

Sacramento City College International Student Center

F-1 Student Data Form

Please type your information as it is stated on your passport. An incomplete application will delay processing.

Last (Family or Surname) Name as in Passport		First (Given)	Name as i	n Passport	Middle Name
Date of Birth (month/day/year)	Age (under 18 see page 5)	City of Birth		Countr	ry of Birth
Country of Citizenship		Country of Permanent Residence			
Female Unknown/Othe	er	Visa Number	(if any)		
SEVIS ID (if any)		I-94 Card Ad	I-94 Card Admission Number (if any)		
Social Security Number (if any)		SCC ID Num	ber (a seve	en number di	gits beginning with "W")
Major Field of Study		I am applying for ☐ FALL 20 (from August to December) ☐ SPRING 20 (from January to May)			
Permanent Overseas Address:		U.S. Address	(if applica	ble):	
Address		Address			
District Providence/Ter	ritory	City	State		Postal Code
City · Postal Code	Country	Phone ·			Fax
Phone Email		E-mail (Overseas	s or U.S.)		
ADDRESS CHANGES: Please info notify USCIS by completing and m 11SR) is required for students from information, ask ISC or view USCIS Are you currently in the US? ☐ NO ☐ YES; verify your current visa type. If your visa type is not F	ailing AR-11 Form to U certain countries who website: www.uscis.gov type (e.g., F-1, F-2, J-1, J-1, J-1, J-1, J-1, J-1, J-1, J-1	USCIS. USCIS by law need to . Update your not	Special Recomplete ew U.S. ad	egistration C the special re	hange of Address Form (AR egistration requirements. Fo
Degree Objective at SCC A.A. (Associate of Arts) or A. A.A. or A.S./Transfer to 4-year)			
Degree Objective <u>after SCC</u> B.A. (Bachelor of Arts) or B.S. M.A.(Master of Arts) or M.S.					

Last Name	First	Middle
2001 I TOTAL	11130	www

EDUCATIONAL BACKGROUND

(Please list all high schools and colleges attended. List the most recently attended schools first.)

		Date of A From	ttendance To	Language Of	Examination, Certificates, Diplomas,	Date Of
Name of School	City, Country	(mo/yr)	(mo/yr)	Instruction	Degrees	Graduation
1.						
2.						
3.						
4.						
Please account for any Activity	time you were not in	n school below		ates (month/year	to month/year)	
						_
☐ SCC ESL Ass	ne test on)			quested official score to	be sent to SCC.
In the past, have you NO YES; semester	attended Sacramento	City College	?			
☐ Internet, pleas ☐ Publication or	nd, please specify name specify the web add brochure, please spe	lress cify the name				
Do you have any rela	atives or friends who			City College?		

ast Name	First	Middle

	EMERGEN	NCY CONTA	ACTS (MA	ANDATORY)
Father's Name				
Address			City	
Providence/Territory		Country		Postal Code
Phone ()	E-mail			
Mother's Name				
Address			City_	
Providence/Territory		Country		Postal Code
Phone ()	E-mail			
Other contact person over	rseas		F	Relationship
Address			City	1 —————————————————————————————————————
Providence/Territory		Country	,	Postal Code
Phone ()	E-mail			
Contact person in the IIS			-	Relationship
Address)•		City	iciationship
Providence/Territory		Country	City	Postal Code
Dhona ()	E mail	Country		rostar code
ocuments. ources of Funds:	or, also submit the	OSCIS AIIIdavit o	i Support I omi I	I-134 (download at <u>www.uscis.gov</u>) and suppor
☐ Myself (if you will supp ☐ Parent(s) (if your parent ☐ Sponsor (money availab ☐ Your Government (if your your married?	t(s) will support you	our school fees) \rightarrow ther than parents)	Fill out Section Fill out Section	B only.
□ NO □ YES, write down your s	spouse's complete	name		
re you including any dependence NO YES (Additional \$6,000)			_	children)
	ame DOB (m/d/	yr) City and Cou		Country of Citizenship Relationship Gen

Last Name	First	Middle

SOURCES OF FINANCIAL SUPPORT continued...

