

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.*

6. GENDER _____ Male _____ Female

Please check (P). White (1)

Black (2)

American Indian (3) Hispanic (4)

Asian (5)

Other, Unknown, Multi (6)

7. E-MAIL ADDRESS _____

@ _____

8. SEMESTER AND YEAR YOU PLAN TO ENTER - *Please check only one.*

Fall 202 _____ Spring 202 _____ Summer 202 _____

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)

14. EDUCATION - Please check (P) 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"/> Official Evaluated Transcripts from all secondary and post secondary institutions attended | <input type="checkbox"/> Signed F-1 Student Responsibility Agreement Form Transfer |
| <input type="checkbox"/> Completed Affidavit of Support (I-184) Forms from each sponsor, and supporting financial documents | <input type="checkbox"/> 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/apply/admission-requirements/international-students. Please submit the completed application and additional documents to the Admissions & Records at internationaladmissions@forsythtech.edu.