

# LOS ANGELES VALLEY COLLEGE

## Supplemental Application

TYPE ONLY - NOT HANDWRITTEN  I AM APPLYING FOR:  FALL                      SPRING  Year:	LACCD STUDENT NUMBER  (Leave blank unless you have previously been assigned a Student Identification Number)	SEVIS NUMBER (Office Use Only)
	LACCD EMAIL (Office Use Only)	(@student.laccd.edu)

### 1. CURRENT APPLICATION STATUS

I AM APPLYING TO OBTAIN A: (select one)	<b>NEW I-20 from LAVC.</b> I am applying for an Initial I-20. I am <b>not</b> currently on an Active I-20 <b>TRANSFER I-20 to LAVC.</b> I will complete my current session and <b>transfer</b> my SEVIS record		
WHERE DO YOU CURRENTLY LIVE? (select one)	I currently live <u>in</u> the United States <b>What type of visa do you currently have? _____</b> Passport #                      Exp. Date: Visa #                              Exp. Date: I-94                                Admit until: Sevis #   N                      Exp. Date:		I currently live <b>outside</b> the United States (complete below if applicable)  Passport #                      Exp. Date:  Visa #                              Exp. Date:
PROOF OF ENGLISH PROFICIENCY (select one)	IELTS _____ SCORE	TOEFL _____ SCORE	Original Academic Transcripts showing six semesters of secondary (High School) English or above
FINANCIAL SUPPORT (select one)	Myself	Government Scholarship	Sponsor - Outside U.S.                      Sponsor - Inside U.S.

### 2. PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
NICKNAME (if any)	DATE OF BIRTH (MM/DD/YY)	SEX                      M                      F
EMAIL ADDRESS	U.S. CONTACT TELEPHONE#	
COUNTRY AND CITY OF BIRTH	COUNTRY OF CITIZENSHIP	

### 3. US LOCAL ADDRESS

STREET NUMBER AND NAME	APT/UNIT
CITY	STATE Abbreviation                      ZIP CODE

### 4. HOME COUNTRY ADDRESS

STREET NUMBER AND NAME	APT/UNIT
CITY	PROVINCE
COUNTRY	ZIP CODE                      TELEPHONE #

### 5. SECONDARY SCHOOL INFORMATION

NAME OF HIGH SCHOOL / SECONDARY	STATE / PROVINCE	COUNTRY
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### 6. WHAT COLLEGE / UNIVERSITY ARE YOU CURRENTLY ATTENDING? (if applicable)

NAME OF COLLEGE / UNIVERSITY SCHOOL	STATE / PROVINCE	COUNTRY
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**7. EDUCATIONAL STATUS:**

WHAT IS THE HIGHEST DEGREE / DIPLOMA YOU HAVE COMPLETED AND YEAR EARNED? (SELECT ONE)

HIGH SCHOOL DIPLOMA (IN U.S.)

HIGH SCHOOL / SECONDARY (OUTSIDE U.S.)

ASSOCIATE DEGREE (if any country)

BACHELOR'S DEGREE (if any country)

MASTER'S DEGREE (if any country)

COUNTRY NAME / MAJOR:

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IF YOU'VE ALREADY COMPLETED AN ASSOCIATE DEGREE OR HIGHER, PLEASE ATTACH A LETTER OF EXPLANATION FOR APPLYING TO LAVC

**8. DEPENDENT(S) INFORMATION TRAVELING WITH YOU (if applicable)**

NAME OF SPOUSE		DATE OF BIRTH	
NAME OF CHILD		DATE OF BIRTH	
NAME OF CHILD		DATE OF BIRTH	
NAME OF CHILD		DATE OF BIRTH	
NAME OF CHILD		DATE OF BIRTH	
NAME OF CHILD		DATE OF BIRTH	

**9. EMERGENCY CONTACT**

LAST NAME		FIRST NAME	
EMAIL		PHONE #	
RELATIONSHIP TO APPLICANT			

**10. HOW DID YOU HEAR ABOUT LOS ANGELES VALLEY COLLEGE?**

STUDY IN THE USA	FRIEND/RELATIVE REFERRAL	INTERNET SEARCH
LACCD WEBSITE	RECRUITER NAME: _____	OTHER: _____

**11. YOUR DELIVERY PREFERENCE (select one)**

- If admitted, I'll **pick up the documents** from the International Student Program. **Do not** mail my I-20 or release to others
- If admitted, **mail my I-20 to the U.S. Address** provided above (see #3)
- If admitted, mail my I-20 to the **Home Country Address** provided above (see #4)

I certify that all answers I have supplied on this form are true. Falsification of any statement is cause for immediate suspension and/or expulsion. I understand that I must enroll in 12 units each Fall and Spring semesters to maintain the requirements of F-1 Visa. By providing my signature, I agree that I will comply with these requirements.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Non-Discrimination Policy:** All programs and activities of the Los Angeles Community College District shall be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, disabled or veterans status (Reference: Board Rule 1202). In order to ensure the proper handling of all civil rights matters, each college in the District has its own Affirmative Action Representative, Title IX/Sex-Equity Coordinator, Section 504 Coordinator of Handicap Programs, and an Ombudsperson. Direct initial inquiries to the District Office of Affirmative Action Programs and Services at (213) 891-2000.