Note: Attach original bank verification.

SECTION A: MYSELF as a Principa	al Sponsor	
I,, cei	rtify that I will take full financial responsib	vility, including educational and living
(Name of the applicant)		
expenses, for myself while I am enrolled at Sa	acramento City College.	
Please describe the source:		
The total amount of \$ per	year is guaranteed for up to 4 years.	
Name of Bank:		
SECTION B: PARENTS as a Princip	oal Sponsor	
I,, certij	fy that I will take full financial responsibili	ty, including educational and living
(Name of parent(s)	and its baseline and the dest Community of	City Callana
expenses for		
The applicant is my(Relationship to applicant)	The total amount of \$	per year is guaranteed for <u>up to 4 years.</u>
Name of Bank:		
(Sponsor's Signature)	Date	
Street City	Country	Phone #
ĺ	country	
, and the second	·	
SECTION C: SPONSOR other than I	·	
SECTION C: SPONSOR other than I	Parents	
SECTION C: SPONSOR other than I	Parents fy that I will take full financial responsibili	ty, including educational and living
I,, certification (Name of applicant)	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento	ty, including educational and living City College (SCC).
I,, certif (Name of sponsor(s) expenses, for (Name of applicant) The applicant is my	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$	ty, including educational and living City College (SCC).
I,, certification (Name of applicant)	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$	ty, including educational and living City College (SCC).
I,, certif (Name of sponsor(s) expenses, for (Name of applicant) The applicant is my (Relationship to applicant)	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$	ty, including educational and living City College (SCC).
I,, certif (Name of sponsor(s) expenses, for (Name of applicant) The applicant is my (Relationship to applicant)	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$	ty, including educational and living City College (SCC).
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I,	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$	cional Student Center listing dates of
I,	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$ Date Country 1 your Government or Company government or a company to SCC Internate	cional Student Center listing dates of
I,	Parents fy that I will take full financial responsibility while he/she is enrolled at Sacramento The total amount of \$ Date Country n your Government or Company government or a company to SCC Internate E-mail	city College (SCC). per year is guaranteed for up to 4 years. Phone # ional Student Center listing dates of

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Last Name	First	Middle

STATEMENT OF EDUCATIONAL GOAL

Why are you pursuing a course of undergraduate study at Sacramento City College? Please discuss your education and career goals, and explain how you plan to achieve them. What has motivated you to move in this direction? You may include additional information concerning your preparation for the major you have specified. (Required: 150 words or more. Attach separate sheet if necessary)

FOR STUDENT UNDER 18 YEARS OF AGE

Your parent(s) or U.S. guardian must provide the official power of attorney document with the name and address of your legal guardian in the U.S.

STATEMENT AND SIGNATURE OF APPLICANT

I certify that the information disclosed and documents submitted to the best of my knowledge are true and correct. All documents or other materials for admission become the property of the College. I understand that any misrepresentation may be a cause for denial or dismissal of admission and if accepted, I agree to comply with all college and F-1 immigration regulations. I will complete at least 12 units each semester at Sacramento City College; *Withdrawal (W) or Excused Withdrawal (EW) does not count*, for which I register thereafter. I am aware that Sacramento City College's nonimmigrant admissions and continued attendance is contingent upon full evaluation of SCC International Admission Packet, payment of nonresident tuition fees at the time of registration and proof of health insurance coverage. I accept self-responsibility to visit www.uscis.gov and to follow F-1 regulations affecting my status. I authorize the International Student Center Staff to provide any information to my financial sponsor(s) or information needed for SCC. I authorize ISC to access my I-94 record (record of legal entry to the U.S. as a F-1 student) for purposes of maintaining my immigration status.

Signature of applicant	Date