

International (F1) Application for Admission

ForsythTech
COMMUNITY COLLEGE

Return the completed application to:
Admissions Office
Forsyth Technical Community College
2100 Silas Creek Parkway
Winston-Salem, N.C. 27103
(336) 734-7253 • Fax (336) 734-7291

1. NAME Last _____ First _____ Middle/Former _____

2. PERMANENT (Home Country) MAILING ADDRESS _____

_____ COUNTRY _____

3. HOME PHONE NUMBER (_____) _____ WORK/CELL PHONE NUMBER (_____) _____

4. BIRTH DATE - Month _____ Day _____ Year _____

5. RACE/ETHNICITY - This information is for statistical purposes only.

Please check (✓). White (1) Black (2)
 American Indian (3) Hispanic (4)
 Asian (5) Other, Unknown, Multi (6)

6. GENDER Male Female

7. E-MAIL ADDRESS

_____ @ _____

8. SEMESTER AND YEAR YOU PLAN TO ENTER - Please check (✓) only one.

Fall 200 _____ Spring 200 _____ Summer 200 _____

9. IMPORTANT – This section MUST BE COMPLETED for your application to be processed.

PROGRAM OF STUDY _____

10. PLEASE INDICATE WHICH LEVEL

Associate Degree Diploma Certificate Advanced Health Program

11. ACADEMIC GOALS - (GR)

12. CITIZENSHIP AND IMMIGRATION INFORMATION

County of Citizenship _____ Country of Birth _____

For applicants already in the U.S.A.:

Visa Type (F1, F2, etc.): _____ I-94 Expiration Date _____

If you already hold an F-1 Visa, what school issued the I-20? _____

Are you currently attending this school? Yes No I-20 Expiration Date _____

Do you plan to have dependents accompany you to the U.S.? Yes No

13. EMPLOYMENT STATUS - (UN)

Application is continued on the back.

14. EDUCATION - Please check (✓) the highest grade completed.

9th 10th 11th 12th GED 13 Adult High School (Through a Community College)
 14 College Vocational Diploma 15 Associate Degree 16 Bachelor's Degree 17 Master's Degree or Higher
High School Name _____ Graduation Month/Year _____ / _____
City _____ State _____

If GED/AHS graduate, where was it earned? _____ State _____ Completion Month/Year _____ / _____
If GED/AHS graduate, last school attended prior to earning GED/AHS _____ State _____ Last Year Attended _____

Name of colleges previously attended – *Begin with most recent.*

1. Name _____ State _____ Dates Attended _____ Degree Earned _____ Date Earned _____
2. Name _____ State _____ Dates Attended _____ Degree Earned _____ Date Earned _____
3. Name _____ State _____ Dates Attended _____ Degree Earned _____ Date Earned _____

15. LOCAL U.S.A. CONTACT INFORMATION

Name _____ Relationship _____
Address _____
Home Phone Number (_____) _____ Work Phone Number (_____) _____

16. SUPPORTING DOCUMENTATION - Supporting documentation **is required** from all international applicants **prior** to admissions to Forsyth Tech.

<input type="checkbox"/> \$40 Application Fee	<input type="checkbox"/> Completed Health Form, signed by the applicant's physician
<input type="checkbox"/> Official Evaluated Transcripts from all secondary and post secondary institutions attended	<input type="checkbox"/> Signed F-1 Student Responsibility Agreement Form
<input type="checkbox"/> Completed Affidavit of Support (I-184) Forms from each sponsor, and supporting financial documents	<input type="checkbox"/> Transfer Clearance Form (if applicable)
	<input type="checkbox"/> Proof of English Proficiency

17. I certify that these responses are true to the best of my knowledge and agree to reasonable inquiry where needed. I am aware that falsification here may result in disciplinary action including denial of admission or dismissal after admission.
Signature _____ Date _____

For a complete International Admissions packet, or for more information regarding the international admissions process, please visit www.forsythtech.edu/admissions/international-students or contact the Admissions Office at (336) 734-7253.