

INTERNATIONAL STUDENT ADMISSION FORM

International or foreign students seeking a student visa (F-1) specifically to study in the U.S. must fully complete this form. Legal residents are not classified as international students. Please read the instructions carefully, provide complete and accurate information and submit to:

Application type:
 New student
 Transfer student

International Student Adviser, Santa Fe Community College, 6401 Richards Ave., Santa Fe, NM 87508
Phone (505) 428-1261 ■ Fax (505) 428-1468 ■ www.sfccnm.edu

Please print in ink.

Legal name _____
as it appears on your passport *Last name* *First name* *Middle initial*

Social Security No. _____ - _____ - _____ **Date of birth** _____
if any

Country of Birth _____

Country of Citizenship _____

Native Language _____

Mailing Address _____
permanent foreign *Street (no P.O. box address accepted)*

City or Province

ZIP Code, Country

Mailing Address _____
U.S. *Street or (no P.O. box address accepted)*

City *State* *ZIP*

Contact (_____) _____
Phone *E-mail* *Cell*

Gender Male Female

Educational Information

Secondary School _____ Year of Graduation _____
Name of school

City/Country

Colleges Attended _____ Year of Graduation _____
Name of school

City/Country

Are you planning to transfer to SFCC? Yes No If so, from what university? _____

To transfer credits from a U.S. university or college to SFCC

- Submit a completed **International Student Transfer Form** (available online at www.sfccnm.edu) or a letter from your student adviser (PDSO or DSO) indicating permission to transfer.
- Submit a copy of your I-20 issued from the university or college you're attending.
- Have an official transcript sent directly from the university or college to the International Student Adviser at SFCC.

Have you ever been under academic suspension of disciplinary probation at another institution? Yes No

If so, which institution? _____

Are you currently in the United States? Yes No

If yes, what is your immigration status?

Visa type _____ Expiration date _____ Are you currently in-status? Yes No

Means of support while at SFCC?

Private funds Foreign government/university Family funds

Do you plan to bring your spouse and/or children to the U.S. during your studies at SFCC? Yes No

If yes, please complete the following:

Legal name _____
as it appears on passport *Last name (spouse)* *First name* *Middle initial*

Date of birth _____ **City and country of birth** _____

Legal name _____
as it appears on passport *Last name (child)* *First name* *Middle initial*

Date of birth _____ **City and country of birth** _____

Legal name _____
as it appears on passport *Last name (child)* *First name* *Middle initial*

Date of birth _____ **City and country of birth** _____

When do you plan to enroll?

Fall semester (Aug.) _____ Spring semester (Jan.) _____ Summer semester (June) _____

Intended program of study _____

What type of degree or certificate do you plan to pursue?

A.A. – Associate in Arts A.S. – Associate in Science Certificate Program
 A.A.A. – Associate in Applied Arts A.A.S. – Associate in Applied Science

I certify that all information given in this application is complete and accurate to the best of my knowledge.

I understand that misrepresentation in any statement or failure to abide by college academic regulations will be considered adequate grounds of denial of admission, cancellation of registration or suspension from SFCC.

I also understand that international students are expected to comply with immigration requirements with respect to the number of credit hours taken while attending Santa Fe Community College. Department of Homeland Security (DHS) regulations require that international students on F-1 visas carry and complete a full course of study (minimum of 12 credit hours per semester) and they complete their educational objectives within a reasonable period of time (3 years). Non-compliance with DHS regulations will result in jeopardizing my visa status. I further agree to keep the college informed about any changes in my address, phone and/or additional information regarding my stay at SFCC.

Signature _____ **Date** _____