



International Services & Programs
INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Name: _____
Surname/Last Name First/Given Names Middle Name

Apply for: Spring/Winter Summer Fall Year _____

Home Country Address:

Address 1 _____

Address 2 _____

City _____

Province/Territory _____

Postal Code _____

Country _____

USA Address:

Address 1 _____

Address 1 _____

CITY _____

STATE _____

ZIP _____

Email _____

Current Phone _____

Home Country Phone (include country code)

Text _____

Cell Company (for emergency notification system)

ethnic/racial code M

- College History:** (choose ONE)
1. First time to enroll at any college
 2. Have attended college, but first time at COC
 3. Returning to COC
 - Y. Attending COC while in high school in the USA

Major _____
(Refer to www.bit.ly/COCmajors)

Birth Date ____/____/____
month/day/year

Gender: MALE FEMALE

Country of Birth: _____

Birth City: _____

Country of Citizenship: _____

- Educational Goal:** (choose ONE)
- A. Transfer with Associate degree (this is the normal choice for the 2+2 pathway to a Bachelor's Degree)
 - B. Transfer without Associate degree
 - C. Associate degree only
 - E. Vocational certificate only
 - I. Licensing only
 - K. Skill improvement only (English/reading/math)
 - O. Part-time enrollment to meet 4-year University requirements

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Name: _____
Surname/Last Name First/Given Names

If you already have any type of Visa:

Visa Number _____

Visa Type _____

Visa Expiration Date _____

Visa Status: (Choose **all** that apply)

- I intend to obtain an F1 visa to study at COC (this is the normal choice for 2+2 pathway)
- I currently reside in the USA and intend to change my status to F1
- I currently reside in the USA and intend to transfer to COC as a full time student
- I intend to enroll part-time at COC and also attend college elsewhere
- I have an F2 visa and want to attend at COC
- I am applying to return to COC
- I have dependents in the USA
- I have dependents outside of the USA and plan on bringing them to the USA while I study

Completion of Secondary Education

I have completed Secondary Education (High School) before my classes begin at College of the Canyons.

I will complete Secondary Education (High School)

Include the following with your application:

(All must be completed and you must place a checkmark in the box)

A clear copy of the photo page of passport

A clear copy of the USA visa (if you have one)

A clear picture of how I look today

Photos, video, audio, application accuracy:

(You must agree to the following and place a checkmark in the box)

I agree that my signature below constitutes permission to use photos, audio, and video recording taken of me at College of the Canyons for promotional and educational purposes.

I agree to allow the ISP office to print my I-94 at any time for matriculation and compliance purposes.

This is to certify under perjury that all information provided on this form is correct. I understand any falsification may be a legal basis for expulsion. My signature certifies all information on this form.

SIGNATURE:	DATE:
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- OTHER SUBMISSIONS FOR APPLICANTS – Plan ahead! Be successful! (see the COC ISP web page for details)
- Proof of no ACTIVE Tuberculosis Infection
 - Proof of minimum English Proficiency
 - Set up i20 mailing label at ...
 - Evidence of financial capability
 - Evidence of completion of Secondary School
 - Proof of Health Insurance Coverage



ADMISSION ESSAY

Name on Passport:

Application Statement: *Please describe yourself, tell us about your favorite things and people, your educational goals, and why you would like to study at College of the Canyons. Please **hand write** your statement and tell us enough about yourself that you will fill the space below.*

How did you hear about College of the Canyons?



International Services & Programs
APPROVAL TO RELEASE STUDENT INFORMATION TO OTHERS

Print Name: _____

Student ID#: (if you have one) _____

You are required to submit a copy of your passport with this document

I understand that College of the Canyons (COC) has an obligation to keep my personal information, identifying information, and other records confidential. I also understand that I can choose to allow COC to release my information to certain individuals or companies. I understand that there is a risk that a release of information can potentially open up access by others to all of my confidential information.

I am approving a release of information. All information will be sent via email to the address listed below. I understand that e-mail is not confidential and can be intercepted and read by other people. I authorize COC to share my information via e-mail with:

<p>Who I want to have my information: <i>(name and email)</i></p> <p>Use a separate form for each individual or company</p>	
<p>What info about me will be shared:</p>	<p><i>Information pertinent to COC admissions and acceptance</i></p>
<p>Why I want my info shared: (purpose)</p>	<p><i>For applying to COC, obtaining a visa, and attending COC</i></p>
<p>When I want my info shared: (purpose)</p>	<p><i>From application until the day after the semester add/drop date</i></p>

Consent:

I understand that my signature on this release form is voluntary. I understand that I am not required to allow COC to release my information. I understand that releasing information may give information about my location. I understand that COC may not be able to control what happens to my information once it has been released to the above person or company, and that the company or person getting my information may be required by law or practice to share it with others.

I may withdraw my consent at any time by sending an email to isp@canyons.edu with my name and student id # and a note revoking the release.

I have attached a copy of the face-page of my passport.

I understand that this release is valid immediately and that I may withdraw my consent to this release at any time by following the procedure specified in the paragraph above.

Student's Signature _____ **Date** _____