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3701 International Blvd, Oakland, CA 94601 | (510) 261-8256

International Student Admission Application

Name:

Last name First name Middle name

Mailing address:

Permanent address:

(if different)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which is your application status?  New international student applicant  Transfer

If transfer, from where? How many hours do you currently have?



|  |
| --- |
| When would you like to begin classes?  January  February  March  April  May  June  July  August  September  October  November  December |

Which program are you interested in?  Cosmetology  Esthetician  Manicure

List the last high school you attended and your status when you left (i.e. Grad, GED, Withdrew). List all other educational institutions you have or are attending. Please be sure to include ICOC if you have attended ICOC in the past.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of institution, city, state, country |  | From mo./yr | To mo./yr | Diploma/GED/Degree |
| High School |  |  |  |  |  |
| Cosmetology  School |  |  |  |  |  |
| College |  |  |  |  |  |

**Visa information**

Do you presently have a United States Visa? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what type?? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Are you a transfer student currently in the United States with an I-20? If yes, what school issued your I- 20?   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach your photo and any dependents in the box below.

**Application Fee**

Please select one of the payment methods below

l. International money order. US $400 (make sure payable to: International College of Cosmetology)

2. Credit Card

Visa/Master Card Expiration Date:

Card Holder Name: 

Card Number:

Signature:

**What to send to apply for admission**

* Completed application
* Non-refundable/non-transferable registration + SEVIS fee of $400 US dollars
* Passport ID picture for applicant and dependents
* Original bank verification letter and/or scholarship letter
* Health insurance verification

**Statement of Financial Eligibility**

All students must fill out this section in order 10 receive a SEVIS form 1-20. All students requesting 1-20 must demonstrate evidence of financial support for their stay in the United States.

Financial Declaration:

Approximate cost of course programs vary. Please view the instructions on our website for tuition, fees, books, accommodations, meals, and personal expenses. An additional $2000, for every three months, is required for each dependent included on the Form 1-20. Feel free to email [sevis@icoc.edu](mailto:sevis@icoc.edu) or call us at (510) 261-8256 if you have any questions.

Indicate the person or organization responsible for your expenses during your stay at International College of Cosmetology.

* Myself
* My parents
* Sponsor

*Note: Please attach an original bank letter or original scholarship letter in English with the amount indicated in U.S. dollars*

Name and address of person or organization responsible for the payment of your expenses.



Organization



Last Name First Middle

Address: 





Telephone:  Fax: 

Do you want to include your spouse and/or children on the SEVIS Form 1-20?

(Attach additional sheets if necessary).  YES  NO

If yes, please provide the following information and submit a copy of passport I.D. page for each person:

Full legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (month/day/year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from International College of Cosmetology if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_