To request an I-20 (Certificate of Eligibility for Nonimmigrant Student (F-1) Status) from Anne Arundel Community College, applicants must submit a signed application online and required materials for admission by the deadline.

Please type or print and answer clearly the questions below.

Please write N/A if a question does not apply to you.

1. Full Name (Family Name, First Name and Middle Name) as in passport.

2. U.S. Social Security # or School ID #: ______________________________

3. Mailing Address (For I-20 Delivery):

   City/Province/Territory ______________________________

   Country __________________________________________ Zip Code/Postal Code _____________________

   Phone Number _______________________________ E-mail ______________________________

   City of Birth _______________________________ Country of Birth ________________________________

   Country of Citizenship________________________ Native Language ______________________________

4. Have you taken Test of English as a Foreign Language (TOEFL)?

   Yes ☐ No ☐

   If Yes, What type of test? Written or Paper-based ☐ Computer based ☐ Internet based ☐

   Test Date: _______ Score: _______

   Please request TOEFL/ETS to send your official test score directly to AACC School Code 5019.

5. Have you taken the ACT, SAT or AACC Placement Test? Yes ☐ No ☐

   If Yes, What type of test? ACT ☐ SAT ☐ AACC Placement Test ☐

   Test Date: _______ Test Scores: ACT English _____ ACT Math _____ SAT English _____ SAT Math _____

   AACC Placement Test Score: _______ Level: Intermediate/Hi-Intermediate/Advanced/Capstone (circle one)

6. Do you wish to apply for a student (F-1) visa from your country? Yes ☐ No ☐

7. Do you have a valid nonimmigrant status and wish to change status to F-1 while in the US? Yes ☐ No ☐

8. Do you have an ACTIVE F-1 status and you wish to transfer to AACC? Yes ☐ No ☐
Travel Information (for applicant already in the United States)

If you are in the United States with an F-1 visa; or you are on a nonimmigrant (temporary) visa wish to change status to F-1 (Student), please provide the requested information below. Applicants changing status must have a valid status at the time of application. Please visit [https://studyinthestates.dhs.gov/change-of-status](https://studyinthestates.dhs.gov/change-of-status) for additional information about change of status to F-1.

Visa Type: ___________________________ Visa Number: ___________________________
Visa Issue Date: ______/_______/_______ Visa Expiration Date: ______/_______/_______
Visa Issuing Post: __________________________ Visa Issuing Country: ___________________________
Admission Number (I-94 departure / entry card): ___________________________
Passport Number: ___________________________ Passport Expiration Date: ___________________
Passport Issuing Country: ___________________________
Port of Entry: ___________________________ Country Entry Date: ______/_______/_______
Drivers License Number: ___________________________ State: ___________________________

Family Supplementary Information

Please provide the requested information for family members or dependents (spouse or child/ren) travelling with you or to include in I-539 change of status application.

Do you have any dependents:  Yes ☐  No ☐  If yes, how many? ___________________________

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<th>Relationship</th>
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<th>First Name</th>
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Emergency Contact Information

Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of primary contact: __________________________________________ Relationship __________________________
Address: ______________________________________________________
____________________________________________________________________
Phone: __________________________ Email: ____________________________

Name of Alternate contact: __________________________________________ Relationship __________________________
Address: ______________________________________________________
____________________________________________________________________
Phone: __________________________ Email: ____________________________

Who will pay for your tuition, fees and living expenses in the United States?

Please provide information about your financial sponsor. An official bank statement must be submitted with this form.

Estimated annual expenses to study at Anne Arundel Community College.
English as a Second Language (ESL) program $23,102
Associate Degree program $30,560
Additional $5,000 per dependent
*Tuition and fees are subject to change without notice*

Full Name: ______________________________________________________
Address: ______________________________________________________
Relationship: __________________________ Contact Information __________

Note: United States resident sponsors must also submit an affidavit of financial support or Form I-134 form downloadable from www.uscis.gov.

I certify that the information given on this form is complete and accurate to the best of my knowledge and that I shall not require additional assistance from Anne Arundel Community College (AACC). I understand that if these funds are not available, AACC is no under obligation to support me. I am fully aware that false misleading statements will result in an automatic denial of admission.

Student’s Signature __________________________________________ Date ___________
(mm/dd/yyyy)