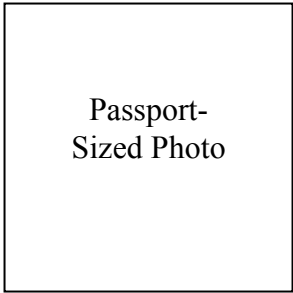




# EL CAMINO COLLEGE

## INTERNATIONAL/F-1 VISA STUDENT APPLICATION FOR THE STUDENTS INSIDE THE UNITED STATES

FOR FALL  SPRING  YEAR 20\_\_



SEVIS ID# N \_\_\_\_\_  
(If available)

Current School in the US \_\_\_\_\_

*PLEASE PRINT OR TYPE IN BLACK OR BLUE INK*

### PERSONAL INFORMATION

\_\_ Mr. \_\_ Ms. \_\_\_\_\_  
Last (Family or Surname) First (Given) Middle name

**Local Address in the United States**  
(Address where the acceptance letter should be mailed)

**Address in your Country (Required)**  
(NO P.O. Boxes, no Agency Addresses, Please)

\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Postal Code (ZIP) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Fax \_\_\_\_\_  
Email (if available) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Province/State \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number (required) \_\_\_\_\_  
Fax \_\_\_\_\_

Birthday \_\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Month / Day / Year

Are you married? Yes  No  \_\_\_\_\_  
Name of spouse/dependents accompanying you to the US [Include full name(s), date(s) of birth, country(-ies) of birth]

### IMMIGRATION INFORMATION

When did you enter the United States? \_\_\_\_\_ Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Month/Day/Year Month / Day / Year

### EDUCATION INFORMATION

List all the language and high schools, colleges and universities attended:

High Schools \_\_\_\_\_ Graduation Date \_\_\_\_\_  
College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
College/University \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Language School \_\_\_\_\_ Dates Attended \_\_\_\_\_

**FIELD OF STUDY (required)** \_\_\_\_\_ (Please do not write "Undecided")

Please let us know what university you would like to transfer to \_\_\_\_\_

### ENGLISH PROFICIENCY TEST

Date of exam \_\_\_\_\_ Score \_\_\_\_\_ Circle one:

- IBT  TOIEC
- CBT  IELTS
- PBT  EIKEN

Office Use Only: Fed-Ex Tracking # _____	Date _____
El Camino College Student ID Number _____	SS Number _____ SEVIS ID_ N _____

## Student Expenses

The cost for study at El Camino College for **one academic year (fall and spring semesters)** for international students will depend upon personal spending habits of the students. The college tuition and fees may vary by year. Current tuition and fees, and approximate living expenses per two semesters, are as follows (transportation to and from the U.S. not included).

Tuition and Fees for <b>one academic year</b> (12 units per semester x 2 semesters = 24 units X \$288 per units)	\$ 6,912.00
Housing (10 Months) *	\$ 6,500.00
Food (10 months)	\$ 1,800.00
Books & Supplies	\$ 800.00
Medical Insurance (12 months) ( <i>Must be purchased through El Camino College. Waivers are not permitted.</i> )	\$ 1,600.00
<u>Personal Expenses (Estimated)</u>	<u>\$ 1,500.00</u>
<b>Total</b>	<b>\$ 19,112.00</b>

\* El Camino College does not have living accommodations on campus.

### Confidential Financial Statement

This statement must be completed by all students seeking to study under an F-1 visa at El Camino College. To issue an I-20 to prospective students, the college must be assured that sufficient funds are available to meet all tuition and living expenses for the duration of their studies. **The minimum requirement is USD\$19,500.00.**

Please report the funds in any convertible currency with a Verification of Funds letter/statement from the sponsor's bank, citing the name of the account holder. Documents must have been issued within three months of application.

Source:	Amount	Name	Relation
Family Funds	\$ _____	_____	_____
Personal Funds	\$ _____	_____	_____
Sponsor *	\$ _____	_____	_____

\* If sponsored by a government agency, then the letter of assurance from said agency must be included.

***Falsification of any part of this document may subject the student to later disciplinary action.***

### RELEASE OF INFORMATION (Optional)

*I hereby give permission to El Camino College to release information concerning my student status to the following person(s):*

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ Sponsor: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

I hereby certify that, to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand that the falsification of information can lead to immediate dismissal from El Camino College.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**How Did You Learn About El Camino College?** \_\_\_\_\_

**SEND TO:**

*International Student Program  
 El Camino College  
 3400 W. Manhattan Beach Blvd.  
 Torrance, CA, 90504 U.S.A.*

[www.elcamino.edu/academics/is](http://www.elcamino.edu/academics/is) Telephone: (310) 660-3431 Fax: (310) 660-6779 E-mail: [ISP@elcamino.edu](mailto:ISP@elcamino.edu)

#### Admissions Checklist (Please complete the form and include the following):

International Application  Copy of transcripts  Copy of English Proficiency Test result  \$50 Non-refundable Processing Fee   
(Cash, Check, Money Order Issued to an American bank).

One Passport-sized Photograph  Bank's Verification Letter/Statement  Copy of the Passport

Copy of an F-1 Visa in your passport  Copy of I-20 form  Copy I-94  (if available)

*A transfer approval form is required of students transferring from another school or program in the United States*

**TRANSFER APPROVAL FORM**  
**El Camino College - International Student Program**  
**3400 Manhattan Beach Blvd., Torrance, CA 90506**  
**Tel: (310) 660-3431/ Fax: (310) 660-6779**

***Transfer student's I-20 to: El Camino Community College District***  
**DHS School ID #: LOS 214 F 0 0338.000**  
***(Please verify school by SEVIS School ID Number)***

Required only of those students transferring directly from U.S. institutions

**Section A: Student Must Complete This Section**

From: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Institution) (Name of Student)

I-94#: \_\_\_\_\_ SEVIS#: \_\_\_\_\_

I have applied to study at El Camino College. I have been asked to have my current school verify my immigration status. I request and authorize you to complete this form and return the original to the above address. Thank you for your assistance.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**Section B: To be completed by DSO at current institution**

The student attended our institution from \_\_\_\_\_ to \_\_\_\_\_  
(First Date) (Last Date)

**PLEASE CHECK ALL APPLICABLE:**

This student is considered to be in full-time status.

This student is out of status and has been advised to seek reinstatement.

This student received off-campus work authorization for:

CURRICULAR Practical Training (circle one) Full Time / Part Time

From \_\_\_\_\_ to \_\_\_\_\_

OPTIONAL Practical Training (circle one) Full Time / Part Time

From \_\_\_\_\_ to \_\_\_\_\_

Date student's SEVIS I-20 will be transferred to **El Camino Community College District** (El Camino College) \_\_\_\_\_

\_\_\_\_\_  
Name and Title of DSO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
INS School Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date