INTERNATIONAL STUDENT

APPLICATION FOR ADMISSION



777 Grandview Drive • Kalispell, MT 59901 • 406-756-3846 1-800-313-3822 • www.fvcc.edu • international@fvcc.edu

You are considered an international student if:

- You are not a U.S. Citizen or permanent resident or refugee; or
- You are living in the U.S. under a F,B, H, J, L or M visa.

The admission deadline is six weeks prior to the start of the semester. Early registration is strongly recommended to allow for visa processing (up to two months for certain countries). Application deadline for students transferring from within the U.S. is 10 days prior to semester start date.

All the followin	g sections must b	e completed to be	e accepted.		
Campus you plan on attending?	attending? First semester you plan to enroll?		enroll?		
Kalispell (Main Campus) Libby (Lincoln	County Campus)	Fall	Spring	Summer 20	
Name :					
Last/Family		First/Given		Middle/Maiden	
Permanent Home Address Not in U.S.	City	State	Zip Code	Country	
Phone:		ress:			
Birth Date: Month Year Birth	place:	,	Gender:	Male Female (Voluntary)	
Country of Citizenship:	Cour	ntry of Permanent Re	esidency:		
If you are currently in the U.S., what is your imn	nigration status? (F-1	, F-2, J-1, J-2, etc.)			
	_				
Please provide additional contact information i	f your current mailin	ig address is differen	t from your pe	ermanent address:	
Street/Number	City or Tov	vn	Cou	ntry and Postal Code	
Phone: ()()(Country Code)(City Code)					
Education Information					
$\{\ 1\ \}$ What degree do you plan to earn?					
A.A. A.S. If earning an A	A.A. A.S. If earning an A.A. or A.S. (transfer) Degree, area of study?				
A.A.S. If earning an A	If earning an A.A.S. (career and technical) Degree, program name? Required Required				
Certificate If earning a Ce	ertificate, program na	ame?	Red	quired	
(0)		IELTS			
		est Score:			
Please list all secondary and post-second Column 1: List school name and location Column 2: Write the calendar year(s) you Column 3: Write the type of school you att college, university, etc.) using the Column 4: Write the name of any examin. Education (ordinary or advance terminology of the educational	dary schools or universelved. attended each school. ended (such as Gymnas he teminology of the column passed, or of cert ed), Bacchillerato, Abit	ersities attended. At sium, liceo, colegio, eco untry in which the scho tificates, diplomas, or d ur, Maturita, Baccalaure	tach additiona le superieure, tra ol was located. legrees earned a	ade school, high school, teacher's and year, such as Certificate of	
1. Name of School, City/Country	2. Year(s) Attended	3. Type of School		cates, Diplomas, Graduations,	
			Sta	andardized Examinations	

(Continued on other side)

Education Information (Continued from other side)



Post-secondary/Tertiary School or University

1. Name of School, City/Country	2. Year(s) Attended	3. Type of School	4. Certificates, Diplomas, Graduations, Standardized Examinations
		_	

■ Safety and Security

Montana State law defines a felony as a crime for which more	9
than one year in prison may be imposed.	

 $\left\{ \begin{tabular}{ll} 1\end{tabular}
ight. & Have you ever been convicted of a felony? & Yes No \end{tabular}$

AND/OR

 $\{2\}$ Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property?

Yes No
Have you ever been required to register as a sexual or violent offender?

Yes No

If you answered "yes" to this question, provide information for

EVERY such incident

Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as permanent separation from an institution of higher education on the basis of conduct or behavior.

4 } Have you been dismissed and/or suspended from any school for disciplinary reasons?

Yes No

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the college to provide additional information. This information will be reviewed by a campus committee to ensure campus safety.

■ Disability Accommodations

This institution is attempting to overcome effects of conditions that have resulted in limited participation in its education programs. Disability accommodation information will be confidential and used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act. If you would like assistance with an accommodation for a disability please contact our Disabilities Office at 406-756-3880. TDD 406-756-3881.

■ Health Insurance

Health insurance is required for all international students.

By turning in this application, the student acknowledges that photo(s)/recording(s) taken of them on campus may be used for marketing purposes in any number of communication vehicles for the promotion of the college and releases all rights or claims in connection with these photo(s)/recording(s). For further information or to opt out, contact the Admissions Office.

I hereby certify, to the	best of my knowledg	e, all the statements
on this form are true.		

Applicant's Signature		
11 5		
	Date	

INTERNATIONAL STUDENT

Sponsor's email address and mailing address





U.S. Citizenship and Immigration Services requires that every international student verify the availability of funds to pay for educational and living expenses before an I-20 form can be issued. The I-20 is used to obtain a visa to enter the United States. Complete and return this form with your completed International Student Application for Admission. Applicant Information: (Please Print) Family Name Middle Maiden/Former Name I verify that I have resources available to meet the tuition and fees, room and board, books and supplies, and personal and health expenses. I understand that the costs listed below are estimates and are subject to change without notice. Falsification of my financial status in order to obtain a Certificate of Eligibility (I-20) is a violation of United States law and may subject me to revocation of my visa. I permit Flathead Valley Community College to release information to third parties about my application or financial records if misrepresentation is suspected or confirmed. Signature_ Amount in U.S. dollars Sources of Funds (check all that apply) (write amount for each source) Personal Funds Please attach a statement from a bank official on bank's stationery verifying the amount you indicate. \$ Family Funds Your sponsor must sign the certification portion below. Please attach a statement from your family's bank verifying their ability to provide you with the funds you indicate. \$ Government Sponsorship from Home Country Enclose with this form a signed copy of your letter of award, specifying the current date, the dollar amount, and the exact starting date and length of the grant. Company Sponsorship from Home Country Enclose with this form a signed copy of your letter of company sponsorship, specifying the current date, the dollar amount, and the exact starting date and length of sponsorship. Sponsorship within the United States \$ Enclose with this form a signed USCIS form I-134. \$ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry. \$ TOTAL (in U.S. dollars) All financial documents must be in English and must have a signature, official seal, or be on letterhead from an official agency. Documents must be dated within six months of receipt. **Sponsor Certification** This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available in U.S. currency and will be provided as required. Signature of Sponsor Date Relationship to You