



AVC International Student Information Form

CCCApply Confirmation # _____ AVC Student ID # (if known): _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Foreign Address: _____

City: _____

Province/State: _____

Country: _____ Postal Code: _____

High School Name: _____ Graduation Date: _____

Name of Last College/University (if any): _____

Dates Attended: _____ Graduated: Yes / No

Degree & Major Completed/Attempted: _____

SEVIS ID # (if known): _____ I-94 Admission #: _____

Social Security #: _____ US Driver's License #: _____

State Driver's License Issued: _____

US Address: _____

City: _____ State: _____ Zip: _____

US Telephone #: _____ Cell #: _____

Email Address: _____ TOEFL Exam: Yes / No Score: _____

Primary Major: _____ Secondary Major (if any): _____

Financial Information: Student Personal Funds: US\$ _____

Other Source of Funds: US\$ _____

Other Source Type: _____

I certify that the information provided above is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____