

International Student Program

Center for Global & Cultural Programs
15744 Golden West Street, Huntington Beach, CA 92674
714-895-8146 • isp@gwc.cccd.edu

FULL-TIME INTERNATIONAL STUDENT APPLICATION

PLEASE PRINT OR TYPE

Applying for: Ye	ear			∃ Fall	□ Sp	oring [J Sumi	mer							
If a returning student, include your student ID number: (If none, leave blank.)															
GENERAL INFORMATION															
Family Name					First & Middle Name										
Date of Birth	MONTH DAY YEAR Age				Sex										
City of Birth					Country of Birth										
Citizenship					Primary Language										
Permanent Address in Home Country (Required)	Street Name & Number								Apt#		Phone Number				
	City State/Co					untry Postal Code									
U.S. Address (If Any)	Street Name & Number					Apt#			Phone Number						
	City State						Postal Code								
Email Address															
VISA INFORMA	TION														
What type of visa do	you hav	e now?													
☐ No visa (outside U.S.)		1	☐ F-1 (Student)				☐ B-1/B-2 (Tourist)			☐ Other:					
			Expiration: / / MONTH DAY YEAR			Expiration: /			Expiration: / / MONTH DAY YEAR			EAR			
Do you have a dependent spouse or child with you in the U.S.?															
If yes, explain:															
Are you applying from within the U.S.?				☐ No		J Yes									
Will you travel outside the U.S. before your first term at GWC?				□ No		J Yes									
If yes, when will you t	travel ou	tside th	e U.S.?												
Are you transferring from another school in the U.S.?					□ No		J Yes								
If yes, what is the nar	ne of you	ur schoo	ol?												

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EDUCATIONAL INFORMATION									
Proposed major at GWC:									
Have you previously applied to GWC?									
If yes, for which term and year?									
Highest level of education completed:		Date of graduation (or date last attended):							
List the college, high school, or language program that you are currently attending (or most recently attended) on the first line. List all schools, colleges, or universities you have attended after that.									
School, College, or University	Country	1	e Start & End Dates)	Degree Earned (If Any)					
IMPORTANT: Arrange for all institutions listed to send official transcripts to the GWC International Student Program. No action can be taken on an application until all necessary transcripts have been received.									
STUDENT RELEASE OF INFORMATION									
I HEREBY DO OR DO NOT , GIVE PERMISSION TO GOLDEN WEST COLLEGE TO RELEASE CONTACT INFORMATION, AND REQUESTED STUDENT STATUS DOCUMENTATION TO THE FOLLOWING PERSON(S) AND ORGANIZATIONS:									
Name		Relationship							
Name		Relationship							
Name		Relationship							
Name		Relationship							
HOW DID YOU FIND OUT ABOUT GWC?									
☐ Friend ☐ Relative ☐	Education Agency		Overseas Advising Center						
☐ Advertisement (name of site or publication	on)	OTHER							
CERTIFICATION									
I certify that I have carefully considered each question above and that my statements are true and complete to the best of my knowledge.									
STUDENT'S SIGNATURE: DATE:									