F-1 Intention to Apply

Submit this document to:
International Student Office • Collin College
2800 E. Spring Creek Pkwy., Plano, TX 75074
Phone: 972-516-5012 • http://www.collin.edu/studentservices/international.html • iso@collin.edu

ALL STUDENTS MUST ANSWERS ALL QUESTIONS AND SUBMIT WITH ADMISSION REQUIREMENTS

1. **Passport Name: _____, _____**
   (Last Name) (Given Name)

2. **City of Birth: _____** 3. **Country of Birth: _____**

4. **Country of Citizenship: _____** 5. **Date of Birth (MM/DD/YYYY): _____/_____/____**

6. **Will any F-2 dependents (spouse or children) come with you to the U.S.? ____Yes ____No**

   A. If yes, how many dependents will you bring? Spouse ____ Children ____ *If yes, please complete the following and attach copies of passports. Add additional pages for additional dependents. Additional proof of funds will be required.*

Relationship	Gender	Family Name	Given Name	Date of birth	Country of Birth	Country of

7. **What is your funding source (**provider of the bank statement or proof of funds)?

_____Personal Savings _____Your Government _____Sponsor

Intended Starting Semester: _____ Fall 20_____ ____Spring 20____ ____Summer 20____

9. **Intended Major: _____**

10. **Are you a current F-1 Student at another school in the U.S.? ☐ Yes ____No**

    A. If yes, where are you currently studying? _____

    B. If yes, are you currently on OPT? ☐ Yes *(Please attach EAD card)* **____No**

11. **Foreign Address (No P.O. Boxes Allowed)**

_____

Street Name Apt (If Applicable) City Province Zip Code Country

I understand the information above and certify that it is true and correct. I certify that I, the applicant, have completed this form and the application myself. I understand that I am required to submit all required documentation as listed on the International Admissions webpage at Collin.edu by the deadline and meet all requirements to be eligible for admission. _____ _____

Student Signature *Date*