

Your name as it appears in your passport: \_\_\_\_\_  
 (First) (Middle) (Family Name)

By signing here, you are confirming that all information on this form is true and accurate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  Female  Male

Marital Status:  Single  Married

Date of Birth: month\_\_\_\_/day\_\_\_\_/year\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

U.S. Social Security # (if applicable): \_\_\_\_-\_\_\_\_-\_\_\_\_

**Is English your primary language spoken at home and during all years of education**  Yes  No

Have you taken the TOEFL?

Yes  No

(if "no", please see the English requirements in the OCTC Admissions Checklist.)

If "yes", have you requested your scores be sent to OCTC?  Yes  No

What semester do you plan to start your studies?

Fall  Spring  Summer 20\_\_

Are you transferring from another school in the U.S.?

Yes  No

If "yes", have you informed your international student advisor that you plan to transfer to OCTC?  Yes  No

In what degree program do you plan to enroll?

- Associate in Arts – Transfer Degree
- Associate in Science – Transfer Degree
- Associate in Applied Science
- Certificate  Diploma

What will you study at OCTC? \_\_\_\_\_

**Address in home country:**

House Number and Street Name: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Address in the United States (if applicable):**

House Number and Street Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

--PLEASE TURN OVER--

**Would you like your I-20 mailed when ready or will someone pick it up?**

Mail

Pick up

Where would you like it mailed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has your permission to pick up your I-20?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependents**

Do you plan on bringing your spouse (husband or wife) or children with you?  Yes  No

If yes, please provide the following information for each person coming with you:

**Dependent 1**

Name: \_\_\_\_\_

Spouse or  Child,  Male or  Female

Date of Birth: \_\_\_\_\_(month/day/year)

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependent 2**

Name: \_\_\_\_\_

Spouse or  Child,  Male or  Female

Date of Birth: \_\_\_\_\_(month/day/year)

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependent 3**

Name: \_\_\_\_\_

Spouse or  Child,  Male or  Female

Date of Birth: \_\_\_\_\_(month/day/year)

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dependent 4**

Name: \_\_\_\_\_

Spouse or  Child,  Male or  Female

Date of Birth: \_\_\_\_\_(month/day/year)

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that if you will be bringing your spouse, you must show proof of an additional \$4,000 of financial support for each year of your studies. If you will be bringing children, you must show proof of an additional \$2,000 of financial support for each child for each year of your studies. Each of your dependents will receive their own I-20 so that they may apply for the F-2 visa based on your F-1 visa.