GERMANNA
COMMUNITY COLLEGE

GCC I-20 APPLICATION

Name: _____

Surname/Primary Name/Last Name   First Name   Middle Name

_____
Preferred Name

Germanna Student ID Number: _____

Date of Birth: _____ / _____ / _____   **Gender (male/female):** _____

Country & City of Birth: _____   **Country of Citizenship:** _____

Address Outside U.S.   **U.S. Address**
(This Information is Required for I-20)

Street: _____   **Street:** _____
City: _____   **City:** _____
Province: _____   **State:** _____
Country: _____   **Zip Code:** _____
Postal Code: _____
Telephone Number: _____

 Please select from the start date and campus of choice:

Semester	Location
Fall	Fredericksburg
Spring	Locust Grove
Summer	Daniel Technology

Student application information:
Please check the Associate degree program that applies to your application:

Administration of Justice
Business Administration
Dental Hygiene (Selective Admissions Program)
Early Childhood Education
Education
Education (K-8 Specialization)
Engineering-Electrical
Engineering-Mechanical
General Studies
General Studies-Psychology Specialization
General Studies-Health and Physical Education
General Studies-Pre BSN
Information Systems Technology
Liberal Arts
Nursing - RN (Selective Admissions Program)
Nursing - LPN to RN (Selective Admissions Program)
Physical Therapist Assistant
Science

F-1 Transfer/Change of Status Applicants

What is your current visa status? _____

If your current visa status is not F-1, enter the last day you are authorized to stay in the U.S., as shown on your Form I-94 or DS2019 _____/_____/_____.

Are you currently in the United States attending a SEVIS approved school?
Yes_____No_____

Name of Current School _____

Location of School _____ _____

Have you maintained your F-1 status at your current school?

Yes _____ No _____

(In order to maintain your current F-1 status, you must ask your current school to release your SEVIS record to Germanna Community College within 60 days of either your program end date or OPT end date. The gap between the GCC program start date and previous program or OPT end date cannot be 5 months or more if you wish to remain in the U.S. during that gap.)

F-1 DEPENDENTS: Please list below any dependents (spouse and/or children) seeking F-2 status and provide copies of their passport(s). You must also provide evidence of additional financial support for dependents: $6,000 for a spouse; $4,000 for each child. Adult F-2 dependents may enroll only in a part-time course of study (may not exceed 6 credit hours). To enroll in 12 or more credit hours, F-1 status must be acquired.

LIST DEPENDENTS SEEKING F-2 STATUS:

	Dependent #1	**Dependent #2**	**Dependent #3**
Family Name			
Given Name			
Date of Birth			
Place of Birth			
Country of Citizenship			

Emergency Contact Information

In case of a severe illness or other emergency circumstance, I wish the following person to be contacted:

Contact Name:	
Address:	
Telephone:	
Relationship to Student	

Federal regulations [8CFR214.3(g)(3)(iii)] require that all schools report the following in SEVIS within 30 days of the registration deadline:

- That the student has enrolled at the school, or dropped below a full course of study without prior authorization of the DSO, or failed to enroll;
- The current address of each enrolled student; and,
- The start date of the student's next session, term, or semester.

By signing below, I am requesting that Germanna Community College issue an I-20 form. I understand that, as an F-1 student, I must enroll in a full course of study with at least 12 credit hours in residence and that if tuition payment is not made in accordance with published payment deadlines, I will be dropped from my classes, which could result in a violation of my F-1 visa status.

I also confirm that I have read and understand all the information contained within the pages of this application and that all information provided therein is true and correct to the best of my knowledge.

Signature:_____**Date:** _____