



TRINITY VALLEY COMMUNITY COLLEGE
INTERNATIONAL STUDENT APPLICATION

PLEASE PRINT

Family Name _____ First _____ Middle _____

Foreign Address _____

City _____ Country _____

Phone: _____ Email: _____

Sex: Male Female Date of Birth (month/day/year) _____

Country of Birth _____ Country of Citizenship _____

Current Address (Mailing) _____

When do you plan to enter TVCC? Fall Spring Summer Year _____

Rate your English proficiency: Good Fair Poor TOEFL (Score of 450 paper or 132 computer) _____

Major field of study _____

PLEASE DO NOT LEAVE BLANK

Parent, guardian, or spouse name _____

Address _____

City _____ Country _____

Phone: _____

Relationship _____ Occupation _____

Student's Signature _____ Date _____

FINANCIAL STATEMENT

Funds for my education will be provided by _____

Relationship to student _____

The sponsor will provide \$ _____ per year for my education.

The following signatures attest that (student's name) _____ will have sufficient funds to pay all financial obligations while at TVCC.

Sponsor's Signature _____ Date _____

Student's Signature _____ Date _____

NOTE: Proof of Financial Responsibility Is Required
Send bank statement showing sufficient funds to provide a minimum of \$7,000.00 for each nine month period student will be at TVCC.

**Please mail or fax this form to: Vice President of Student Affairs, Trinity Valley Community College
 100 Cardinal Drive, Athens, Texas 75751 (FAX#:) 903.675.6345**