



F-1 and M-1 International Student Application

International Student Services & Programs
13300 West Sixth Avenue
Room 1231
Lakewood, CO 80228-1255 USA

This application is for international students seeking an I-20 for an F-1 or M-1 visa specifically to study in the U.S. Complete this application and send it to international@rrcc.edu with all other required admissions documents. If any information is missing, incomplete, or incorrect, the processing of the application will be delayed.

* = Required

Personal Information

*Legal Name: _____
Surname(s)/Family Name(s) Given Names/First and Middle Name(s)

Other names on academic or personal records: _____

*Preferred Name(s): _____

*Birth Date: _____ / _____ / _____ *Country of Birth: _____
Month Day Year

* Country of Citizenship: _____

Gender: Male Female Other * City of Birth: _____

*Primary Language: _____ Other Language(s) Spoken: _____

*Foreign Phone Number: + _____ - _____ *Email: _____

Foreign Address (in Home Country)

*Street Name and Number: _____

*City: _____ *State/Province: _____

*Postal Code: _____ *Country: _____

Mailing Address Same as Above

Street Name and Number: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

U.S. Address (if available)

Street Name and Number: _____

City: _____ State: _____ Zip Code: _____

U.S Phone Number: (_____) _____ - _____

U.S Mailing Address (if available) Same as Above

Street Name and Number: _____

City: _____ State: _____ Zip Code: _____

Student Information

*Student Number: S _____

*Semester Start Preference: Fall (August) Spring (January) Summer (May)

*Year: 20____ Apply by July 8 Apply by November 25 Apply by April 30

*Do you plan to study English as a Second Language (ESL)?

- Yes (ESL ONLY)
- Yes, and I will take Regular College Classes after completing ESL.
- No (Regular College Classes ONLY)

*Preferred Length of Study:

- 1 Academic Year (Maximum for ESL without extension)
- 2 Academic Years (Maximum for most programs without extension)
- 4 Academic Years (For Water Quality Management Degree ONLY)
- Other: _____

*What program/certificate will you study? _____

For a list of acceptable programs and certificates, click **HERE**.

*Do you plan to transfer to another U.S institution after your studies at Red Rocks? Yes No

*What is your level of education?

- Less than High School
 - High School
 - Associate/2-year degree
 - Bachelor's/4-year degree
 - Graduate or Professional Degree (Master's, MD, JD)
 - Doctorate (PhD, EdD)
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Dependents

*Will any dependents (Spouse and/or Children) live with you in the U.S? Yes No

Name	Birth Date month/day/year	City of Birth	Country of Birth	Country of Citizenship	Relationship to you

Please attach a separate paper if you have more dependents.

Current Visa Information

*Are you currently in the U.S? Yes No *Do you currently have a U.S. Visa Yes No

If yes, what is your current visa type? _____

Visa expire date: _____ I-94 expire date: _____

*Are you currently in the U.S. on an I-20 from another institution? Yes No

If yes, please complete the RRCC International Student Transfer In form.

Email international@rrcc.edu to receive the Transfer In form.

*CERTIFICATION/SIGNATURE

I have read and understood the instructions and requirements of admission contained in this application packet. I certify that the information provided is true and complete to the best of my knowledge, and I understand that if the information is found to be otherwise, it is sufficient cause for rejection or dismissal. I further agree to keep the college informed about any changes and/or additional information.

Student Signature _____ Date _____

If you are under 18 years old, we must have the parent's or legal guardian's signature also.

Signature of Parent or Guardian _____ Date _____