

**OHLONE COLLEGE
INTERNATIONAL DEAF STUDENT PROGRAM**

Overseas Applicant

In U.S. Applicant

Fall Semester 20_____

Spring Semester 20_____

I. BIOGRAPHICAL INFORMATION

1. Name on school records _____
Family Name Personal Name

Name of passport _____
Family Name Personal Name

2. _____
Address where you want answer sent

3. _____
City State/Province Country

4. _____ 5. _____
Country of birth Country of citizenship

6. _____ 7. _____ 8. _____ 9. _____
Telephone Number Birth date: Age Man or Woman?
Month/Day/Year

10. _____
Subject you plan to study: Business? Computers? Select from attached list.

11. _____
Name and short description of professional position or job you plan to get in your country when you finish your education in the U.S.

12. Do you know American Sign Language? Yes No

13. Have you Studied English? Yes No

If yes, where? _____ How many years? _____

14. _____
Name of friend or relative living in United States Relationship

_____ Address Telephone number

_____ City State Zip code

_____ Occupation Job Title Employer

15. Is this person a United States citizen? Yes No

II. Educational Background

1. List the names and addresses of all schools you have attended. Use an additional sheet of paper if you need more space to write.

Your age when you attended	Name of school	City	Country	Date transcript or mark sheet sent to Ohlone College
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____
Age _____ to Age _____	_____	_____	_____	_____

2. Educational examinations at the national level are a standard part of education in many countries. Examples of these examinations are:

Hong Kong – Certificate of Education
 British, Cambridge, Singapore – “O” Levels and “A” Levels
 India/ Pakistan – Intermediate Certificate of Higher School Learning Certificate BA, BSC,
 BS Level I, II, III or equivalent
 Indonesian – SMA
 United States – S.A.T., A.C.T., G.E.D.

List the National exams you have taken and diplomas or certificates you have earned. Use an additional sheet of paper if you need more space to write.

Date of exam	Name of National exam or diploma or certificate	Your age	City	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Certified copies of all mark sheets, National examination results, diplomas and certificates must be sent to the college either with this application or in a separate envelope by the certifying agency. Choose the appropriate response below to describe how Ohlone College will get your documents.

I have attached certified copies of all educational documents: Yes No

The copies are being mailed to you by _____
Name of school or agency

You should receive them by _____
Date

Other (Please explain)

III. LETTERS OF REFERENCE

You must file at least one letter of reference (preferably two) from former teachers, school officials or employers testifying to your character and abilities. Those letters may be included with your application in a separate sealed envelope or sent directly to: Ohlone College, c/o International Deaf Student Program.

IV. I affirm the statements made in this application and accompanying documents are true to the best of my knowledge.

Your signature

Date

V. Video Clip/DVD

Please take 2-3 minutes to tell us in sign language about your interest in attending Ohlone College and how you learned about our College?

Please upload the video clip to YouTube or an alternate large file transfer platform and email the link to nzhou@ohlone.edu

F-1 VISA

CONFIDENTIAL REPORT ON CANDIDATE FOR ADMISSION TO OHLONE COLLEGE INTERNATIONAL DEAF STUDENT PROGRAM

Name of student: _____

Address: _____

I, _____ give my consent for the release of the information requested on this form which is to be sent to Ohlone College.

Applicant's Signature

Date

The above student is applying for admission to Ohlone College. The student has been instructed to ask the school principal, director or teachers to complete and return confidential reports. We would appreciate your careful analysis of the applicant's performance and potential.

1. How long and in what capacity have you known this student?

2. What is your opinion of this student with respect to the following qualities? (Please try to give specific examples of evidence to support your statements.)

Character:

Seriousness of purpose:

Academic ability:

Academic preparation in major subjects:

Social and emotional adjustment:

Ability to live independently in a foreign country:

Ability to finance education abroad:

Probable academic success at an American college:

Attendance record at your school: Excellent Good Fair Poor

General overall health: Has student's attendance been adversely affected by illness?

None Few Some Many

Completion of assigned work on time in your class: _____

English Language Skills:

Reading: _____

Idiomatic Vocabulary: _____

3. Other Remarks:

4. Latest INS Operating Instructions require that each school verify that the F-1 Visa student has maintained F-1 Visa status at the point of transfer. Has this student, to the best of your knowledge, maintained F-1 Visa status while at your school? Yes No

Thank you for your cooperation in this matter. Please send this form directly to:

Deaf Studies Division
International Deaf Student Program
43600 Mission Blvd.
Fremont, CA 94539
United States

OR seal in an official envelope with your signature across the seal and give it to the student to mail with his/her application.

Date

Signature of person preparing this form

Position or Title

School seal or stamp