



## Application for Study Abroad

### 1. Agent Details

I hereby nominate the below Agent to submit this application to Santa Barbara City College (SBCC) on my behalf including all necessary documents, and to act as my representative for all correspondence.

Name of Agent	<b>GOstralia!-GOmerica!</b>
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Berlin/Hamburg

### 2. Study Abroad Program Information

Proposed start date	<input type="checkbox"/> Fall <input type="checkbox"/> Spring    Year: 20____
Proposed duration	<input type="checkbox"/> 1 Semester <input type="checkbox"/> 2 Semesters
Have you applied to SBCC before?	<input type="checkbox"/> No <input type="checkbox"/> Yes, ID: _____
Have you studied or are you studying at a college/university?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many credits would you like to take?	<input type="checkbox"/> 12 CP <input type="checkbox"/> 15 CP

### 3. Applicant Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Family name	
Given name	
Middle name(s)	
Do you have another legal name?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Date of birth	____/____/____ (dd/mm/yyyy)
City of birth	
Country of birth	
Citizenship	
Passport number	
Passport expiry date	____/____/____ (dd/mm/yyyy)
Are you Hispanic or Latino?	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is your ethnicity?	
Are you currently in the US on a F-1 visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently in the US on another visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
What is your main language?	

#### 4. Contact Details

E-mail address	
Mobile phone	(+_____)
Street name & number	
City	
State	
Country	
Postcode	
Do you currently live in the US?	<input type="checkbox"/> No <input type="checkbox"/> Yes

#### 5. Dependents

Do you plan to bring any family members with you to the US?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if you answer yes, please contact GOmerica! before sending in your application)
---	--

#### 6. Funding information

Submit the funding form as well as a bank statement, sponsor's bank statement, BAfoeG letter or scholarship letter. The minimum balance must cover \$13.393 per semester. Financial documents must be less than 3 months old.

Source of Funds (multiple sources are possible)	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Other: _____
---	--

#### 7. English Language Qualification

All applicants are required to provide evidence of their proficiency in the English language.

Does your high school English satisfy the language requirements?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you sat/will you sit an English language test?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Test: _____
Test date	____/____/____ (dd/mm/yyyy)
Test score (if available)	

#### 8. Secondary Education (high school)

Name of school	
City	
State/Region	
Country	
Start date	____/____ (mm/yyyy)
Proposed end date	____/____ (mm/yyyy)
Graduation date	____/____ (mm/yyyy)
Did you take English until the end of school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you take Maths until the end of school?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**9. Tertiary Education (if any) (University, etc)**

Are you currently enrolled in a tertiary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
City	
State/Region	
Country	
Start date	_____ / _____ (mm/yyyy)
Proposed end date	_____ / _____ (mm/yyyy)
Degree title	
Have you already completed another tertiary program? (if yes, complete below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of institution	
City	
State/Region	
Country	
Start date	_____ / _____ (mm/yyyy)
Proposed end date	_____ / _____ (mm/yyyy)
Degree title	
Have you ever attended/are you currently attending a language school in the US?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please attach details

**10. Parent/Guardian information** (must complete if you are under 19 years of age)

Family name	
Given name	
Middle name(s)	
Street name & number	
City	
State	
Postcode	
Country	
E-mail address	
Home phone	(+___)
Mobile phone	(+___)

**11. Visa Information**

Will you require a SEVIS Form I-20 to apply for an F-1 student visa?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address you want your I-20 to be sent to	
Street name & number	
Apartment/Unit (if applicable)	
City	
State	
Postcode	
Country	

**12. Sport Information**

Are you interested in joining an official team sport (NOT physical education)?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ _____
--	--

**13. Application Fee**

A non-refundable Application Fee of US\$75 must be paid with each application form submitted. Applications will not be processed unless accompanied by the Application Fee. Please pay your application fee using this [Link](#). Attach the paid ticket confirmation to the application.

**14. Declaration and Signature**

I declare under penalty of perjury that the statements submitted by me are true and correct. All materials submitted by me for the purposes of admission become property of Santa Barbara City College. I understand that falsification, withholding pertinent data, or failure to report change in residence may result in my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)