

International Student Application Form



**Danville
Area
Community
College**

Instructions for submitting your application

1. Please read the entire form before answering the questions
2. Please type or print clearly
3. Answer EVERY question. Write N/A or unknown (where appropriate)
4. Original documents needed: bank letter or bank signature on form, academic transcripts, TOEFL score.
5. Send the completed application and required documents to:

Dawn Nasser
Danville Area Community College
2000 E. Main Street, LH 115C
Danville, IL 61832

Personal Information

Name: _____
Family Name, First Name Middle Name

Birthdate: ____/____/____ Country of Birth: _____ Country of Nationality: _____
Month/Day/Year

Gender: Male _____ Female _____ Are you married? _____

Address for Reply:

Home Address (if different)

Email: _____

Phone: _____

Phone 2: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact Information: _____

Education Plans

Semester you wish to begin? Year _____ Fall (August) _____ Spring (January) _____ Summer (May) _____

Curriculum you would like to study? _____

Do you have plans to transfer (complete a Bachelor's degree)? _____

Education Information

Primary School: _____
Dates Attended: ____/____ to ____/____

Secondary School: _____
Dates Attended: ____/____ to ____/____

University: _____
Dates Attended: ____/____ to ____/____ Curriculum studied: _____

MUST include official (original) academic transcripts**Examinations**

College Entrance Examination Board (SAT and ACT).

If you have taken any of these tests, please specify which tests and dates below:

Test: _____ Date: _____

Test: _____ Date: _____

Languages

What language(s) do you speak at home? _____

How many years have you studied English? _____

When did you or when do you plan to take the Test of English as a Foreign Language (TOEFL)? _____

Test score on TOEFL (if taken)? _____ Minimum: 500 on paper-based, 173 on computer based or 61 on internet based

Have you studied in the United States? _____ If yes, where and when? _____

Personal Interests

Do you plan on playing organized sports while studying? _____ If so, what? _____

Please type or print on a blank paper your interests and activities which are not associated with your academic work, but which you consider to be important and significant in your life. Mention those interests which you will probably continue to pursue while studying in the United States.

If you have left school and are employed, please describe your work experience.

SIGNATURE

Please sign indicating that all of the above statements are, to the best of your knowledge, true.

Signature: _____ Date: _____

FINANCIAL CERTIFICATE

1. You are required to certify that you will have available the sum of **\$ 12,000** (USD) per year for your own expenses for your first academic year at Danville Area Community College, exclusive of travel expenses.
2. You should also indicate how you will meet your expenses for subsequent years of study if you expect your program to require more than one year.
3. Students who plan to stay in the United States through one summer will need an additional \$1,000 (USD) for that period.
4. Student athletes will need an additional \$1000 (USD) per year for insurance they must purchase independently.
5. In computing expenses, you should remember that students holding visas will not be authorized to work off-campus for the first year. Students are eligible to find on-campus employment (maximum of 20 hours per week) during that first year.

PLEASE NOTE: A FORM I-20 (for issuance of a visa) cannot be issued to you until you have been admitted to Danville Area Community College and have completed this form to our satisfaction and returned it to this office. **You must fill out both 1st year and 2nd year support information!**

SOURCES OF SUPPORT

PERSONAL

1st Year Support _____ US\$ 2nd Year Support _____ US\$

Bank Name _____

Note: A bank official's signature is required on the certification below if the student is supported in part or whole by personal savings.

PARENTS AND/OR SPONSORS

1st Year Support _____ US\$ 2nd Year Support _____ US\$

Print name of each person _____

NOTE: Signature of parent or sponsor is required (at bottom of page 4)

YOUR GOVERNMENT

1st Year Support _____ US\$ 2nd Year Support _____ US\$

Print name of agency _____

NOTE: Enclose with this form a signed copy of your letter of award.

OTHER

Please specify _____

NOTE: Please enclose a signed affidavit from authorized person to certify accuracy.

**Enter the total amount of money you expect to have when you arrive at Danville Area Community College.

_____ US\$

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Bank Official's Signature _____ Date: _____

Bank Official's Name (printed) _____

Bank Name _____

Address _____

This is to certify that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.

Sponsor's Signature _____ Date: _____

Sponsor's Name (printed) _____

Relationship of Sponsor to Applicant _____

Address _____

I, _____ certify that the total amount of money that I have available for my first academic year of study at Danville Area Community College is _____ US\$. Further, I certify that the above information provided is correct and complete.

I also realize that as an international student I must keep a full-time status and must take at least 2 courses on the campus of Danville Area Community College; I do not have the option to take only online classes.

Applicant's Signature _____ Date: _____

The following information will not be used as part of your admissions process; it is only used for reporting purposes for Danville Area Community College. Again, this information WILL NOT affect your admission.

7.Ethnic/Race Classification:

- AN American Indian/Native American
 AS Asian
 BL Black/African American
 HP Hawaiian/Pacific Islander
 HIS Hispanic/Latino
 WH White
 Other

11.Admission Status:

- FR First Time College Student
 TR Transferring from another college
 RE Returning student to DACC

If you are a transfer or returning student and have a **social security** number, please list _____ - _____ - _____

12.Educational Goal:

- 1-Complete one or more classes
 2-Complete a certificate (30+ hours)
 3-Complete Certificate (1-29 hours)
 4-Complete an Associate Degree

18.Highest Degree (previously) Earned:

- N-None
 S-Some College/No Degree
 B-Bachelor’s Degree
 O-Other
 H-High School
 C-Certificate
 M-Master’s Degree
 U-Unknown
 G-GED Certificate
 A-Associates Degree
 D-Doctoral Degree

20.Attendance Goals:

- 1-Transfer to 4yr College
 2-Improve skills for job
 3-Prepare for job in the future
 4-Prepare for GED
 5-For personal interest
 6-Unknown

21.What is the highest degree your parents/guardians completed?

| | <u>Mother</u> | <u>Father</u> | or | <u>Legal Guardian</u> |
|----------------------------------|--------------------------|--------------------------|----|--------------------------|
| None Completed..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| GED..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| High School..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Some College..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Associates Degree..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Bachelor (or higher) degree..... | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

***Upon arrival at Danville Area Community College, you will have to provide a copy of your current passport, visa and I-94.**