



# INTERNATIONAL STUDENT APPLICATION

For Office Use Only:	
TCC ID:	
Semester:	
Visa Type:	
Received by:	Date:
Processed by:	Date:

TCC ID NUMBER (IF APPLICABLE): \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH/DAY/YEAR CITY COUNTRY

EMAIL ADDRESS: \_\_\_\_\_ US PHONE NUMBER: \_\_\_\_\_  
(IF APPLICABLE)

SEX:  MALE  FEMALE PASSPORT COUNTRY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MONTH/DAY/YEAR

DO YOU HAVE A CURRENT VISA?  YES  NO IF YES, WHICH TYPE? \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DO YOU PLAN TO APPLY FOR A STUDENT (F-1) VISA?  YES  NO IF NO, YOU DO NOT NEED TO COMPLETE THIS APPLICATION

WHEN WOULD YOU LIKE TO ATTEND TCC?  FALL  SPRING  SUMMER YEAR: \_\_\_\_\_

WHICH CAMPUS WOULD YOU LIKE TO ATTEND?  SOUTH  NORTHEAST  NORTHWEST  SOUTHEAST  TRINITY RIVER

TYPE OF APPLICANT:  OUTSIDE US  TRANSFER STUDENT (INSIDE US)  CONCURRENT ENROLLMENT

NAME OF CURRENT US INSTITUTION (IF APPLICABLE): \_\_\_\_\_

HAVE YOU BEEN APPROVED FOR ANY OPT?  YES  NO IF YES, WHAT IS THE END DATE? \_\_\_\_\_  
MONTH/DAY/YEAR

ARE YOU ON ACADEMIC OR DISCIPLINARY SUSPENSION FROM YOUR CURRENT INSTITUTION?  YES  NO

**EDUCATIONAL PLAN**

CHOOSE ONE:  ASSOCIATE OF ARTS  
 ASSOCIATE OF SCIENCE  
 ASSOCIATE OF APPLIED SCIENCE IN: \_\_\_\_\_  
MAJOR/FIELD OF STUDY (REQUIRED FOR AAS DEGREE)

CERTIFICATE PROGRAM IN: \_\_\_\_\_  
 LANGUAGE PATHWAY PROGRAM → (MUST ALSO SELECT A SECOND OPTION FROM ABOVE.)

**EDUCATIONAL HISTORY:** LIST ALL CURRENT AND PREVIOUS COLLEGES/UNIVERSITIES ATTENDED IN THE **UNITED STATES**. PLEASE INDICATE WHICH DEGREE WAS RECEIVED (IF ANY) OR IF IT WAS AN ELI PROGRAM. FAILURE TO REPORT ALL CURRENT AND PREVIOUS COLLEGES/UNIVERSITIES ATTENDED CONSTITUTES FRAUDULENT ENROLLMENT.

NAME OF COLLEGE/UNIVERSITY	LOCATION (CITY, STATE)	DATES ATTENDED	DEGREE EARNED/ ELI

STUDENT SIGNATURE \_\_\_\_\_ DATE (MONTH/DAY/YEAR) \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

**APPLICATION CONTINUED ON THE REVERSE SIDE. ALL APPLICABLE SECTIONS MUST BE COMPLETED.**

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CITY COUNTRY MONTH/YEAR GRADUATED

**CONTACT INFORMATION IN HOME COUNTRY**

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ADDRESS (REQUIRED – No PO Box)

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CITY (REQUIRED) PROVINCE/TERRITORY POSTAL CODE

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COUNTRY (REQUIRED) PHONE NUMBER

**LOCAL DALLAS/FORT WORTH ADDRESS (IF KNOWN):** YOU MUST MAKE PROVISION FOR YOUR LIVING ARRANGEMENTS IN THE DFW AREA. TCC DOES NOT PROVIDE HOUSING FOR STUDENTS OR ASSIST WITH LIVING ARRANGEMENTS. THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES REQUIRES THAT WE MAINTAIN A CURRENT STREET ADDRESS ON EACH STUDENT WITH ANY VISA CATEGORY. A POST OFFICE BOX NUMBER IS NOT SUFFICIENT. ANY SUBSEQUENT CHANGES TO THE LOCAL ADDRESS MUST BE REPORTED TO THE INTERNATIONAL ADMISSIONS OFFICE WITHIN 10 DAYS OF THE CHANGE.

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STREET ADDRESS CITY, STATE ZIP CODE

**EMERGENCY CONTACT INFORMATION:** LIST A FRIEND OR RELATIVE TO BE CONTACTED IN CASE OF EMERGENCY.

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NAME OF EMERGENCY CONTACT PHONE NUMBER RELATIONSHIP

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ADDRESS

**ADDITIONAL INFORMATION**

WILL YOUR SPOUSE AND/OR CHILDREN BE ACCOMPANYING YOU AS DEPENDENTS ON YOUR F1 VISA?  YES  NO

IF YES, LIST THEM BELOW. PLEASE NOTE, YOU WILL NEED TO PROVIDE COPIES OF THEIR LEGAL DOCUMENTS, AND MUST BE ABLE TO SHOW AN ADDITIONAL \$1,000 IN FINANCIAL SUPPORT PER DEPENDENT.

NAME	DATE OF BIRTH (MONTH/DAY/YEAR)	RELATIONSHIP	COUNTRY OF CITIZENSHIP

**STUDENT ATTESTATION:** I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION IS GROUNDS FOR DENIAL OF ADMISSION OR FOR DISMISSAL AFTER ADMISSION. I UNDERSTAND THAT ADMISSION TO TCC DOES NOT GUARANTEE ADMISSION TO A SPECIFIC VOCATIONAL-TECHNICAL PROGRAM. IF ACCEPTED TO TCC, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE REGARDING CONDUCT AND THOSE OF THE US CITIZENSHIP AND IMMIGRATION SERVICES REGARDING VISA STATUS.

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STUDENT SIGNATURE DATE (MONTH/DAY/YEAR)