

## **Admissions and Records**

2277 Napa-Vallejo Highway, Napa, Ca. 94558 707.256.7207 ◆ fax 707.256-7219 Attn: International Student Coordinator

Email: dlarson@napavalley.edu

## **International Student Application**

Please print or type: Please complete all pages of this application form and attach all required supporting documentation. Applications for enrollment in fall semesters must be received on or before May 1, for spring semesters, the deadline is the preceding October 1.

1. Name:			
Last, family or so	urname Fire	st or given name	Middle initial
2. International Address:	Number(s) and street name	Apartment or building nu	ımbers
City or town	Province	Country	Postal Code
3. Address in the United Stat	Number(s) and street name	Apartment or building nu	ımbers
City or town	Province	Country	Postal Code
Telephone Number:			
Email Address:	Code Number	er 	
4. Birth Information: Date of Place of Birth:	Birth (Western Calendar):	Month	Year
	or Town	Province	Country
·			Country
	ip:		
<b>5. Sex:</b>	<sup>-</sup> emale		
• •	Jnited States to study, will any other mer Yes No and relationship(s) to you:		•
7. Education: Supply proof of	high school graduation or the equivalent	(attach to application).	
8. Have you taken the TOEFL	or IELTS?  Yes  No What	were your scores?:	
Please have official scores ser If no, do you plan to take the T			(School code 00453
9. What is your major course	e of study?		
10. Are you already livir	ng/residing in the United States	?	
11. If you have been iss	ued an I-20 form, give the name	e and location of the ins	stitution which issued i
Are you in good standing	at this school? Yes	] No	
12. Essay: To help us learn ab	oout you, please write, in your own words	s, an essay which explains why	you plan to attend Napa Vall

College. Include information about yourself, your present goals, and what you expect to do when you complete your college studies.

(Please print or type your essay; use additional sheets and attach to this application)

## International Student Application (cont.)

**13. Financial Resources:** Study in the United States is a long, difficult and expensive undertaking. It is very important that you know in advance the extent of your financial resources. Please respond to the questions below.

14. Indicate the amount (in USD \$ dollars) of money you expect to receive every month from your own funds or from other

sources while attending Napa Valley College:			
\$:			
15. Name the source (s) of the above income:			
16. How long will you be guaranteed this support?			
	upply (or be responsible for) any part of your financial support while e, please give that person's name and address:		
18. Insurance: Do you or will you have your own he	ealth and accident insurance while attending Napa Valley College?		
Yes No If Yes, give the name ar	nd address of the insurance provider/company:		
. •	. , ,		
19. If you do NOT have insurance, you will be required by Yes No	ired to enroll in a group policy. Do you agree to this?		
Your Signature	Your Sponsor's Signature Date		

Return this completed form and all requested documents to:

Admissions and Records Office Napa Valley College 2277 Napa-Vallejo Highway Napa, CA 94558 USA

**ATTN: International Student Admissions** 

Email: <u>dlarson@napavalley.edu</u>