

PBCC Student ID #: _____

Name Mr. Mrs. Ms. _____
Last First Middle/Maiden Suffix

Today's Date: _____ Email Address: _____@_____

1. Purpose

- a. Initial I-20
- b. Change of Status
- c. Continued Attendance
- d. Transfer
- e. Program Extension
- f. OPT/CPT
- g. Dependent I-20
- h. Lost I-20
- i. Reinstatement
- j. Other _____
- k. **What visa/status do you presently hold?** F1 F2 B1/B2 M1 Other: _____
- l. **What visa are you applying for?** F1 M1 Other: _____
- m. **Will you be applying for the student visa in your country?** Yes No
- n. **Will you be applying to change your visa status in the U.S.?** Yes No

2. Name (as it appears on Passport) Please Print.

Family or Last Name	First Name	Middle Name	Suffix

3. Other Information

Date of Birth (MM/DD/YYYY)	Gender	Country of Birth	Country of Citizenship
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

4. Current or Intended Educational Program at PBCC

<input type="checkbox"/> Associate of Arts (AA) <input type="checkbox"/> Associate in Science (AS) <input type="checkbox"/> Bachelor of Applied Science (BAS)
Major:

5. Immigration Transfer Information (Required if transferring from another educational institution in United States)

School Transferring From:

6. **Immigration Documentation** (Provide readable copies of following documents if you are/have been in the United States)

<input type="checkbox"/> Passport #:	<input type="checkbox"/> Copy of your Passport (Visa and bio pages)
<input type="checkbox"/> Date of Expiration of Passport:	<input type="checkbox"/> I-94 #:
<input type="checkbox"/> Copy of your I-94 (front and back)	<input type="checkbox"/> Copies of all previous I-20's

7. **Foreign Address: Required** (Address in Home Country)

Street Address:	
City:	Province/Territory:
Postal Code:	Country:

8. **Local Address: Required** (No P.O. Box address)

Street Address:	
City:	State:
ZIP Code:	Country:
Telephone Number:	

9. **Employment Information** (Only if obtaining an I-20 for CPT or OPT)

Employment Type: OPT CPT On-Campus Economic Hardship

Prospective Employer Information

Name of Employer:	
Address of Employer:	
City:	State:
Zip Code:	Duration of Employment: From: _____ to _____

10. **Financial Information** (for New Students/Change in level/Program Extension/Adding Dependent)

If submitting Bank Statement, statement must be in English and must indicate a US Dollar equivalent. Document date cannot be older than 6 months before start of classes for the applied term. You must submit evidence of financial support in the amount of **\$21,500.00 or \$49,000.00 for student applying for the Aeronautical Science program.**

11. **Dependent Information** (Financial Requirement for each Dependent is US \$ 4,500)

Please provide a copy of the passport bio/visa pages for each dependent

	Dependent 1	Dependent 2
Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
Family Name:		
First Name:		
Middle Name:		
Suffix (if applicable):		
Date of Birth (mm/dd/yyyy):		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Birth:		
Country of Citizenship:		
Foreign Street Address:		
City:		
Province/Territory:		
Postal Code:		
Country:		

I declare the information above is accurate and true to the best of my knowledge. I understand that any omission or falsification may result in my rejection or dismissal from the College.

Signature: _____

Date: _____

International Admissions
Palm Beach Community College
 4200 Congress Avenue
 Lake Worth, FL 33461-4796
 Ph: (561) 868-3029 Fax: (561) 868-3623

