



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.

Name: (First Middle Last)				
Mailing Address: (P.O. Box or Street, Apartment)		City	State	ZIP
Country		Postal Code		
Telephone: Home ()		Business ()	Birthdate: ‡ (Month/Day/Year)	Gender: ‡ <input type="checkbox"/> Female <input type="checkbox"/> Male
E-mail Address:				
Visa Information: <input type="checkbox"/> Visa type (specify type) _____ Country _____				
Education Status: (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 _____				
Reason for Enrolling at Eastern Arizona College: (please write or type your response in this space)				
Primary Subject Area of Interest:				
Race/Ethnic Background: ‡				
<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		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
\$25 Application Fee: 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.

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

Name: (First Middle Last)			Date of Exam:		
Height:	Weight:	Blood Pressure: Systolic Diastolic			
Vision: Right Eye Left Eye		Corrected Vision: Right Eye Left Eye			
Urine: Sp. gr.		Alb.	Sugar	Microscopic	
Should applicant be excluded from Physical Education? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Optional Immunizations: Diphtheria date			Tetanus date		
Optional Tests: Serology (VDRL or equivalent) date			Results		
Has applicant ever received mental health counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list date(s) and place(s):					

Physician's comments and recommendations—

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

Physician's Signature

Date of Exam

Physician's Name: (First Middle Last)			Telephone: (Country/City/Area Code, Telephone Number)		
Mailing Address: (Post Office Box or Street)		City	Country/State	Postal Code/ZIP	



International Student Recommendation Form

This form is to be completed by all international students applying for admission to Eastern Arizona College. Please be certain that the student AND person making recommendation fill out the appropriate information section and return this form to Eastern Arizona College's Records and Registration Office.

Student Information—			
Name: (First	Middle	Last)	Date of Birth: (Month / Day / Year)
Mailing Address: (Post Office Box or Street, Apartment)	City	Country/State	Postal Code/ZIP
Person Making Recommendation Information—			
Name: (First	Middle	Last)	
Mailing Address: (Post Office Box or Street, Apartment)	City	Country/State	Postal Code/ZIP
<p>Please type or print your recommendation for this student in the space provided below.</p>			

Please mail this completed "Recommendation Form" to:
Eastern Arizona College, Records and Registration Office, 615 N. Stadium Ave., Thatcher, Arizona 85552-0769 U.S.A.



International Student Recommendation Form

This form is to be completed by all international students applying for admission to Eastern Arizona College. Please be certain that the student AND person making recommendation fill out the appropriate information section and return this form to Eastern Arizona College's Records and Registration Office.

Student Information—			
Name: (First	Middle	Last)	Date of Birth: (Month / Day / Year)
Mailing Address: (Post Office Box or Street, Apartment)	City	Country/State	Postal Code/ZIP
Person Making Recommendation Information—			
Name: (First	Middle	Last)	
Mailing Address: (Post Office Box or Street, Apartment)	City	Country/State	Postal Code/ZIP
<p>Please type or print your recommendation for this student in the space provided below.</p>			

Please mail this completed "Recommendation Form" to:
Eastern Arizona College, Records and Registration Office, 615 N. Stadium Ave., Thatcher, Arizona 85552-0769 U.S.A.



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.

Name: <i>Given (First)</i> _____		<i>Middle</i> _____		<i>Surname (Last)</i> _____	
Mailing Address: _____		<i>City</i> _____		<i>State</i> _____	
Telephone: Home: (_____) _____		Business: (_____) _____		Birthdate: _____	
E-mail Address: _____				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Country of Citizenship: _____			Place of Birth: _____		
Expected Visa Type: <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.			9. Official Certification of Sources of Funds and Amounts 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 _____		
	First Year	Second Year	Title _____		
1. Personal or Family Savings _____ Name of Bank A bank official's signature is required on the certification of the student if partially or totally supported by personal savings.			Name of Bank _____		
			Bank Address _____		
2. Parents Money available from sources other than savings. _____ Father's Name _____ Mother's Name Please describe the source. _____			Date _____		
			Parent's Signature is Required (see certification statement above). Signature of Parent _____		
			Address _____		
3. Sponsors Money available from sources other than savings. _____ Father's Name _____ Mother's Name Please describe the source. _____			Date _____		
			Sponsor's Signature is Required (see certification statement above). Signature of Sponsor _____		
			Address _____		
			Relationship of Sponsor to Student _____		
			Date _____		
4. Your Government _____ Name of Agency Enclose with this form a signed copy of your letter of award.			10. How will you pay for your transportation to the U.S.? _____		
Total →			11. What is the total amount of money you expect to have when you arrive at EAC?.....U.S. \$ _____		
5. What is the present exchange rate of your country's currency to the US dollar (for example, 3100 pesos=\$1)?..... = \$1			12. Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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. _____			13. If remaining in the U.S. do you plan to attend summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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. _____			14. What are the sources and amounts available to you during the summer? AMOUNT _____ U.S. \$ _____ _____ U.S. \$ _____ _____ U.S. \$ _____		
Amount available in U.S. dollars \$ _____			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.		
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.			Signature of Student _____ Date _____		