



# INTERNATIONAL STUDENT APPLICATION

(Please Print or Type)



- Social Security Number (leave blank if none available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Semester or session for which you are seeking admission  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

## General Information

1. Legal Name: \_\_\_\_\_  
Family Name First Name Middle Name
2. Contact Information
- (a) Address in home country: \_\_\_\_\_  
Number Street Phone Number & Fax  
City State Country Postal Zone/Country/City Code
- (b) Address in U.S.A. (if any): \_\_\_\_\_  
Number Street Phone Number  
City State Country Postal Zone
- E-Mail Address: \_\_\_\_\_
3. Address where Form I-20 and acceptance materials should be mailed:  (a) or  (b)
4. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ 5. Sex:  Male  Female
6. City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Primary Language: \_\_\_\_\_
7. Do you require placement with an American host family?  Yes  No
8. Are you interested in receiving information about Disabled Student Services at GWC?  Yes  No

## Visa Information

9. What type of Visa do you have now?  Tourist (B-1/B-2)  Student Visa (F-1)  Other \_\_\_\_\_  
 No Visa (Outside USA) Visa Expiration Date \_\_\_\_\_
- If you are on a Tourist Visa (B-1/B-2), what is the expiration date on your I-94 (white card in passport)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year
- Do you have a dependent spouse or child with you in the U.S.?  Yes  No
10. Are you applying from within the U.S.?  Yes  No
- Will you be traveling outside the U.S. before beginning your studies at GWC?  Yes  No
- If so, when will you travel outside the U.S.? \_\_\_\_\_
11. Are you transferring from another school in the United States?  Yes  No
- Name of School: \_\_\_\_\_

