

Frank Phillips College

International Application for Admission

Circle the semester admission is requested: Fall Spring Summer

Year _____

Fall Semester Deadline	Spring Semester Deadline	Summer Deadline
June 1	October 1	March 1

***All application steps must be completed by the appropriate deadline above.**

Applicant Name: _____

Family Name (Surname)

Given Name(s)

Other name(s) that might appear on academic records: _____

Home Country: _____

Permanent address in home country:

Street and Number City State Zip Code Country

Current mailing address if different from above:

Street and Number City State Zip Code Country

Telephone number (with country code): _____ Email address: _____

Birthdate: _____ Marital status: Single___Married___ Gender: Male___Female___
Month Day Year

Country of birth: _____ Country of citizenship: _____

Educational Data

List each school or institution you have attended. Begin with secondary school (high school) and end with the present.

Failure to disclose colleges/universities may result in non-admission or dismissal if enrolled.

Name of School or University	Type of School	Dates Attended

*All transcripts provided to Frank Phillips College must be original (not copies) and translated into English.

English Proficiency

Frank Phillips College requires proof of English proficiency with a minimum score of 70 on TOEFL or an overall band score of 6.0 on IELTS. Applicants with a TOEFL score between 60 and 70 or an IELTS score between 5.5 and 6.0 may be holistically evaluated for admission.

Have you taken TOEFL or IELTS? Yes _____ No _____ If not, when do you plan to test? _____
Month/Day/Year

If you have tested, what was your score? TOEFL _____ IELTS (overall band score) _____

Applicants must order an official score report from the testing company for Frank Phillips College. Our school code is 6222.

What is your native language? _____ Other languages _____

Students Currently in the U.S.

Date of entry _____ Type of visa at entry _____ I-20 admission number _____
Month/Day/Year

Passport Number: _____ Passport issued by: _____ Passport valid until: _____
Month/Day/Year

What institution issued the I-20 for your current visa? _____

Are you currently enrolled in the institution? Yes _____ No _____ Date I-20 expires: _____
Month/Day/Year

Have you been issued a U.S. social security number? Yes _____ No _____

Emergency Contact Information

Provide the following information about a person (parent, guardian, relative) who can be notified in case of an emergency:

Name _____ Relationship to you _____

Street and Number City State Zip Code Country

Telephone number (with country code): _____ Email address: _____

Oath of Residency

Texas Higher Education coordinating Board rule 21.38 requires each student to provide substantiating documentation to affirm residency for tuition purposes. It also requires an Oath of Residency required by state law to be signed by each applicant. If you have attended school or resided out of state, additional proof of residency may be required.

I understand that information submitted here will be relied on by College officials to determine my status for residency. I authorize the College to verify the information I have provided. I agree to notify proper institution officials of any changes. I certify that the information is complete and correct, and I understand that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action.

Signature of Applicant _____ Date _____

Frank Phillips College International Student Acknowledgement of Responsibility

Read the following statements carefully and place your initials in the spaces provided indicating that you have read and that you understand each statement.

____ I understand that I will pay the estimated cost of attendance, as listed on my I-20, one month prior to the first class day for each year I attend Frank Phillips College.

____ I understand that I may not drop below the 12 credit hours required of international students. I understand that failure to comply with the 12 hour course load requirement will result in my F-1 or M-1 visa being out of status.

____ I understand that I am responsible for the expense of mailing my I-20 through Express Mail Service.

____ I understand that I must live in student resident housing on Frank Phillips College campus.

____ I understand that I must purchase and maintain health insurance while I am a student at Frank Phillips College. Evidence of a personal health insurance policy must be provided.

____ I understand that I may work on campus up to 20 hours per week while school is in session. I understand that jobs are not guaranteed and that I should not rely on money from a job for financial support while in school.

____ I understand that I may not work off campus unless I receive an Employment Authorization Document (EAD).

____ If I acquire a social security number, I must bring a copy of it to the Office of Educational Services immediately.

____ I will inform the Office of Educational Services of the following changes:

 If I legally change my name

 If I enroll in another institution

 If I change my major

 If I intend to transfer

____ If I plan to leave the country for any reason, I will bring my I-20 to the Office of Educational Services for endorsement. I understand that if I do not have the I-20 endorsed before I leave the country I will not be allowed reentry.

____ I understand that all documents requested for admission must be on file before I begin classes.

____ I understand that I will be required to take TSI placement exams in math, reading, and writing before I begin classes. I understand that I will need to pay \$30 to take the TSI exams.

____ **I understand that it is my responsibility to maintain valid F-1 or M-1 status and to comply with all immigration regulations pertaining to my visa status while pursuing my educational objectives. Violating the terms of my F-1 or M-1 status can have serious academic and personal consequences.**

Please contact the International Student Advisor, Dr. Deborah Johnson, if you have any questions regarding your I-20, immigration status, registration procedures, or general college information. By signing below, you accept responsibility for all of the above-mentioned items.

Full Name (please print)

Signature

Date (month/day/year)