

Palm Beach State Student ID #: _____

Name Mr. Mrs. Ms. _____
Last First Middle/Maiden Suffix

Today's Date: _____ **Email Address:** _____@_____

1. Purpose

- a. Initial I-20
- b. Change of Status
- c. Continued Attendance
- d. Transfer
- e. Program Extension
- f. OPT/CPT
- g. Dependent I-20
- h. Lost I-20
- i. Reinstatement
- j. Other _____
- k. **What visa/status do you presently hold?** F1 F2 B1/B2 M1 Other: _____
- l. **What visa are you applying for?** F1 M1 Other: _____
- m. **Will you be applying for the student visa in your country?** Yes No
- n. **Will you be applying to change your visa status in the U.S.?** Yes No

2. Name (as it appears on Passport) Please Print.

| Family or Last Name | First Name | Middle Name | Suffix |
|---------------------|------------|-------------|--------|
| | | | |

3. Other Information

| Date of Birth (MM/DD/YYYY) | Gender | Country of Birth | Country of Citizenship |
|----------------------------|---|------------------|------------------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

4. Current or Intended Educational Program at PBCC

| |
|---|
| <input type="checkbox"/> Associate of Arts (AA) <input type="checkbox"/> Associate in Science (AS) <input type="checkbox"/> Bachelor of Applied Science (BAS) |
| Major: |

5. Immigration Transfer Information (Required if transferring from another educational institution in United States)

| |
|---------------------------|
| School Transferring From: |
|---------------------------|



6. **Immigration Documentation** (Provide readable copies of following documents if you are/have been in the United States)

| | |
|---|---|
| <input type="checkbox"/> Passport #: | <input type="checkbox"/> Copy of your Passport (Visa and bio pages) |
| <input type="checkbox"/> Date of Expiration of Passport: | <input type="checkbox"/> I-94 #: |
| <input type="checkbox"/> Copy of your I-94 (front and back) | <input type="checkbox"/> Copies of all previous I-20's |

7. **Foreign Address: Required** (Address in Home Country)

| | |
|-----------------|---------------------|
| Street Address: | |
| City: | Province/Territory: |
| Postal Code: | Country: |

8. **Local Address: Required** (No P.O. Box address)

| | |
|-------------------|----------|
| Street Address: | |
| City: | State: |
| ZIP Code: | Country: |
| Telephone Number: | |

9. **Employment Information** (Only if obtaining an I-20 for CPT or OPT)

Employment Type: OPT CPT On-Campus Economic Hardship

Prospective Employer Information

| | |
|----------------------|---|
| Name of Employer: | |
| Address of Employer: | |
| City: | State: |
| Zip Code: | Duration of Employment: From: _____ to _____ |

10. **Financial Information** (for New Students/Change in level/Program Extension/Adding Dependent)

If submitting Bank Statement, statement must be in English and must indicate a US dollar equivalent. Document date cannot be older than 6 months before start of classes for the applied term. You must submit evidence of financial support in the amount of **\$24,000.00 for the AA/AS degree programs or \$28,750.00 for the BAS programs.**



International Admissions
 4200 Congress Avenue
 Lake Worth, FL 33461-4796
 Ph: (561) 868-3029 Fax: (561) 868-3623

11. **Dependent Information** (Financial Requirement for each Dependent is **US \$ 5,000.00**)

Please provide a copy of the passport bio/visa pages for each dependent

| | Dependent 1 | Dependent 2 |
|------------------------------------|--|--|
| Relationship: | <input type="checkbox"/> Spouse <input type="checkbox"/> Child | <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| Family Name: | | |
| First Name: | | |
| Middle Name: | | |
| Suffix (if applicable): | | |
| Date of Birth (mm/dd/yyyy): | | |
| Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Country of Birth: | | |
| Country of Citizenship: | | |
| Foreign Street Address: | | |
| City: | | |
| Province/Territory: | | |
| Postal Code: | | |
| Country: | | |

I declare the information above is accurate and true to the best of my knowledge. I understand that any omission or falsification may result in my rejection or dismissal from the College.

Signature: _____

Date: _____



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