



# International Student Admissions Application

Please print or type. If you have questions, please call the Records & Registration Office at (928) 428-8270, or 1-800-678-3808 Ext. 8270.

<b>Name:</b> (First Middle Last)				
<b>Mailing Address:</b> (P.O. Box or Street, Apartment)		City	State	ZIP
Country		Postal Code		
<b>Telephone:</b> Home ( )		Business ( )	<b>Birthdate:</b> ‡ (Month/Day/Year)	<b>Gender:</b> ‡ <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>E-mail Address:</b>				
<b>Visa Information:</b> <input type="checkbox"/> Visa type (specify type) _____ Country _____				
<b>Education Status:</b> (Check all that apply)				
<input type="checkbox"/> High school graduate Name of school _____ State _____ Graduation month/year _____				
<input type="checkbox"/> Expect to graduate from high school Name of school _____ State _____ Expected month/year of graduation _____				
<input type="checkbox"/> Attended other college or university Name of last school attended _____ Dates attended _____				
<b>Reason for Enrolling at Eastern Arizona College:</b> (please write or type your response in this space)				
<b>Primary Subject Area of Interest:</b>				
<b>Race/Ethnic Background:</b> ‡				
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black non-Hispanic		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White non-Hispanic	<input type="checkbox"/> Other		
<b>Do you give permission for the College to release directory information relative to your enrollment (as per the Family Educational Rights and Privacy Act of 1974)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>\$25 Application Fee:</b> EAC accepts Money Orders and Travelers Checks				

‡ Information you provide is voluntary and confidential and is used to comply with federal reporting requirements and has no effect on your enrollment status.



## International Student Medical Form

This form is to be completed by all international students applying for admission to Eastern Arizona College. Please be certain that both pages of this form are completed before returning to Eastern Arizona College's Records and Registration Office.

<b>Student Information—</b>				
<b>Name:</b>	<i>(First</i>	<i>Middle</i>	<i>Last)</i>	<b>Date of Birth:</b> <i>(Month / Day / Year)</i>
<b>Parent or Guardian's Name:</b>	<i>(First</i>	<i>Middle</i>	<i>Last)</i>	
<b>Mailing Address:</b> <i>(Post Office Box or Street, Apartment)</i>	<i>City</i>	<i>Country/State</i>	<i>Postal Code/ZIP</i>	
<b>Home Telephone:</b> <i>(Country/City/Area Code, Telephone Number)</i>	<b>Business Telephone:</b> <i>(Country/City/Area Code, Telephone Number)</i>			

**Personal Medical History—**

List any drugs or medicines you are allergic to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you diabetic?  Yes  No  
Are you epileptic?  Yes  No  
Other medical problems?  Yes  No. If answer is "Yes," please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent for Medical Aid—**

I authorize the Graham County Community College District (Eastern Arizona College) administration, in the event major surgery is indicated, to do or arrange for necessary transportation, hospitalization and surgery in the event I am unable to do so.  
It is my understanding that all such procedures herein above authorized shall be at my expense.  
I hereby release Graham County Community College District (Eastern Arizona College), its administration, District Governing Board, and faculty from any and all liability for damages or injury resulting from the foregoing authorized procedures, except damage or injury resulting from gross negligence.

\_\_\_\_\_ *Student Signature* \_\_\_\_\_ *Date*

Please have the physician fill out the next page. ➡ ➡ ➡

**Physical Exam—**

The following information is to be completed and signed by a licensed physician, and mailed directly by the Physician to: Eastern Arizona College, Records and Registration Office, 615 N. Stadium Ave., Thatcher, Arizona 85552-0769 U.S.A.

<b>Name:</b> (First Middle Last)			<b>Date of Exam:</b>		
<b>Height:</b>	<b>Weight:</b>	<b>Blood Pressure:</b> Systolic Diastolic			
<b>Vision:</b> Right Eye Left Eye		<b>Corrected Vision:</b> Right Eye Left Eye			
<b>Urine:</b> Sp. gr. Alb. Sugar		Microscopic			
<b>Should applicant be excluded from Physical Education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Optional Immunizations:</b> Diphtheria date			Tetanus date		
<b>Optional Tests:</b> Serology (VDRL or equivalent) date			Results		
<b>Has applicant ever received mental health counseling?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list date(s) and place(s):					
<b>Please review questions on cardiovascular symptoms from health history and listen to:</b> <ul style="list-style-type: none"><li>• Heart<ul style="list-style-type: none"><li>○ Murmurs (auscultation standing, supine, +/- Valsalva)</li><li>○ Location of point of maximal impulse (PMI)</li></ul></li></ul> <input type="checkbox"/> Cleared for all sports without restriction <input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____ _____ <input type="checkbox"/> Not cleared <ul style="list-style-type: none"><li><input type="checkbox"/> Pending further evaluation</li><li><input type="checkbox"/> For any sports</li><li><input type="checkbox"/> For certain sports/activity _____</li></ul> Reason _____ Recommendations _____ _____					

