

# F-1 Intention to Apply

Submit this document to:

International Student Office • Collin College  
2800 E. Spring Creek Pkwy., Plano, TX 75074

Phone: 972-516-5012 • <http://www.collin.edu/student-services/international.html> • [iso@collin.edu](mailto:iso@collin.edu)

ALL STUDENTS MUST ANSWER ALL QUESTIONS AND SUBMIT WITH ADMISSION REQUIREMENTS

1. Passport Name: \_\_\_\_\_,  
(Last Name) (Given Name)
2. City of Birth: \_\_\_\_\_ 3. Country of Birth: \_\_\_\_\_
4. Country of Citizenship: \_\_\_\_\_ 5. Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Will any F-2 dependents (spouse or children) come with you to the U.S.? \_\_\_ Yes \_\_\_ No
- A. If yes, how many dependents will you bring? Spouse \_\_\_ Children \_\_\_ If yes, please complete the following and attach copies of passports. Add additional pages for additional dependents. Additional proof of funds will be required.

Relationship	Gender	Family Name	Given Name	Date of birth	Country of Birth	Country of

7. What is your funding source (provider of the bank statement or proof of funds)?

\_\_\_ Personal Savings \_\_\_ Your Government \_\_\_ Sponsor

8. Intended Starting Semester:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

9. Intended Major: \_\_\_\_\_

10. Are you a current F-1 Student at another school in the U.S.? \_\_\_ Yes \_\_\_ No

A. If yes, where are you currently studying? \_\_\_\_\_

B. If yes, are you currently on OPT? \_\_\_ Yes (Please attach EAD card) \_\_\_ No

11. Foreign Address (No P.O. Boxes Allowed)

\_\_\_\_\_  
Unit Street Name Apt (If Applicable) City Province Zip Code Country

I understand the information above and certify that it is true and correct. I certify that I, the applicant, have completed this form and the application myself. I understand that I am required to submit all required documentation as listed on the International Admissions webpage at Collin.edu by the deadline and meet all requirements to be eligible for admission.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date