



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? _____

WHEN WOULD YOU LIKE TO ATTEND TCC? ☐ FALL ☐ SPRING ☐ SUMMER I YEAR: _____

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

TYPE OF APPLICANT: ☐ OUTSIDE US ☐ TRANSFER STUDENT ☐ CONCURRENT ENROLLMENT

NAME OF CURRENT US INSTITUTION (IF APPLICABLE): _____

HAVE YOU BEEN APPROVED FOR ANY OPT? ☐ YES ☐ NO

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

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

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

NAME OF HIGH SCHOOL: _____

CITY COUNTRY MONTH/YEAR GRADUATED

CONTACT INFORMATION IN HOME COUNTRY

ADDRESS

CITY PROVINCE/TERRITORY POSTAL CODE

COUNTRY 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.

STREET ADDRESS CITY, STATE ZIP CODE

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

NAME OF EMERGENCY CONTACT PHONE NUMBER RELATIONSHIP

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 \$3,000 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.

STUDENT SIGNATURE DATE (MONTH/DAY/YEAR)

TARRANT COUNTY COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, RELIGION, GENDER, PHYSICAL OR MENTAL DISABILITY, VETERAN STATUS, OR AGE IN ITS PROGRAMS AND ACTIVITIES AND PROVIDES EQUAL ACCESS TO THE SERVICES AND OTHER PROGRAMS AT THE COLLEGE.

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