**Physician's comments and recommendations—**

This space for Physician's comments and recommendations following the general exam. All comments are handled confidentially.

_____ <i>Physician's Signature</i>		_____ <i>Date of Exam</i>			
<b>Physician's Name:</b> (First Middle Last)			<b>Telephone:</b> (Country/City/Area Code, Telephone Number)		
<b>Mailing Address:</b> (Post Office Box or Street)		City	Country/State	Postal Code/ZIP	



# Financial Certification for International Students

Please print or type. If you have questions, please call the Records & Registration Office at (928) 428-8270, or 1-800-678-3808 Ext. 8270.

<b>Name:</b> <i>Given (First)</i> <i>Middle</i> <i>Surname (Last)</i>			
<b>Mailing Address:</b> <i>City</i> <i>State</i> <i>ZIP</i>			
<b>Telephone:</b> Home: (                      )                      Business: (                      )		<b>Birthdate:</b> _____	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>E-mail Address:</b> _____			
<b>Country of Citizenship:</b> _____		<b>Place of Birth:</b> _____	
<b>Expected Visa Type:</b> <input type="checkbox"/> Academic or Language Training (F) <input type="checkbox"/> Non-Academic Vocational Training (M) <input type="checkbox"/> Exchange Visitor (J) <input type="checkbox"/> Immigrant (PR) <input type="checkbox"/> Diplomatic or Official (A or G) <input type="checkbox"/> Other (specify) _____			

## Student Source of Funds

Enter the expected amount of annual support from the sources listed below. Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.			<b>9. Official Certification of Sources of Funds and Amounts</b> This certifies that I have read the information furnished by the applicant on this form, that it is true and accurate, and that funds are available and will be provided as indicated.		
Student's Source of Funds	Assured Support	Projected Support	Signature of Bank Official _____ Title _____ Name of Bank _____ Bank Address _____ Date _____		
	First Year	Second Year			
<b>1. Personal or Family Savings</b>  _____ Name of Bank  A bank official's signature is required on the certification of the student if partially or totally supported by personal savings.			<b>Parent's Signature is Required</b> (see certification statement above).  Signature of Parent _____  Address _____  Date _____		
<b>2. Parents</b> Money available from sources other than savings.  _____ Father's Name  _____ Mother's Name  Please describe the source. _____					
<b>3. Sponsors</b> Money available from sources other than savings.  _____ Father's Name  _____ Mother's Name  Please describe the source. _____			<b>Sponsor's Signature is Required</b> (see certification statement above).  Signature of Sponsor _____  Address _____  Relationship of Sponsor to Student _____  Date _____		
<b>4. Your Government</b>  _____ Name of Agency  Endose with this form a signed copy of your letter of award.					
<b>Total</b> →			10. How will you pay for your transportation to the U.S.? _____  11. What is the total amount of money you expect to have when you arrive at EAC?.....U.S. \$ _____  12. Do you plan to remain in the U.S. during the summer?  13. If remaining in the U.S. do you plan to attend summer school?  14. What are the sources and amounts available to you during the summer?    AMOUNT _____ U.S. \$ _____ _____ U.S. \$ _____ _____ U.S. \$ _____ _____ U.S. \$ _____		
5. What is the present exchange rate of your country's currency to the US dollar (for example, 3100 pesos=\$1)?..... = \$1 _____			I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.		
6. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? SOURCES: _____ U.S. \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe the restrictions. _____			<b>Signature of Student</b> _____ <b>Date</b> _____		
7. Do you have a source for emergency funds once you arrive in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name the source. _____ Amount available in U.S. dollars \$ _____					
8. A CERTIFICATE OF ELIGIBILITY (Form I-20 or IAP-66 will not be authorized until this form is completed and returned to Eastern Arizona College (EAC). EAC will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate number shown to the U.S. Consul to obtain a visa.					