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td>Computer Aided Drafting &amp; Design</td>
</tr>
<tr>
<td>Political Science</td>
<td></td>
<td>Facilities Planning and Design</td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
<td>FIDER Interior Design: Advanced</td>
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<tr>
<td>Social Science</td>
<td></td>
<td>Kitchen and Bath Design</td>
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<tr>
<td>Sociology</td>
<td></td>
<td>Landscape Architecture</td>
</tr>
<tr>
<td>Theatre Arts</td>
<td></td>
<td>Paralegal</td>
</tr>
<tr>
<td>Women's Studies</td>
<td></td>
<td>Park Management</td>
</tr>
<tr>
<td>Word Processing/Office Automation</td>
<td></td>
<td>Geographic Information Science</td>
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<tr>
<td><strong>Telephone Numbers</strong></td>
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<td>Photography</td>
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<td>Admissions.................408-741-2001</td>
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<td>Assessment..................408-741-2035</td>
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<td>Physical Education</td>
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<td>Bookstore....................408-741-2015</td>
<td></td>
<td>Sports Medicine Emphasis</td>
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<tr>
<td>Cashier.....................408-867-2200</td>
<td></td>
<td>Theatre Arts</td>
</tr>
<tr>
<td>ext. 3871 or 7551</td>
<td></td>
<td>Courtroom Videography</td>
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<tr>
<td>Counseling.................408-741-2009</td>
<td></td>
<td>Stage Technology</td>
</tr>
<tr>
<td>EOPS.........................408-741-2023</td>
<td></td>
<td>Video/Film</td>
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<td>Financial Aid..............408-741-2024</td>
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<td>Women's Studies</td>
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<tr>
<td>T REG.......................408-741-8734</td>
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<td>Word Processing/Office Automation</td>
</tr>
<tr>
<td>WVC Operator..............408-867-2200</td>
<td></td>
<td>Workplace Success Skills</td>
</tr>
</tbody>
</table>

**Student ID Cards**

Student identification cards are required for all in-person transactions in Admissions & Records and are used on campus for access to various labs and library services. Obtain your card in the Admissions Office.

**Financial Aid Information - Fee Waivers**

If you are a California resident, you may be eligible for a California Community College Board of Governors’ fee waiver (BOGW). Check with the Financial Aid Office located in the Admissions Building for the criteria. Federal financial aid applications (FAFSA) are also available from the Financial Aid Office. The federal applications should be submitted at least 6 weeks prior to the start of the semester.
1. Legal Name (as it appears on your Social Security Card)

Last
First
Middle
Other names I have used at this College

2. Mailing Address

<table>
<thead>
<tr>
<th>Number or PO Box</th>
<th>Street</th>
<th>Apt. No.</th>
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<tbody>
<tr>
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<table>
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<tr>
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<th>Country</th>
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</table>

Home address if different from above

<table>
<thead>
<tr>
<th>Number or PO Box</th>
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</tbody>
</table>

3. Phone

Home: ( )
Business: ( )
Cell/Pager: ( )

4. Social Security #

5. Birth Date

Month
Day
Year
Age

Place of Birth

State or Country

6. Predominant Ethnic Background

- Asian
- African-Amer./Non-White
- P. Pacific Islander
- AC Chinese
- F. Filipino
- PG Guamanian
- AI Asian Indian
- H. Hispanic
- PH Hawaiian
- AJ Japanese
- HM Mexican American
- PS Samoan
- AK Korean
- HR Central American
- PX Other Pacific Islander
- AL Laotian
- HS South American
- W. White
- AM Cambodian
- NX Other Hispanic
- X. Unknown
- AV Vietnamese
- N. American Indian
- XD Decline to state
- AX Other Asian
- O. Other Non-White

7. Gender

Male ☐
Female ☐

8. (INT) e-mail address

9. Program of study you intend to pursue at this college.

AA/AS ☐
Transfer ☐
Certificate ☐
Undecided ☐

Major (select from opposite page)

10. Admit Status

(1) First time college student ☐
(2) Previously attended another college ☐
(3) Returning transfer to West Valley-Mission CCD ☐
(4) Returning to West Valley-Mission CCD ☐
(5) Continuing ☐
(6) Concurrent enrollment (Grade K-12) ☐

11. Educational Goals

- Transfer to a 4-year college with associate degree ☐
- Transfer to a 4-year college without associate degree ☐
- Associate degree without transfer ☐
- Associate degree, occupational major ☐
- Occupational certificate program ☐
- Formulate career interest ☐
- Prepare for a new career ☐
- Update job skills ☐
- Licensing requirements ☐
- Personal interest/educational development ☐
- Improve basic skills ☐
- Obtain High School diploma/GED ☐
- Undecided ☐

12. Citizenship/Immigration Status

(Shap)

- Are you a United States citizen? Yes ☐ No ☐
- Permanent Resident - Alien # Date issued ________
- Temporary Resident Date issued ________
- Refugee/Asylee/Amnesty recipient/Parolee Date issued ________
- Student visa (F-1 or M-1) Date issued ________
- Other (specify) Date issued ________
- Status Unknown Date issued ________

