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Coastline College
11460 Warner Avenue
Fountain Valley, CA 92708
www.coastline.edu

INTERNATIONAL STUDENT APPLICATION

CCCD Student ID# _____

Please read the accompanying instructions carefully and answer all questions. **Please type or print.**

Semester/Year for which you are seeking admissions? Fall _____ Spring _____

General Information

Name: _____
Last (Family Name) First (Given Name) Middle Name

Date of Birth: _____ / _____ / _____ **Age:** _____ **Sex:** Male Female Other
Month / Day / Year

Birth Country: _____ **Citizen of:** _____ **City of Birth:** _____

Primary Language: _____

Contact Information

Address in Home Country: _____
Street Address Phone Number

City State Country Postal Code

Local/Mailing Address: _____
Number Street Phone Number

City State Country Postal Code

Student Email: _____

Contact Person: _____ **Relationship:** _____ **Phone Number:** _____

Contact Email: _____

Where should the I-20 and acceptance material be mailed to? Home Address Local/Mailing Address

Visa Information

What type of Visa do you currently have:

Tourist (B-1/B-2) Student Visa (F-1) Other: _____ **Visa Exp. Date** _____
 No visa (applying from outside of U.S.)

If you are in the U.S., will you be travelling outside the U.S. before beginning your studies at CC? Yes No

Are you a transfer student from another school in the U.S.? Yes No

If yes, please list the name of the school: _____

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Education

Proposed major at Coastline College? _____

Do you plan on studying ESL prior to your major? Yes No

Have you previously applied to Coastline College? Yes No If yes, semester/year _____

Highest Level of Education Completed: _____ Date of Graduation: _____

List the High School, College, University, or Language Program that you are currently attending or last attended:

Name	Country	Dates Attended	Degree Earned
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Important: Arrange for all institutions listed to send official transcripts to the International Student offices at Coastline College. No action can be taken on an application until **ALL** necessary transcripts have been received.

Dependent Information

Do you have a dependent spouse or child who will accompany you? Yes No

List the name(s) of your dependent(s) for F-2 I-20:

Name	Relationship	Date of Birth	Country of Birth	Country of Citizenship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Application Fee

There is a \$55.00 (U.S. Currency) non-refundable processing fee for the application. Please select your payment below:

Check/Money Order – Make checks payable to “Coastline College”

Credit Card

Visa MasterCard Discover

Credit Card number _____ Expiration Date _____ Security Code _____

Authorized Signature _____ Date _____

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.

Applicant's Signature _____ Date _____

Please mail or email the complete application and supporting documents to:

Coastline College

Attention: International Student Program

11460 Warner Avenue

Fountain Valley, California 92708

international@coastline.edu