INTERNATIONAL STUDENTS: Concurrent/Transient

This application is for international students who currently have an I-20 issued by a college or university and who are interested in attending St. Philip's College simultaneously or only during the summer.

1 Complete ApplyTexas online:
   • www.applytexas.org

2 Complete Concurrent/Transient Application
   • Download and print application:
     http://www.alamo.edu/spc/international/

   Complete, sign and mail to:
   St. Philip’s College
   International Student Services-Box 333
   1801 Martin Luther King Dr.
   San Antonio, Texas 78203

3 Immigration Documents
   Submit copies of the following:
   • Current and previous I-20
   • Visa
   • Passport
   • Form I-94 www.cbp.gov/i94

4 Official Academic Record
   • Submit Official college/university transcripts in a sealed envelope or transcripts can be sent electronically directly from your college/university transcript office

5 $100 Application Fee
   To pay $100.00 (non-refundable) application fee, go to: Submit International Application fee

   Print receipt and submit with application

6 Bacterial Meningitis Vaccination
   Applicants under the age of 22 of age must provide proof of having received the Bacterial Meningitis vaccination before you will be permitted to register for classes.

   You may receive the vaccination in your home country or once you arrive in the U.S.

   This documentation must be submitted 3 weeks prior to the first day of class.

   For additional information, go to:
   http://www.alamo.edu/meningitis/

7 Authorization Letter
   Applicants must provide an official permission letter signed by the international student advisor

8 Passport Photograph
   Attach a passport size photograph to the application
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Student Information
(PLEASE PRINT INFORMATION AS LISTED ON PASSPORT)

Last Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Date of birth: ______/____/____ Male _____ Female _____ Visa Type __________ Visa Expiration Date ______/____/____

MM DD YYYY MM DD YYYY

Passport Number: ___________________________ Passport Expiration Date ______/____/____ Country of Citizenship: ___________________________

MM DD YYYY

City & Country of Birth: ___________________________ Country of Residence: ___________________________

Email: ___________________________ Telephone: ___________________________

Address in United States:

Street Address: ___________________________

City: ___________________________ State: ___________________________ Postal Code: ___________________________

Admission Information

Term applying for:

Fall (August) 20 ________ Spring (January) 20 ________ Summer (June/July) 20 ________

You are applying as:

☐ Concurrent (Fall or Spring)

☐ Transfer (Summer only)

Name of college/university ___________________________

I CERTIFY THE INFORMATION ON THIS APPLICATION IS CORRECT.

_________________________ ___________________________
Signature of Student Date

OFFICE USE ONLY

Banner ID ___________________________ Visa Type ___________________________ Exp. Date ___________________________

P/DSO ___________________________ Date ___________________________