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
*	June 30	October 31	
Application Deadline Mandatory Orientation	Late August / Early September	Early December	January 31 Early March
Classes begin	Late September	Early January	Early April
<u> </u>	<u>^</u>		• •
Expenses			
The following estimated expenses are for	or one academic year (three quarters no	ot including summer):	
	paid quarterly and are subject to change) Punits minimum/quarter; many students tak red expenses are not included.	e additional units at	\$6,876.00
Health Insurance - our insurance	e is required for all F-1 students (\$506 per	r quarter)	1,518.00
Estimated Living Expenses			
Books and Supplies			1,500.00
	or 10 months at \$1,200.00/month - informa	tion on page 3)	12,000.00
Spending Money			2,500.00
	Total Estimated Co	st ••••••	•••• \$24,394.00
Admission Check List			
Students must be at least 16 years old to be eligible for admission to Foothill		idary/high school by t	he start of orientation
All application documents MUST be or	iginal or certified; no e-mail, scans	or copies are accepted.	Completed
1. Complete, sign, and return this app	lication form with a copy of the pho	oto page in your passpo	ort. 🗖
2. Submit proof of English proficient	cy. See page 4 for more information	n on minimum test scor	es. 🗖
3. Complete the Confidential Financ	ial Statement on page 3, which mu	ist be signed by the per-	son 🗖
guaranteeing your financial support	8		
with an official signature on bank lo		ealance in USD of your	account
or your sponsor's/ guardian's accou		d	
4. Submit original or certified Englis	• •	a post-secondary trans	-
5. Attach a recent photograph to page		1 1.1	
6. Submit a non-refundable credit card 75.00 USD express mailing/courier	fee to send your acceptance docum	nents outside the U.S.	
Download credit card authorization for www.foothill.edu/international/ad app			
7. Submit a Dependent(s) Information			(U.S.)
	_	ian to restae with you in the	-
8. Apply and mail documents to only	-	~ ~	
Foothill College Attr: International Student D	De Anz	8	Drograma
Attn: International Student P 12345 El Monte Road	e	International Student I 0 Stevens Creek Blvd.	Tograms
Los Altos Hills, CA 94022, U		ertino, CA 95014, USA	
Telephone 650-949-7293 • F	-	phone 408-864-8826 • I	
Email: foothillinternational@		il: dainternational@fhd	
www.foothill.edu/internation	nal www	.deanza.edu/internatior	nal

International Student Application

Please Print Clearly - This information will appear on the SEVIS Form I-20	Office Use Only	
issued by the Department of Homeland Security.	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): Image: Fall Quarter - September Image: Winter Quarter - January Image: Summer English - June/July		
I plan to enter: I from the U.S. I from outside the U.S.		
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	ss 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 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 pase Personal Information MUST BE STUDENTS PERSONA	 sport, plus an official transcript.	
	L INFORMATION ONLY	
Legal Name (As it appears on your passport) (Family/Sur/Last)	(Given/First)	
Preferred Name (Optional)		
Applicant's Home Country Address		
(Number and Stree (City) (Province) (Country)		
United States Address (Number and Street):		
(City)(State)		
Home Country Telephone U. S. Telephone		
Student's Email Address (required)		
Country of Citizenship Country of Birth _		
What is your racial/ethnic background? Check the options at: w	www.foothill.edu/international/im_background.php	
	e a parental authorization form and submit it with ional.fhda.edu/ParentAuthorization.pdf)	
Date of Birth (Month) (Day) (Year)	_	
Proposed major or field of study		
Two-year Associate's Degree (A.A. or A.S.) Transfer Program	U.S. Experience Courses (please see our website)	

International Student Application

Housing	
	s. For information on homestays (living with a host family), contact stays.com or jean@isphomestays.com.
Confidential Financial Statement	
Applicant's Legal Name (As it appears on your passport) (Family/Sur	r/Last Name) (Given/First Name)
I plan to obtain money for expenses while studying in t Personal Savings (<i>Please sign below to certify</i>) Parent or Family Savings (<i>Name</i>)	
U.S. Sponsor (Name)	
Government Scholarship	
• Other source (If a sponsor, list name and relationship)	
I certify that I will have a minimum of \$24,394.00 U.S. Additional information	. dollars for each year of my study exclusive of travel expenses
Sponsor's or Guardian's Name (printed)	Signature of Sponsor
Address of Sponsor or Guardian (Number and Street)	Date
(City) (State/Province)	Relationship to Applicant
(Country) (Postal Code)	
You must include the following document in your a • An original letter from the bank verifying the	at you or your sponsor are in "good standing" at the bank vailable for the first year of your education expenses.

2. Financial support cannot be from any source of stocks, bonds, or retirement accounts.

Certifying Statement

I hereby certify that all information provided on this application is true and correct. I understand that the presentation of false information or failure to comply with Foothill and De Anza Colleges' admission and registration procedures may result in my dismissal without a refund of any fees paid.

I agree to obtain and maintain health insurance coverage provided by Foothill-De Anza Community College District. **Foothill and De Anza Colleges insurance is mandatory.**

I understand that if I am applying through an agent, the colleges may release information about my application or other issues to the agent.

Name (print as it appears on passport)	Signature	Date
Misrepresentation	of information will be cause for dismissal.	

International Student Application

Educ	ational Histor	ry		
Secondary Indicate the set		school that you have grad	duated/will graduate from:	
Name of Sch Example: XYZ Sec		Locatio Tokyo, Japa	n - City and Country	Attendance Dates Month/Year
Actual or expe	ected graduation date	:		
College/Un Indicate any po		es or universities that you	have previously attended, g	graduated from or are currently attending:
Name of Sch Example: XYZ Uni		Location Tokyo, Japa	n - City and Country	Attendance Dates Month/Year
Actual or expe	ected graduation date	, and degree received (if a	any):	
Examinations n Name of the ex Other Opti • Atter Com	nust have been taken am ons to Satisfy En nd a Partner Engl plete a specified le Yes, I am plannin	n within the last 2 years. Date examplish Proficiency R lish Language Schoo vel at one of our partner ng to attend a language	Requirement: l er English language schoo school. Please send me a	Score Score ols (see our websites for a list of partner schools). Conditional Letter of Admission.
-	Name of School		ation - City and Country	Expected start date
	Name of School	5	rrently attending an Engliation - City and Country	Attendance dates
2.9 -	3.9; Duolingo - 45 I plan to take S	5 DET; GTEC - 1000, n	nay complete these course L courses (check applics	TOEFL score of 52-60 iBT; IELTS 5.0-5.9; iTEP es for guaranteed fall enrollment. cation deadlines)
Please note: For	your protection, inform	nation about your application	*	th anyone without your approval.
	Family Name and Give		Email	Telephone
Agei	nt Informatio	n		
	•	acation advising agency, com	plete the following (Please print	tt clearly):
Contact Pers	on's Name		Telephone	
Email			Fax	
Address (Nun	nber and Street)			
(City)		(Province)	(Country)	(Postal Code)