Frank Phillips College International Application for Admission

Fall Semester Deadline	Spring Semester Deadline		Sum	Summer Deadline	
June 1	October 1		March 1		
*All application steps must be complete	d by the appropr	riate deadline abov	ve.		
Applicant Name:					
Family Name (Su	Family Name (Surname)		(s)		
Other name(s) that might appear on acade	mic records:				
Home Country:		_			
Permanent address in home country:					
Street and Number	City	State	Zip Code	Country	
Current mailing address if different from a	bove:				
Street and Number	City	State	Zip Code	Country	
Telephone number (with country code):	Email address:				
Birthdate: Month Day Year	_ Marital status: \$	SingleMarried_	Gender:	MaleFemale	
Country of birth:	Country of citizenship: _				
			Major:		

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?	YesNo If no	t, when do yo	u plan to test?		
				Month/Day/Year	
If you have tested, what was your so	core? TOEFL	IELTS (or	verall band score)		
Applicants must order an official code is 6222.	score report from the tes	ting compan	y for Frank Phillips (College. Our school	
What is your native language?	Other	languages			
	Students Curre	ntly 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 un		
What institution issued the I-20 for	your current visa?			Month/Day/Year	
Are you currently enrolled in the ins	stitution? YesNo	Date I-20	•		
Have you been issued a U.S. social	security number? Yes	_No	Month/I	Day/Year	
	Emergency Cont	act Inforn	nation		
Provide the following information a	bout a person (parent, gua	rdian, relative	e) who can be notified i	in case of an emergency	
Name	Relationship to you				
Street and Number	City	State	Zip Code	Country	

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, <u>one month prior to the first class</u> <u>day for each year I attend Frank Phillips College.</u>

_____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, Becky Green, 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.

Signature _____

Full Name (please print)

Date (month/day/year)