



Broward Technical Colleges

www.browardtechnicalcolleges.com

INTERNATIONAL STUDENT APPLICATION

Please, type or print in ink. Complete all sections of this application.

CURRENT VISA STATUS: F-1 F-2 B-1 B-2 OTHER: _____

I-94 EXPIRATION DATE: _____
(MM/DD/YYYY)

DO YOU HAVE ANY DEPENDENTS: YES NO IF YES ATTACH DEPENDENTS' PASSPORT

WILL YOU BE APPLYING FOR THE STUDENT VISA IN YOUR COUNTRY? YES NO

WILL YOU BE APPLYING TO CHANGE YOUR VISA STATUS IN THE U.S.? YES NO

DO YOU HAVE A CURRENT I-20? YES NO NAME OF SCHOOL ATTENDED: _____

DATES ATTENDED: _____ CURRENTLY ENROLLED? YES NO

DO YOU HAVE DEPENDENTS CURRENTLY ON AN I-20? YES NO

PERSONAL INFORMATION: MALE FEMALE

STUDENT FULL LEGAL NAME: (exactly as printed on your passport)

LAST NAME

FIRST NAME

MIDDLE OR MAIDEN NAME

PHYSICAL ADDRESS INSIDE THE UNITED STATES:

NUMBER AND STREET

APT. NUMBER

CITY

STATE

ZIP CODE

PHONE

E-MAIL

PERMANENT ADDRESS OUTSIDE THE UNITED STATES: (MANDATORY)

NUMBER AND STREET

APT. NUMBER

CITY OR TOWN

PROVINCE/TERRITORY

POSTAL CODE

COUNTRY

PHONE (IN HOME COUNTRY)

PLEASE CHECK WHERE YOU WISH ADMISSION CORRESPONDENCE TO BE MAILED: U.S. FOREIGN

NATIVE LANGUAGE: _____

DATE OF BIRTH: _____ CITY OF BIRTH: _____
(MM/DD/YYYY)

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____



The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, national origin, marital status, race, religion, sex or sexual orientation. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.

Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.

