



SINCLAIR COMMUNITY COLLEGE

International Student (F-1) Application

Please submit your completed application to:

International Education Department
Attn: Meng Lu
Sinclair Community College
444 West Third Street
Dayton, Ohio 45402 U.S.A.

Contact Phone: (937) 512-4606
Email: meng.lu@sinclair.edu

Application Check List

Completed Application

- TOFEL or IELTS sent to Sinclair
- Written statement of educational backgrounds and goals
- Official transcript from high school, colleges or universities
- Financial Statement

1. Personal and Contact Information

Student Type: New student Transfer Student

Name: _____
Last First Middle

U.S. Social Security Number (if known): _____ - _____ - _____

United States Mailing Address (if known):

Street City State Zip

U.S. Phone: (_____) _____ Email: _____

Date of Birth: _____ Gender: Female Male
Month / Day / Year

Ethnicity:

Responding to the following questions is voluntary; no adverse action will occur if you fail to answer it. Sinclair will keep all information strictly confidential.

Do you consider yourself to be Hispanic/Latino? Yes No

Check all that apply: African-American/Black American Indian/Alaskan Natives Asian
 Native Hawaiian/other Pacific Islander White

Country of Birth: _____ Country of Citizenship: _____

Permanent Home Address (Non U.S.):

Street City State Zip

Phone: (_____) _____ Email: _____

Emergency Contact:

Name _____
Last First Middle

Address _____
Street City State Zip

Phone: (_____) _____ Email: _____

Where would you like your I-20 sent? Home Country Address United States Mailing Address

Native Language: English Other _____

If English is not your first language, what is your:

TOFEL Score: _____ Date: _____ or IELTS Score: _____ Date: _____

Sponsor Information Who will sponsor your study in the U.S.? _____

2. Enrollment Intentions

Do you currently have an F-1 Visa? Yes No

If yes, list the institution that issued your I-20: _____

Do you currently hold any other type of Visa? Yes No If yes, please specify: _____

When would you like to start at Sinclair?

Fall (Aug-Dec) Spring (Jan-Apr) Summer (May-Aug) **Year** _____

What degree program would you like to pursue? You may check more than one box.

- Associate of Arts (A.A.) Certificate
 Associate of Applied Science (A.A.S.) Take classes to transfer back to home institution
 Associate of Science (A.S.)

What major do you plan to study at Sinclair? _____

3. Education

Please list all high schools/Secondary schools, colleges, and universities that you have attended. Send official or certified copies of transcript and diploma for secondary and post-secondary education. Foreign transcript must be officially translated into English.

High School Information

Name	City/Country	Diploma/Certificate	Graduation Date (Month/Year)

College/University Information

Name	City/Country	Degrees or credits earned	Dates Attended (Month/Year-Month/Year)

4. Dependent Information

Are you married? Yes No

Will your spouse and/or children be traveling to the U.S. with you? Yes No

If yes, please provide the following information:

Spouse _____
Last Name First Name Middle Name Country of Birth Country of Citizenship

Child _____
Last Name First Name Middle Name Country of Birth Country of Citizenship

Child _____
Last Name First Name Middle Name Country of Birth Country of Citizenship

I certify that the information I have provided on the application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on this application may be cause for refusal of admission, cancellation of admission, or suspension from the college. By signing and dating this application, I agree to abide by the policies and regulations of the college.

Signature: _____ Date: _____