



International Student Information Form

I would like to attend Bucks:

Fall Semester 20

Spring Semester 20

Summer I, II 20

Family Name	
First Name	
Middle Name	
Suffix	
Date of Birth (Month/Day/Year)	
Country of Birth	
Country of Citizenship	

Foreign Address:

Address 1:	
Address 2:	
City:	
Province/Territory:	
Postal Code:	
Country:	

U.S. Address:

Address 1:	
Address 2:	
City	
State	
Zip Code	

Male Female

Local Telephone #: _____

Cell Phone #: _____

Passport #: _____

Passport Expiration Date: _____

Country of Issuance: _____

Visa Status: Options (If other, please specify: _____)



Transfer or Change of Status Applicants: If you are a transfer student or plan to apply for a change of status currently in the United States, please fill out the following:

Visa Type: _____ Visa #: _____
Visa Issue Date: _____ Visa Expiration Date: _____
Port of Entry: _____ Original Country Entry Date: _____
1-94 Arrival/Departure Admission Number _____
If applicable: Social Security Number: _____, Driver License (State): _____

Transfer Only

Name of transfer institution: _____
Address: _____
Foreign Student Advisor: _____
SEVIS I-20 ID Number: _____

Educational Information:

Official secondary and university transcripts translated into English must be submitted.

Educational Goals (check one):

- Take course(s), and then transfer
- Earn degree, and then transfer
- Earn degree, and return home

Dependent Information:

I expect to come to the United States:

- Alone
- With Dependents (please fill in the information on the next page)

Please **list dependents** (spouse and/or children) who are seeking to enter the U.S. with you:

Last Name	First Name	Date of Birth	Relationship to Applicant

You must demonstrate additional funding for each dependent. Approximately \$3,000 US per dependent is expected to ensure adequate financial means.

What is your primary language? _____



**Bucks County
Community College**

275 Swamp Road
Newtown, PA 18940-4106
(215) 968-8000

Statement of Intent

In English, please explain why you are choosing your particular field of study and how you intend to make use of your education in your home country.

Academic Focus

My major field of study is _____ (refer to list of majors).

I grant permission to Bucks County Community College to release my documents and/or information concerning my admissions status to: _____ (please provide the first and last name of any other person who may access your personal records).

Certifying Statement

I hereby certify that all information provided on this application is true and correct. I understand the presentation of false information or failure to comply with Bucks County Community College’s admission and registration procedures may result in my dismissal without refund of any fees paid. In addition, I understand that I must enroll in the medical insurance policy offered by Bollinger through the College upon registration for courses unless I submit proof that I obtained my own health insurance which includes medical evaluation and repatriation benefits by the end of the first day of the semester. I will also comply with Internal Revenue Service regulations on filing tax returns.

Bucks County Community College does not mail documents. Form I-20 must be picked up by the student or his/her representative named above.

Name: _____

Student’s Signature: _____

Date: _____