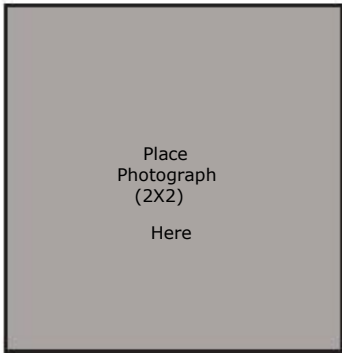




## International Student Application (F-1 Visa)

### Indicate Semester Start date:

Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_  Winter 20\_\_\_\_



The following information is needed for your file. Please complete and return.

### Legal Name (as it appears on your passport):

\_\_\_\_\_  
Last First Middle

Date of Birth (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Parent or Guardian's Name:  Mr.  Mrs.  Ms.  
\_\_\_\_\_

Address in Home Country (required): \_\_\_\_\_

\_\_\_\_\_  
City State/Province Country Phone Number

E-mail Address: \_\_\_\_\_

Address in the U.S.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Major Field of Study at College of the Canyons: \_\_\_\_\_

High School Attended: \_\_\_\_\_

### WHO RECOMMENDED COLLEGE OF THE CANYONS TO YOU?

Please Check One:  Friend  Relative  Other (School, Organization, etc.)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### RELEASE OF INFORMATION

I hereby give permission to College of the Canyons to release information concerning my student status to the following person(s):

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

Sponsor \_\_\_\_\_

By placing a check mark in the this box you hereby give permission to College of the Canyons to release information concerning your student status to the preceding person(s).

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

