



## International Student Program

Center for Global & Cultural Programs  
 15744 Golden West Street, Huntington Beach, CA 92674  
 714-895-8146 • isp@gwc.cccd.edu

# F-1 PART-TIME INTERNATIONAL STUDENT APPLICATION

PLEASE PRINT OR TYPE

Applying for: Year   Fall  Spring  Summer

If a CCD student, include your student ID number:  
 (If none, leave blank.)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### GENERAL INFORMATION

|               |       |     |      |                     |     |                                 |                               |
|---------------|-------|-----|------|---------------------|-----|---------------------------------|-------------------------------|
| Family Name   |       |     |      | First & Middle Name |     |                                 |                               |
| Date of Birth | MONTH | DAY | YEAR | Age                 | Sex | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| City of Birth |       |     |      | Country of Birth    |     |                                 |                               |
| Citizenship   |       |     |      | Primary Language    |     |                                 |                               |

|  |                      |               |  |             |              |
|--|----------------------|---------------|--|-------------|--------------|
| Permanent Address<br>in Home Country<br>(Required) | Street Name & Number |               |  | Apt #       | Phone Number |
|  | City                 | State/Country |  | Postal Code |              |

|                          |                      |       |  |             |              |
|--------------------------|----------------------|-------|--|-------------|--------------|
| U.S. Address<br>(If Any) | Street Name & Number |       |  | Apt #       | Phone Number |
|                          | City                 | State |  | Postal Code |              |

|               |  |
|---------------|--|
| Email Address |  |
|---------------|--|

|                        |  |
|------------------------|--|
| Proposed Major at GWC: |  |
|------------------------|--|

|                                |  |
|--------------------------------|--|
| Name of Full-Time Institution: |  |
|--------------------------------|--|

### STUDENT RELEASE OF INFORMATION

I HEREBY  DO OR  DO NOT, GIVE PERMISSION TO GOLDEN WEST COLLEGE TO RELAESE CONTACT INFORMATION, AND REQUESTED STUDENT STATUS DOCUMENTATION TO THE FOLLOWING PERSON(S) AND ORGANIZATIONS:

|      |              |
|------|--------------|
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |

### CERTIFICATION

I certify that I have carefully considered each question above and that my statements are true and complete to the best of my knowledge.

|                      |       |
|----------------------|-------|
| STUDENT'S SIGNATURE: | DATE: |
|----------------------|-------|