## Lincoln Land Community College, Springfield, Illinois, USA - Office of International Admissions International Student Admissions I-20 (For F-1 VISA) Application

An application fee of \$75.00 USD must accompany this application. Applications received without fee will not be processed.

## Print Clearly - Complete all sections

| Personal Data         | Inte            | ended Start Term & Yo | ear: Fall, S <sub>l</sub> | pring     | _, Summer |
|-----------------------|-----------------|-----------------------|---------------------------|-----------|-----------|
| Complete legal nam    | e:              |                       |                           |           |           |
| Family (Last) Name:   | :               |                       |                           |           |           |
| Given (First) Name:   |                 |                       | Middle N                  | ame:      |           |
| Birth Day:            | _ Month:        | Year:                 | Gender:                   | Male      | Female    |
| Country of Birth:     |                 | Country               | of Citizenship: _         |           |           |
| Email address:        |                 |                       |                           |           |           |
| Phone Number:         |                 |                       |                           |           |           |
| Intended major / are  | a of study: _   |                       |                           |           |           |
| I have / am plar      | ning to take    | the TOEFL on date     | at location               | n:        |           |
| I am from an Er       | nglish speakir  | ng country. TOFEL     | not required.             |           |           |
| Foreign, Home         | , Perman        | ent Address - F       | Required for I-20         |           |           |
| Line 1:               |                 |                       |                           |           |           |
| Line 2:               |                 |                       |                           |           |           |
| City:                 |                 |                       |                           |           |           |
| Province / Territory: |                 |                       |                           |           |           |
| Postal Code:          |                 |                       |                           |           |           |
| Country:              |                 |                       |                           |           |           |
| Current U.S. Addres   | ss (If applicat | ole)                  |                           |           |           |
| Number, street, apt:  |                 |                       |                           |           |           |
| City:                 |                 | State:                |                           | Zip Code: |           |

| If you currently hold a United S                                       | tates Visa please                     | indicate type & expiration date:   |  |  |
|--|---------------------------------------|--|--|--|
| Marital Status, circle one:  | Single                                | Married  |  |  |
| Name of parent or spouse:  |                                       |  |  |  |
| Financial Information  |                                       | Two year / 60 credit hour Associate Degree   |  |  |
| least \$43,000.00 USD available  | for costs associate not offer student | English on an official financial document verifying at ed with a completing a two year / 60 credit hour dormitories, housing or apartments. Student is es. |  |  |
| Estimated 60 credit hours tuition, Estimated housing, food and related | · ·                                   | \$21,000.00 USD.<br>\$22,000.00 USD.   |  |  |
| Your estimated total (U.S. dollars)                                    | available for your p                  | roposed period of study:   |  |  |
| Source and amount of funds   |                                       |  |  |  |
| Personal Funds: \$   | Family Funds: \$_                     | Total funding available: \$  |  |  |
| If the source of your funds is other                                   | than you or your fa                   | mily please complete the following:  |  |  |
| <b>Sponsor Funding Certifica</b>                                       | tion:                                 |  |  |  |
| academic year for the applicant w                                      | hose name and sigi                    | le funds in the amount of \$USD per<br>nature appear below, for study in the United States.<br>for the 2 year / 20 month / four semester normal            |  |  |
| Describe amounts and how often   | funds will be sent / n                | nade available:  |  |  |
| Organization:  |                                       | Phone:   |  |  |
| Signed:  | Title / relationship:                 |  |  |  |

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

## Other / Additional Funding:

| If you are being cons  | idered for an award, loan, grant  | or scholarship for s | tudy in the U.S. fill in belo | ow:        |
|------------------------|---|----------------------|-------------------------------|------------|
| Source and Sponso      | or:   |                      |                               |            |
| Phone:                 |   | Amount: \$           | U                             | JSD        |
| Educational P          | reparation and Exper  | ience                |                               |            |
| institutions attended. | oust be provided and translated. To be awarded LLCC credit. ECE forms for credential evaluations. | Franscripts must be  | e evaluated by ECE /Ed        | ucational  |
| List every school and  | college you have attended or a  | re now attending. F  | rovide exact dates of atte    | endance:   |
| Secondary School       | Professional or Vocational S  | Schools .            |                               |            |
| Name of School         | Dates beginning   | g - ending Na        | me of Degree / Diplom         | a<br>      |
|                        |   |                      |                               |            |
| Colleges, Universiti   | es or Other Institutions  |                      |                               |            |
| Name of School         | Dates beginning - ending  | Name of [            | Degree / Diploma / Cerl       | tification |
|                        | sly attended a college or univertee the school, provide reasor                                    |                      |                               | omplete    |
|                        |   |                      |                               |            |

## Signature and forwarding instructions page

APPLICATION FEE: A \$75.00 USD application fee must accompany this document. Applications received without application fee will not be processed. Do not send cash. Make money order out to LLCC International Admissions. A student wishing to change start terms after receipt of completed I-20 must submit an additional application fee.

Any errors on application or poor handwriting can cause a denial of VISA issue or entry at USA port of entry. Review for accuracy and clear readability. Keep a copy of this document for your records!

- I understand that withholding information requested on this application or giving false information
  may make me ineligible for admissions to LLCC. I certify that the all statements are correct and
  complete and,
- I understand that when my I-20 F-1 VISA process is complete I must be in attendance and enrolled full time for the beginning of the fall semester or my F-1 VISA may be terminated:
- I understand that LLCC does not offer student dormitories, housing or apartments. I am responsible for all housing arrangements, contracts and transportation.

| Signature:   |                                   |                       |                                   |  |                       |
|--|-----------------------------------|-----------------------|-----------------------------------|--|-----------------------|
| Printed name:  |                                   |                       |                                   | Date:  |                       |
| Return all 4 pages of this doo   | cument and any                    | supportir             | ng documentatio                   | on to:   |                       |
| Lincoln Land Community<br>International Admissions<br>5250 Shepherd Rd.<br>PO Box 19256                        | _                                 | or                    |                                   | 217-786-2492<br>International Admission                | ons                   |
| Springfield, IL. USA 62  | 794-9256                          | or                    | Email to:                         | lesley.frederick@llcc.                                 | edu                   |
| FedEx mailing instruct   | ions to rece                      | ive you               | r I-20                            |  |                       |
| If the mailing address you address as listed on page as it should on a mailing I postal code etc. This will be | 1 please provi<br>abel to you. Ir | de full m<br>nclude s | nailing address<br>treet address, | below. This must appear<br>city, province / territory, | r exactly<br>country, |
|  |                                   |                       |                                   |  |                       |
|  |                                   |                       |                                   |  |                       |
| Phone Number:  |                                   |                       |                                   |  |                       |
| Admissions Office Only Below:<br>SEVIS version 04/01/14 – RJG  | App Fee Recei                     | ved:                  | Cmpl                              | t:   | 4 of 4                |