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
Classes begin	Late September	Early January	Early April
Application Deadline	June 30	October 31	January 31
Mandatory Orientation	Late August / Early September	Early December	Early March
Expenses			
The following estimated expenses are for	or one academic year (three quarters n	not including summer):	
	paid quarterly and are subject to change) units minimum/quarter; many students tai lated expenses are not included.	ke additional units	\$6,732.00
Health Insurance - our insuranc	e is required for all F-1 students		1,452.00
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 •••••	\$24,184.00
Admission Check List			
Students must be at least 16 years old	8	ndary/high school by	the start of orientation
to be eligible for admission to Foothill	8		Completed
All application documents MUST be or	•		I
1. Complete, sign, and return this application form with a copy of the photo page in your passport.			
2. Submit proof of English proficiency . See page 4 for more information on minimum test scores.			
 Complete the Confidential Finance guaranteeing your financial support with an official signature on bank le or your sponsor's/ guardian's account 	. Submit an original bank letter d etterhead that verifies the current b	ated within the last 6	nonths
4. Submit original or certified Englis	h translations of your secondary an	d post-secondary tran	scripts.
5. Attach a recent photograph to page	2.		
6. Submit a non-refundable credit card	authorization for the 75.00 USD a	application fee and a n	on-
refundable 75.00 USD express mail Download credit card authorization for www.foothill.edu/international/ad_app	ms for the college to which you are ap	plying from the website	
7. Submit a Dependent(s) Information	Form for spouse and child (if they p	lan to reside with you in th	e U.S.)
8. Apply and mail documents to only	one college:		
Foothill College	🗖 De Anz	za College	
Attn: International Programs		- International Student	-
12345 El Monte Road		0 Stevens Creek Blvd	
Los Altos Hills, CA 94022, U		ertino CA 95014, USA	
Telephone 650-949-7293 • F		phone 408-864-8826 •	
Email: foothillinternational@ www.foothill.edu/internation		il: dainternational@fh v.deanza.edu/internatio	

International Student Application

Please Print Clearly - This information will appear on the SEVIS Form I-20 issued by the Department of Homeland Security.	Office Use Only 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	Photo		
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 in to be picked up in the International Students Office □ to the Agent's address	he 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:			
Your SEVIS number: Submit a copy of your current I-20, I-94 card, F-1 visa and passport, Personal Information MUST BE STUDENTS PERSONAL INF			
Legal Name			
(As it appears on your passport) (Family/Sur/Last)	(Given/First)		
Preferred Name (Optional)	□ Male □ Female		
Applicant's Home Country Address(Number and Street)			
(City) (Province) (Country)	(Postal Code)		
United States Address (Number and Street):			
(City)(State)(Zip co	ode)		
Home Counry Telephone U. S. Telephone: (Country code and phone number) Student's Email Address (required)			
Country of Citizenship Country of Birth			
What is your racial/ethnic background? Check the options at: www.foo			
Are you under 18 years of age?INO(Students under 18 must complete a parental authorization form and submit it with the application. See www.international.fhda.edu/ParentAuthorization.pdf)			
Date of Birth (Month) (Day) (Year) Proposed major or field of study (If no major is indicated, Liberal Arts and Sciences/L			
	iberal Studies will appear on I-20)		

International Student Application

Hou	sina			
	9	For information	on homestays (living with a host family),	
	lent Placements (ISP) at info@isp			
		5		
Confidential Fina	ncial Statement			
Applicant's Legal Name				_
(As it appears on your passpo	rt) (Family/Sur/	Last Name)	(Given/First Name)	
I plan to obtain money for	or expenses while studying in th	e U. S. from:		
Personal Saving	s (Please sign below to certify)			
Parent or Family	V Savings (Name)			
	ame)			
	nolarship			
• Other source (If a	<i>a sponsor, list name and relationship)</i>			
	· · · -		year of my study exclusive of travel expenses	
Additional information				
Sponsor's or Guardian's	Name (<i>printed</i>)	Signature	e of Sponsor	—
Sponsor s or Guardian s		Signature	, et sponter	
Address of Sponsor or C	Guardian (Number and Street)	Date		—
I. I				
(City)	(State/Province)	Relations	ship to Applicant	_
			1 11	
(Country)	(Postal Code)	—		
	Importa	nt Information	n	
	the following document in your a	pplication packet:		
An origin	al letter from the bank verifying the	at you or your spo	onsor are in "good standing" at the bank	

and have at least **\$24,184 U.S. dollars** available for the first year of your education expenses.

Note:

- 1. The verifying letter from the bank must be dated within the last 6 months.
- 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 History		
Secondary Indicate the sec	School condary school/high school that	you have graduated/will graduate from:	
		Location - City and Country <i>Tokyo, Japan</i>	Attendance Dates Month/Year
Actual or expe	cted graduation date:		
College/Ur Indicate any po		sities that you have previously attended, gradu	ated from or are currently attending:
Name of Sch Example: XYZ Univ		Location - City and Country <i>Tokyo, Japan</i>	Attendance Dates Month/Year
-		e received (if any):	
Engl	ish Proficiency		
(Foothill ETS of Cambridge Examinations	code is 4315, De Anza ETS code -175+ on advanced or punust have been taken within the	is 4286); IELTS - 6.0; iTEP Academ roficiency exam. STEP EIKEN (Jap	
Atter Comp		lage School	see our websites for a list of partner schools). nditional Letter of Admission. Expected start date
	Yes, I have previously atten	ded/I am currently attending an English I	anguage school
	Name of School	Location - City and Country	Attendance dates
2.9 -	3.9; STEP EIKEN (Japan) 2,	othill or De Anza: students with a TOF may complete these courses for guarante tensive ESL courses (check application	
Shari	ng Information Abou	it this Application	
		your application status CANNOT be shared with an to receive this information, indicate their name her	
Person's Name (Family Name and Given/First Name	e) Email	Telephone
Ager	nt Information		
	•	ng agency, complete the following (<i>Please print clea</i>	
Contact Perso	on's Name	Telephone	
Email		Fax	
Address (Num	iber and Street)		
(City)	(Province)	(Country)	(Postal Code)