Of which country are you a citizen? (Shap)

13. Language

- Is English your primary spoken language? Yes ☐ No ☐
- If NO, what is your primary language? ________________

14. Residency Status

- Have you lived in California for at least the last 2 years? Yes ☐ No ☐
- If NO, date of entry ________

15. Special Services

- Adult Re-Entry (AR) ☐
- Financial Aid (FA) ☐
- Basic Skills (BS) ☐
- Health Services (HS) ☐
- Campus Clubs & Organ. (CO) ☐
- Honors Program (HP) ☐
- Career Planning (CP) ☐
- Job Placement (EA) ☐
- Child Care (CC) ☐
- TANF/CALWorks (TW) ☐
- Counseling Services (CS) ☐
- Testing/Assessment (TA) ☐
- Disabled Student Services (DS) ☐
- Transfer Services (TR) ☐
- Employment Assistance (EA) ☐
- Tutorial Services (Ti) ☐
- English as a Second Lang. (ES) ☐
- Veteran Affairs (VA) ☐
- EOPS (EO) ☐
- Work Experience (WE) ☐
16. Do you plan to apply for Financial Aid?  Yes □  No □
17. Do you plan to work while attending college?  Yes □  No □
   If yes, how many hours per week?  __________
18. Student Type  Select the highest level of education you have completed and enter the appropriate number/letter in the box.
   (8) Bachelor’s Degree or higher  □
   (7) Associate Degree  □
   (6) Foreign High School Graduate  □
   (5) High School Proficiency Certificate  □
   (4) Received GED or CA Equivalency  □
   (3) Received High School Diploma  □
   (2) Currently Enrolled in Adult School  □
   (1) Concurrently Enrolled (Grade K-12)  □
   (N) Not Graduate/Not High School Enrolled
19. Directory Information Release  (Addnl Info F2, BIO)
   May your name, address, phone number, class schedule, dates of attendance, and degrees earned be released without your written consent?
   Yes □  No □
20. Last high school or K-8 grade school attended  (SHAP)
   School ____________________________ County ____________ State ________________
   Graduated?  Yes □  No □
   If Yes, month and year graduated __ __ / __ __ __ __
   If No, anticipated month and year of graduation __ __ / __ __ __ __
   or year of last attendance __ __ __ __
   High School GPA ____________
21. College you attended most recently (other than this college)
   College ____________________________ State ________________
   Year of last attendance __ __ __ __
   Highest college degree received ____________________________ Date ____________
   College if different from above ____________________________
22. College to which you wish to transfer
   UC ____  CSU _____  Private _____  Other____
   College ____________________________
   City ________________________________ State ________________
23. Parents’ highest educational level completed
   (Enter the appropriate letter on the line indicated.)
   (A) K-12  (B) Some college  (C) College graduate
   Father _______  Mother _______
24. What is your family income?  ____________ (optional)
25. Are you a Single Head of Household?  Yes □  No □ (optional)
26. How many dependents do you have?  ____________ (optional)
27. What is the primary reason you decided to enroll at this college?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

28. STATEMENT OF LEGAL RESIDENCE
   To be completed by students who answered NO to question #14.
   Do you intend California to be your permanent residence?  Yes □  No □
   Did you file California State Income Tax the last two years?  Yes □  No □
   Are you a public school credentialed employee?  Yes □  No □
   Are you a seasonal agricultural employee or dependent?  Yes □  No □
   Driver’s license or ID card _________________________________
   State ________________ Date issued ______________________
   Vehicle registration _________________________________
   State ________________ Date issued ______________________
   Registered to vote  Yes □  No □
   State ________________ Date registered ___________________
   Other proof of residency in California _______________________
   List states in which you have lived during the last two years including dates.
   State _______________________ from ____________ to ____________
   State _______________________ from ____________ to ____________

29. MILITARY AFFILIATION
   To be completed by active military persons, dependents, or veterans discharged within the last year.
   * Are you an active member of the military?  Yes □  No □
   * Are you a dependent of an active military person?  Yes □  No □
   * When did your tour of duty begin in California?  ____________
   * What is your state of legal residence on military records?  ____________
   ACTIVE DUTY MILITARY PERSONS AND/OR DEPENDENTS MUST provide a statement from the Commanding Officer that assignment to California is not for educational purposes including the date of assignment to California. DEPENDENTS must also provide a letter stating that they are a dependent of a military person.

30. TO BE COMPLETED BY ALL STUDENTS
   I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND INFORMATION SUBMITTED ON BOTH SIDES OF THIS ADMISSION APPLICATION ARE TRUE AND CORRECT. I understand that all materials submitted by me for purposes of admission become the property of the West Valley-Mission Community College District. I also understand that falsification, withholding pertinent data or failure to report changes in residency or educational status may result in District action. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.

