West Hills College Coalinga International Student Application 300 Cherry Lane

Deadline to Apply

July 15 - Fall Semester November 15 - Spring Semester

Coalinga, CA 93210 www.westhillscollege.com

| Please complete all s | ections of this applica | ition and return | it with the requ | ured docu | ments to the | above addres |
|--|---|----------------------|---------------------|--------------|-----------------|------------------------------------|
| NameLas | t (family name) | | First | | | |
| | | | | | | |
| Stree | t Name and Number | | City | | Country | Postal Code |
| Геlephone Number _ | | | E-Mail Addre | ss | | |
| ☐ Male Da | te of Birth | | Country of Ci | tizenship _ | | |
| ☐ Female | Day | | | | | |
| ☐ Decline to State | Country of Birth | | | | | |
| ☐ Temporary ☐ Refugee/A ☐ Student Vi ☐ Other Stat Semester Applying Is English your Prima ☐ Yes ☐ No | t Resident (Immigrant Resident/Amnesty Asylum Isa | Summer 20 _ | | | Pa Pho | Place ssport tograph Here |
| ☐ Fluen | t | ☐ Limited ☐ | No exposure to | English laı | nguage | |
| Education | | | | - | | - |
| Name of | | Location | | | Attendance | Degree |
| Indicate the course of | study you would like | to pursue at West | Hills College Co | oalinga | | |
| Enrollment Statu First-time student. | s A student enrolling in | any college for the | ne first time | | | |
| First-time transfer college after earni | student. A student enrong credit. | olling at this colle | ge for the first ti | me and wh | no is transferr | ing from anot |
| Returning transfer is now returning to | student. A student who this college. | no has previously | attended this co | llege, trans | sferred to ano | ther college, a |
| Returning student another college. | . A student enrolling a | at this college aft | er one or more | semesters | without inter | im attendance |

| Principal Educational Goal Select your highest priority (Mark one) Obtain BA/BS after earning degree (AA/AS) | Earn a vocational certificate without transfer | ☐ Personal enrichment/personal interest/personal development | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Obtain BA/BS without earning degree (AA/AS) | ☐ Discover formulate career interest, plans, goals. | ☐ Improve basic skills in English, Math and or Reading | | | | | | |
| Obtain community college degree without transfer Obtain community vocational degree without transfer | ☐ Prepare for new career☐ Progress further in current Job/career☐ Maintain certificate or License | Complete credits for high school diploma or GEDUndecided on goal | | | | | | |
| Family Education and Privacy Act The college receives inquiries from a variety of persons and agencies requesting directory information. This includes name, address, telephone, major, dates of attendance, degrees and awards earned, participation in official college activities and sports. Do you authorize the release of this directory information? | | | | | | | | |
| Emergency Contact Please list an English-speaking emergency contact that can make decisions should there be a medical or other emergency (a person who lives in the U.S. would be best). Housing arrangements will not be made without this information. Name | | | | | | | | |
| Address | | | | | | | | |
| Telephone (including country code) | | | | | | | | |
| Please have parent or guardian (if student is under 18 years of age) sign below for emergency medical treatment. | | | | | | | | |
| Signature of parent o | Date | | | | | | | |
| This application will not be processed unless all questions are answered I certify that the above information is true and correct and I hereby authorize West Hills College Coalinga to verify the information I have provided. I understand that all requirements must be on file by the deadline established for each semester and certify under penalty of perjury that the information given on this form is true and correct. I understand that failure to report changes in status can result in dismissal from college. | | | | | | | | |
| Student Signature | | Date | | | | | | |
| | | | | | | | | |