INTERNATIONAL STUDENTS: OTHER VISAS
This application is for individuals who hold a non-immigrant visa that under USCIS are permitted to engage in part-time or full-time study.

1. Complete ApplyTexas online:
   - www.applytexas.org

2. Complete Other Visas 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
   If you hold are the primary or dependent with a non-immigrant visa, you may be eligible to study at St. Philip’s College.
   You must submit copies of the following:
   - Your visa
   - Primary’s visa if applicant is the dependent
   - Passport
   - Form I-94 www.cbp.gov/i94
   - Employment letter for primary visa holder

4. Official Academic Record
   - Submit Official transcript from high school or previous college and/or university
   - All foreign documents must be translated and/or evaluated by a member of the National Associate of Credential Evaluation Services (NACES) organization. Only evaluations from NACES members will be accepted.
   - Go to www.naces.org for list of members

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. Passport photo
   Attach a passport size photograph to the application
International Students: OTHER VISAS

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:

☐ New Student (first time in college)
☐ Transfer (from a U.S. college/university)

Program of Study/Major: ____________________

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 ____________________