Student’s Signature ____________________________ Date ____________

(rev. 10/2002)
SEVIS I-20 REQUEST FORM

Name: ________________________________

Last (Family) ____________________ First ____________ Middle ____________ Suffix ____________

Date of Birth: ____________ Gender: □ Male □ Female

mm/dd/yy

Country of Birth: ________________________________ Country of Citizenship: ________________________________

What is your current Visa status? ________________________________________________

Type of I-20 requested

□ New I-20 (Never issued I-20 from WVC)

□ Replacement I-20 (Self)

□ Replacement I-20 (Dependents)

Issue Reason

□ Initial attendance

□ Initial attendance - Change of status requested (example - From Visitor to Student Visa)

□ Continued attendance: Current Session End Date ____________ Next Session Start Date ____________

(Extension request) mm/dd/yy mm/dd/yy

□ School transfer (former school): ______________________________________________________

□ Reinstatement requested

□ Other reason: _______________________________________________________________________

Foreign address: _______________________________________________________________________

(required)

Address __________________________________ City __________________________

Province/Territory ____________ Country __________________________ Postal Code ________

U.S. address: _______________________________________________________________________

(if applicable)

Address __________________________________ City __________________________ State ________ Zip Code ________

Education level sought: □ Transfer □ Associate Degree □ Certificate

Major: ____________________________________________________________________________

Is English your primary language of instruction/speaking? □ Yes □ No

New Students Only: TOEFL Score: ____________ TOEFL Date: ____________

mm/dd/yy

Passport #: ____________ Issuing country: _______________________________________________________________________

Passport expiration date: ____________ Visa#: ____________ Current Visa type: ____________

mm/dd/yy

City, Country of visa issuance: _______________________________________________________________________

Visa expiration date: ____________

mm/dd/yy

Admission number (1-94): _______________________________________________________________________

First Port of Entry: _______________________________________________________________________

Into USA ____________ Date of entry: ____________

Into USA mm/dd/yy

In what Visa status did you enter the U.S initially? _______________________________________________________________________

(over)
1. □ I-20 Extension - To complete coursework toward an AA/AS or Transfer
   Are you currently in status? ____________________

2. □ I-20 To Apply for Practical Training/OPT
   during studies _______ vacation _______ after completion of studies _______
   Social Security number: _______ - _____ - _________  *Include a copy of card
   Have you applied to Records to graduate?________  *Submit a copy of Petition to Graduate

3. □ I-20 Change of Major
   Attach a copy of notification from the Admissions that you have changed major
   Major: _______________________________________________
   Level of education change: _______ Certificate to Associates__________ Associates to Transfer

4. □ I-20 Change of Funding
   Attach documentation on new funding source. Explain: ___________________________________________________

5. □ Replace a Lost I-20 or Correct I-20 (circle one)
   Specify in space provided what corrections must be made: ________________________________________________

(NAME CHANGES MUST BE VERIFIED BY PASSPORT)

To All Applicants
Please provide a copy of:
☐ Photo Page of the Passport
☐ Visa Page
☐ I-94 Card (front and back)

Bank Statement Verification
$16,500
$2,500 (extra, spouse)
$1,000 (extra, per child)

Allow 5 working days for preparation of I-20. You must schedule an appointment to meet with the International Student Advisor to process your I-20. Please call Counseling Office at (408) 741-2009.

Print Name: ___________________________________________ Date: ______________
Last First mm/dd/yy

* Signature: ____________________________________________

* Email Address: ____________________________________________
* (required)

Failure to provide ALL the above Information will result in a delay in your I-20 request.
**International Students Immunization History Form** – Must be completed and signed by your physician (please print)

Name of Student:__________________________________________________________________
Birth date: _______________________ Birth place(country): ____________________________
Home Address(home country): _____________________________________________________

**A note to the examining physician:** West Valley College is interested in the health and welfare of all of its students and we would like to be aware of any problems our international student population might have. Do you feel that this student has any physical, mental or medical conditions that the College needs to be aware of? **If so, please describe (example: diabetes, asthma etc.):**

__________________________________________________________________________________

**Immunizations Records:** (include dates)

a) Measles/Mumps/Rubella  #1. ______ #2. ______ or Blood Titre: ______ (req. for admission**)

b) Tuberculosis (PPD/Mantoux – must be within 60 days of application) ________ Results:
   Negative_____ Positive: _____ mm induration: _____ (req. for admission**)

**NOTE:** If positive – 10mm, chest x- ray required. Attach physician interpreted results only of chest xray. **DO NOT send chest x-ray.** Has student taken or been prescribed Isoniazid (INH) to prevent or treat tuberculosis? Please provide dates taken: From: __________ To: ________________

c) Tetanus/Diphtheria Immunization (within the last 10 years): ________

d) Hepatitis B immunity by:
   Hepatitis B vaccine #1. ______ #2. ______ #3. _________ Blood Titre: _______________

e) Other Immunizations? Please List: _______________________________________________

**Please Note:** Many of the above immunizations are required by UC (University of California) and CSU (California State University) for transferring students. Immunizations may be started in the home country and completed in the US - Some are required for admission** to WVC.

**Signed:** _____________________________ **Medical Registration Number:** _____________

**Print Name:** ___________________________ **Date:** _________________

**Address:** ___________________________________________ **Stamp/Seal:** ____________________

**These records and will go to the Health Center. Please return in separate envelope to:**
International Student Office, West Valley College, 14000 Fruitvale Ave., Saratoga, CA 95070, USA