



Richland College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

<b>Semester you plan to enroll:</b>	
Fall (Aug. – Dec.) _____	(yyyy)
Spring (Jan. - May) _____	(yyyy)
Summer (Jun. – Jul) _____	(yyyy)

**APPLICATION FOR INTERNATIONAL STUDENT ADMISSION**

(PLEASE PRINT)

1. \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_\_ Female\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Email: \_\_\_\_\_

**2. U.S. Address (Required if currently in the United States)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**3. Home Country Address (Required)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**4. Major/Field of Study (Required) \_\_\_\_\_**

**5. Dependent Information (Please Print).** Dependent is defined as spouse or child of F-1 student.

Family Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student

**6. Friend or relative who has permission to discuss your file or to pick up your I-20:**

Name: \_\_\_\_\_

Relationship (i.e. uncle, friend, etc): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Address if I-20 is to be mailed:** (DCCCD does not send documents by courier service)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**8. Family member or emergency contact in home country:**

Name: \_\_\_\_\_

Relationship (e.g. uncle, friend): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Country telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Does this person speak English? \_\_\_\_ Yes \_\_\_\_ No If no, what language? \_\_\_\_\_

**9. Are you currently in the U.S.?** \_\_\_\_ Yes \_\_\_\_ No

If yes, state your current immigration status (F1, J1, etc) \_\_\_\_\_, and enclose copies of your immigration documents (I-94, I-20, I-797, etc).

**IMPORTANT! Please read before signing.**

**Health Insurance** is strongly recommended. Upon arrival, you may request a brochure with insurance policy information from the International Office.

**Permission for Emergency Treatment:** In the event of an emergency illness, accident, or injury I hereby grant permission for the DCCCD staff to give first aid and/or to call an ambulance to have me transported to a hospital at my expense.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_