FOOTHILL+ De Anza

Foothill and De Anza Colleges

International Student Application

Thank you for applying to Foothill and De Anza Colleges. Once all the required documents are received, you will be issued an official immigration document and sent an acceptance packet. An orientation is mandatory for all new students and specific dates will be included in your acceptance packet. During orientation you will be tested for English and math proficiency.

Important Dates	Fall Quarter	Winter Quarter	Spring Quarter
Classes begin	Late September	Early January	Early April
Application Deadline	June 30	October 31	January 31
Mandatory Orientation	Late August / Early September	Early December	Early March
Expenses			
The following estimated expenses are	for one academic year (three quarters n	ot including summer):	
	re paid quarterly and are subject to change) 12 units minimum/quarter; many students tai related expenses are not included.	ke additional units	\$6,876.00
Health Insurance - our insurar	Health Insurance - our insurance is required for all F-1 students		
Estimated Living Expenses			
Books and Supplies			1,500.00 12,000.00
Room and Board (homestay Spending Money	Room and Board (homestay for 10 months at \$1,200.00/month - information on page 3)		
Spending Woney	Total Estimated Co	4	2,500.00
Administra Charle Lind	Total Estimated Co)St ••••••	···· \$24,394.00
Admission Check List			
Students must be at least 16 years ol	_	ndary/high school by	the start of orientation
to be eligible for admission to Foothing All application documents MUST be of	<u> </u>	or copies are accepted.	Completed
1. Complete, sign, and return this application form with a copy of the photo page in your passport .			ort.
2. Submit proof of English proficiency . See page 4 for more information on minimum test scores.			ores.
	ncial Statement on page 3, which murt. Submit an original bank letter deletterhead that verifies the current be	ated within the last 6 r	nonths
or your sponsor's/ guardian's acco			
4. Submit original or certified Engli	ish translations of your secondary an	d post-secondary tran	scripts.
5. Attach a recent photograph to page 2.			
Download credit card authorization for	ard authorization for the 75.00 USD and authorization for the 75.00 USD and are appeared forms for the college to which you are appeared of the police. The property of th	cance documents outsice plying from the websites	de the U.S.
7. Submit a Dependent(s) Information	on Form for spouse and child (if they p	lan to reside with you in the	e U.S.)
8. Apply and mail documents to onl	y one college:		
Attn: International Program 12345 El Monte Road Los Altos Hills, CA 94022, Telephone 650-949-7293 • Email: foothillinternational www.foothill.edu/internation	2125 USA Cupe Fax 650-949-7080 Telep @fhda.edu Ema	za College International Student O Stevens Creek Blvd ertino CA 95014, USA chone 408-864-8826 il: dainternational@fho v.deanza.edu/internatio	Fax 408-864-5638 da.edu

International Student Application

Please Print Clearly - This information will appear on the SEVIS Form I-20 issued by the Department of Homeland Security.	Office Use Only Student ID:				
I am applying to attend (check only one box):					
☐ Foothill College ☐ De Anza College					
I plan to enroll for (fill in the year): □ Fall Quarter - September □ Spring Quarter - April □ Summer English - June/July □					
I plan to enter:					
Send my documents: ☐ to the address in my home country ☐ to the address ☐ to be picked up in the International Students Office ☐ to the Agent's address	in the U.S.				
If you currently hold a valid U.S. visa in your passport please indicate the type:					
□ B-2 □ F-1 □ J-1 □ Other U.S. visa:					
If you are currently an F-1 student transferring from another school/college in the U.S.: Name of school that issued your most recent SEVIS I-20: Your SEVIS number: □ Submit a copy of your current I-20, I-94 card, F-1 visa and passport, plus an official transcript. Personal Information MUST BE STUDENTS PERSONAL INFORMATION ONLY					
1,1001 02 01 02 01 10 11 01 (110	THE ORIGINATION OF LET				
Legal Name					
Legal Name	(Given/First)				
Legal Name					
Legal Name	(Given/First)				
Legal Name	(Given/First) □ Male □ Female				
Legal Name (As it appears on your passport) (Family/Sur/Last) Preferred Name (Optional) Applicant's Home Country Address (Number and Street)	(Given/First) ■ Male ■ Female (Postal Code)				
Legal Name (As it appears on your passport) (Family/Sur/Last) Preferred Name (Optional) Applicant's Home Country Address (Number and Street) (City) (Province) (Country) United States Address (Number and Street):	(Given/First) Male Female (Postal Code)				
Legal Name (As it appears on your passport) (Family/Sur/Last) Preferred Name (Optional) Applicant's Home Country Address (Number and Street) (City) (Province) (Country) United States Address (Number and Street):	(Given/First) Male Female (Postal Code)				
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Legal Name (As it appears on your passport) (Family/Sur/Last) Preferred Name (Optional) Applicant's Home Country Address (City) (Province) (Country) United States Address (Number and Street): (City) (State) (Zity) Home County Telephone (Country code and phone number)	(Given/First) Male Female (Postal Code) ip code) (Area code and phone number)				
Legal Name	(Given/First) Male Female (Postal Code) ip code) (Area code and phone number)				
Legal Name (As it appears on your passport) (Family/Sur/Last) Preferred Name (Optional) Applicant's Home Country Address (City) (Province) (Country) United States Address (Number and Street): (City) (State) (Zity) Home Country Telephone (Country code and phone number) Student's Email Address (required) Country of Citizenship Country of Birth What is your racial/ethnic background? Check the options at: www. Are you under 18 years of age? No (Students under 18 must complete a page of the country and surface of the complete a page of the	(Given/First) Male Female (Postal Code) ip code) (Area code and phone number)				
Legal Name	(Given/First) Male Female (Postal Code) (Area code and phone number) (Area code and phone number) v.foothill.edu/international/im_background.php parental authorization form and submit it with al.fhda.edu/ParentAuthorization.pdf)				
Legal Name (As it appears on your passport) Preferred Name (Optional) Applicant's Home Country Address (City) (Province) (Country) United States Address (Number and Street): (City) (State) (Zittle) Home Country Telephone (Country code and phone number) Student's Email Address (required) Country of Birth What is your racial/ethnic background? Check the options at: www. Are you under 18 years of age?	(Given/First) Male Female (Postal Code) (Area code and phone number) (Area code and phone number) v.foothill.edu/international/im_background.php parental authorization form and submit it with al.fhda.edu/ParentAuthorization.pdf)				

