



SOUTH PLAINS COLLEGE

Application for Admissions: International Students

Thank You for your interest in South Plains College. Please complete this application and submit it along with the required documents to be considered for admissions to South Plains College. Incomplete applications will not be considered.

Student's Personal Information

Full Legal Name (*exactly as it appears on your passport*)

LAST NAME (FAMILY / SURNAME) FIRST NAME (GIVEN NAME) MIDDLE NAME MAIDEN NAME (OPTIONAL)

Date of Birth: Gender: Ethnicity: Race:

Country of Birth:

Country of Citizenship:

E-mail Address: _____

Foreign Mailing Address: (*Required*)

ADDRESS/STREET CITY

STATE/PROVINCE COUNTRY POSTAL CODE

Foreign Telephone #: (_____) _____
COUNTRY CODE

U.S. Mailing/Local Address (*required if currently in the U.S.*):

ADDRESS/STREET CITY

STATE/PROVINCE COUNTRY POSTAL CODE

Local Phone: (_____) _____ Cell Phone (*if applicable*): (_____) _____
AREA CODE AREA CODE

Send all correspondence to _____, if other please provide address:

ADDRESS/STREET CITY

STATE/PROVINCE COUNTRY POSTAL CODE

Do you have any dependents traveling with you? If yes, how many? Please list them below:

(*A Dependent is defined as a spouse or child under 21 on a F2 visa status in the United States.*)

Full Legal Name (as it appears on Passport) <i>Last (Family/Surname) Name, First Name</i>	Date of Birth <i>mm/dd/yyyy</i>	Country of Birth	Country of Citizenship	Relationship to Student

****Please Note:** For each depended please add an **additional \$2000.00 USD** to your Financial Statement of Support.

Enrollment Information

For which semester are you applying? Year:

Intended Major at SPC: _____

Degree you are seeking is Are you applying as?

*If concurrently enrolled, please provide: Primary School (*maintains your current I-20*):

Have you previously attended South Plains College?

If yes, which semester and year did you last attend? _____

International Status Information

Are you currently in the U.S.? *If yes, what current VISA are you here on?* _____
Do you have a US Social Security Number? *If yes, please list the number here:* _____

Education

Name of High/Secondary School: _____
Did you graduate/complete high/secondary school? Date of Graduation/Completion: _____

Have you attended a U.S. College/University?
If yes, Name of College/University: _____
Dates enrolled _____ to _____
Academic Status GPA _____

Name of College/University: _____
Dates enrolled _____ to _____
Academic Status GPA _____

Emergency Contact

Please give the name of someone other than your parent(s)/legal guardian to be contacted in case of an emergency:
Name _____ Relationship to student _____
Phone (*with country code*) _____ E-mail _____
Does this person speak English? *If no, list primary language(s)* _____

IMPORTANT! *Please read before signing.* **Health Insurance is not required but is strongly recommended.** We encourage you to explore possible companies/plans prior to leaving home. SPC does not recommend or endorse any plans or companies. Choosing one of the companies/plans is the decision and responsibility of the student.

I understand that checking this box constitutes a legal signature confirming that all information in this application is truthful to the best of my knowledge.

Electronic Signature _____ Date _____