



Admissions Office

201 W. University
Odessa, Texas 79764
(432) 335-6432

**INTERNATIONAL
APPLICATION
FOR ADMISSION**

INSTRUCTIONS: Please print or type. Failure to completely fill out the application could result in a delay in your admission. All documents submitted to the college become part of the official files and cannot be returned. **NOTE:** A non-refundable application fee of \$50 is required with each application.

Semester and year admission is desired: Semester _____ Year _____
Fall, Spring, Summer

STUDENT BACKGROUND

Full legal name _____
Last (Family Name) First Middle Maiden

Other name(s) which might appear on previous academic records _____

Permanent address in home country _____
Street and number City State/Province/Territory Postal Code Country

Current mailing address _____
Street and number City State Zip County

Current United States address _____
Street and number City State Zip County

Telephone Number(s) (with country code) _____ Cell _____ US Phone Number _____

E-mail address _____

City and Country of birth _____ Country of Citizenship _____

Gender: Male Female Marital status: Single Married Date of Birth: _____ Age _____
Month/Day/Year

Passport number _____ Passport expiration date _____ Country Issuing Passport _____

Dependent Information: (Dependent is defined as spouse or child under 21 on a F2 visa status in the United States.) If you plan to bring a dependent to the U.S., please provide sufficient funds as listed on the financial Statement of Support. (Please attach an additional sheet if you need more space.)

If you come to the United States, will your spouse and/or children come with you? Yes No If yes, provide passport information on each individual.

NAME (Last, First and Middle)	Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship	Relationship

Students Currently in U.S.A.: Date of entry _____ Type of visa at entry _____ I-20 Admission Number _____

What institution issued the I-20 for your current visa? _____

Are you currently enrolled in the institution? Yes No

Have you been issued a U.S. Social Security number? Yes No If yes, Social Security number: _____

EDUCATION INFORMATION

Intended major at Odessa College _____ (General Studies for Undecided)

Odessa College requires English proficiency. This can be done by completing the Test of English as a Foreign Language (TOEFL) with a minimum score of 525 on the paper test or 70 on the Internet based test. If you are exempt, you must provide proof.

What is your native language? _____ Other languages _____

Has your official TOEFL scores been sent to Odessa College? Yes No Score _____ Test date _____

Official Assessment testing scores (TSI - Texas Success Initiative) or proof of exemption (ACT or SAT) must be provided prior to enrolling in any college level courses. These tests are for advisement purposes. TOEFL does NOT exempt students from the assessment testing. Completion of this application serves as authorization to access your scores.

ACT _____ date taken SAT _____ date taken TSI _____ date taken

List in chronological order 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.** . (Please attach an additional sheet if you need more space.)

NAME OF SCHOOL OR INSTITUTION AND LOCATION	TYPE OF SCHOOL: SECONDARY, COLLEGE, UNIVERSITY, ETC.	DATE ATTENDED	ACTUAL NAME OF DEGREE OR CERTIFICATE	DATE RECEIVED
		to		
		to		
		to		

Provide the following information on a person (parent, guardian, relative) who could be notified in case of an emergency:

Name _____ Relationship _____

Address _____ Telephone(s) (with country code) _____

RELEASE OF INFORMATION - During application process ONLY

Please complete the following to allow individuals you have identified to discuss your application process or pick up your documents (I-20, acceptance letter, SEVIS instruction letter, etc.). This release of information is no longer valid once you, the student, are enrolled.

Name of Contact 1: _____

Contact Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Email address: _____ Relationship to student: _____

Name of Contact 2: _____

Contact Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Email address: _____ Relationship to student: _____

My dated signature certifies that all information I gave on this application is complete and correct to the best of my knowledge AND authorizes the release of information regarding my application status to the person(s) named above.

Signature of applicant _____ Date _____