



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



Attach
 Passport Size
 Photo

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 _____