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Housing

Foothill and De Anza Colleges do not provide dormitories. For information on homestays (living with a host family), contact International Student Placements (ISP) at info@isphomestays.com or jean@isphomestays.com.

Confidential Financial Statement		
Applicant's Legal Name	(Family/Sur/Last Name)	(Given/First Name)
I plan to obtain money for expenses while students of Personal Savings (Please sign below to compare the Personal Savings (Name)	ertify)	
☐ Parent or Family Savings (Name)		
☐ U.S. Sponsor (Name)		
•		
Other source (If a sponsor, list name and r		
Additional information	94.00 U.S. dollars for 6	each year of my study exclusive of travel expenses
Sponsor's or Guardian's Name (printed)	Signa	ature of Sponsor
Address of Sponsor or Guardian (Number and S	Street) Date	
(City) (State/Province	Relat	ionship to Applicant
(Country) (Postal Code)		
	verifying that you or you ollars available for the first which will be dated within the	cket: r sponsor are in "good standing" at the bank st year of your education expenses. se last 6 months.
Certifying Statement		
	n Foothill and De Anza	rue and correct. I understand that the presentation Colleges' admission and registration procedures
I agree to obtain and maintain health insurance is Foothill and De Anza Colleges insurance is		y Foothill-De Anza Community College District.
I understand that if I am applying through an issues to the agent.	agent, the colleges may	y release information about my application or other
Name (print as it appears on passport)	Signature	Date

Misrepresentation of information will be cause for dismissal.

International Student Application

Educa	tional History			
Secondary S Indicate the second		u have graduated/will graduate from:		
Name of Scho Example: XYZ Secon		Location - City and Country <i>Tokyo, Japan</i>	Attendance Dates Month/Year	
Actual or expect	ted graduation date:		-	
College/Uni Indicate any pos		ies that you have previously attended, gradua	ated from or are currently attending:	
Name of Scho Example: XYZ Unive		Location - City and Country <i>Tokyo, Japan</i>	Attendance Dates Month/Year	
Actual or expect	ted graduation date, and degree re	eceived (if any):		
Englis	sh Proficiency			
(Foothill ETS co	ode is 4315, De Anza ETS code is -175+ on advanced or pro	4286); IELTS - 6.0; iTEP Academic ficiency exam. STEP EIKEN (Japa) st 2 years	d for direct admission: TOEFL – 61 iBT c – Level 4; Pearson PTE Academic – 45; m) – 2A. Score	
	ns to Satisfy English Profi			
_	d a Partner English Langua	-		
			ee our websites for a list of partner schools).	
_		language school. Please send me a Con-		
I	Name of School	Location - City and Country	Expected start date	
	Yes, I have previously attende	ed/I am currently attending an English la	anguage school	
I	Name of School	Location - City and Country	Attendance dates	
		hill or De Anza: students with a TOE any complete these courses for guarantee	FL score of 52-60 iBT; IELTS 5.0-5.9; iTEP ed fall enrollment.	
	I plan to take Summer Inter	nsive ESL courses (check application	n deadlines)	
Sharir	ng Information About	this Application		
Please note: For ye	our protection, information about you	ar application status CANNOT be shared with any receive this information, indicate their name here		
Person's Name (Fa	amily Name and Given/First Name)	Email	Telephone	
Agent	t Information			
		agency, complete the following (Please print clean	-	
Contact Person	n's Name		Telephone	
Email			Fax	
Address (Numb	per and Street)			
(01)	(D	(0)	(D + 10 1)	