



## Change of Status Application Checklist

*This application is for individuals who currently hold a valid non-immigrant visa and wish to apply for F-1 student status.*

**(B1/B2 visa holders are not permitted to enroll in academic classes)**

- ☐ **Admissions Application**
  - Apply for Admissions online: <https://goapplytexas.org/>
- ☐ **Change of Status Application**
- ☐ **Proof of Financial Resources**

*Financial Resources and Requirements Form*

Applicants and/or the applicants sponsor must provide financial documentation in English that verifies the ability to cover the cost for each year of attendance.

  - Official bank letter in English that verifies the ability to cover cost of attendance.  
**Bank statements, tax returns, or letters of employment are not accepted**
  - Sponsor Affidavit of Financial Support Form  
Estimated cost per year: \$28,500  
Spouse & children: \$5,000 (for each dependent)
- ☐ **Official Academic Record**
  - U.S. high school, college, or university official transcripts must be sent to:
    - [pac-admin@alamo.edu](mailto:pac-admin@alamo.edu). **Only transcripts sent by the school, college, or university will be accepted. Forward emails will not be accepted.**
  - Non-U.S. credentials will need to be translated and evaluated through NACES  
[www.naces.org](http://www.naces.org)
- ☐ **Passport**
  - Attach a copy of your passport
- ☐ **Photograph**
  - Attach a current photograph to your application
- ☐ **Statement of Understanding**
  - Carefully read and sign the Statement of Understanding included in this application.
- ☐ **\$100.00 non-refundable Application Fee**
  - To pay the application fee, go to: [International Application Fee](#)
  - Submit copy of receipt with this application
- ☐ **Additional Requirements**
  - Copy of current visa
  - Copy of I-94-To Print, go to: [Get Most Recent I-94](#)

### Application Deadline:

All required documents must be submitted 60 days before your current visa expires

### Application Submission:

Send electronically to: [pac-intl@alamo.edu](mailto:pac-intl@alamo.edu)



## Change of Status Application

### Student Information

Surname (Last Name): \_\_\_\_\_ Given Name (First Name): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_  
DD MM YYYY

Passport No. \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Nationality \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Address in your Home Country

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Address in the United States (if applicable)

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Admission Information

I am applying for: ☐ Fall semester (August): \_\_\_\_\_ ☐ Spring semester (January): \_\_\_\_\_  
YYYY YYYY

### Program of Study

Intended Major at PAC: \_\_\_\_\_

### English Language Proficiency (select one)

Attach score report to application

☐ TOEFL score: \_\_\_\_\_ 500 minimum

☐ iBT TOEFL score: \_\_\_\_\_ 61 minimum

☐ IELTS score: \_\_\_\_\_ 5.0 minimum

## Current Visa Information

What type of visa do you currently hold? \_\_\_\_\_

Expiration Date of Visa Status: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B-1/B-2 Holders:** When does your six-month stay expire? (Check I-94): \_\_\_\_\_

**Other Visa Holders (J-1, H-4, etc.):** When does your current status expire?: \_\_\_\_\_

**I-20 Delivery (Select one):**

☐ Electronically to applicant email

☐ Pick up at PAC ISS Office by Applicant or Representative

**Important:** In accordance with U.S. immigration regulations, I-20s must be sent directly to the applicant. They cannot be issued to third-party agents or agencies.

## Representative Information (if applicable)

I, \_\_\_\_\_, hereby authorize the following representative to receive or collect my Form I-20.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country/Territory: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Emergency Contact Information

(Name of family member in your home country)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country/Territory: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

I certify the information on this application is true and correct. I understand any false or misleading information could result in the cancellation of my Palo Alto College I-20 application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Note: Receipt of the Form I-20 does not guarantee F-1 visa issuance or USCIS approval for change of status**

# Dependent Form

This form is used to identify family members (spouse and/or children) who will apply for the F-2 dependent visa. If there are more than 3 dependents, please print additional copies of this page.

## Dependent -1

Surname (Last Name): \_\_\_\_\_ Given Name (First Name): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Passport No. \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Dependent -2

Surname (Last Name): \_\_\_\_\_ Given Name (First Name): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Passport No. \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Dependent -3

Surname (Last Name): \_\_\_\_\_ Given Name (First Name): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Passport No. \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

# Financial Resources and Requirements Form

This form must be completed to verify that the student has sufficient support for study at Palo Alto College.

## Estimated Cost of Attendance (Per Year)

Tuition & Fees*	\$7,972.00
Books & Supplies	\$500.00
Living Expenses (Housing, Utilities)	\$14,250.00
Miscellaneous Expenses (Transportation, Food)	\$5,778.00
<b>Total Estimated Cost=</b>	<b>\$28,500.00</b>
<i>Additional Amount Required per Dependent**</i>	<i>\$5,000</i>

\*Tuition & Fees are calculated based on 12 credit hours per semester (Fall & Spring). This amount does not include special tuition rates that may not apply.

\*\*An additional \$5,000 evidence is required for each dependent

## Sources of Funding (Check all that apply)

☐

Personal Funds-Submit an official bank letter-**Bank statements are not accepted.**

☐

Family/Sponsor(s) Funds

- Name of Sponsor(s): \_\_\_\_\_
- Relationship to Applicant: \_\_\_\_\_
  - Submit an official bank letter(s)-Name(s) must match the financial document.

☐

Government/Scholarship-Attach official funding letter

## Certification of Financial Responsibility

I certify that the financial information provided on this form is true, accurate, and complete. I understand that as an F-1 student, I (or my sponsor) must have sufficient funds to cover tuition, fees, living expenses, and any applicable dependent costs for the duration of my studies at Palo Alto College.

Additionally, I confirm that I (or my sponsor) will have adequate funds to travel to and from the United States. I acknowledge that failure to maintain sufficient financial support may impact my F-1 status.

By signing below, I confirm that I have read and understand the financial requirements outlined in this form.

\_\_\_\_\_  
Student's Name (Printed Name)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# Sponsor Affidavit of Financial Support

This form must be completed and signed by the individual or organization providing financial support to the student.

## Sponsor Information

Sponsor's Full Name: \_\_\_\_\_

Relationship to Student: ☐ Parent ☐ Relative ☐ Friend ☐ Other: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Sponsor's Citizenship & Residency Status

Sponsor's Citizenship (Select one):

☐ I am a U.S. citizen or Lawful Permanent Resident (**This form must be notarized**)

☐ I am NOT a U.S. citizen or Lawful Permanent Resident

## Financial Commitment & Certification Statement

I certify that I am financially responsible for supporting the above-name student and any dependents listed on their I-20 during their studies at Palo Alto College. I confirm that I have adequate funds to cover the students' tuition, fees, living expenses, and other necessary costs, as well as the required financial support for each dependent.

Additionally, I acknowledge that I have sufficient financial resources for the students and their dependents to travel to and from the United States as needed.

I affirm the contents of this Affidavit signed by me along with the attached documentation are true and correct.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

If the sponsor is a U.S. citizen or Lawful Permanent Resident this form must be notarized

Signed before me this \_\_\_\_\_ of 20\_\_\_\_ in, \_\_\_\_\_, County.  
(Month) (Day) (Year)

\_\_\_\_\_  
Notary Public

# F-1 Student Rules and Regulations

By signing this document, I agree to comply with the following F-1 visa regulations, as well as the policies of the Alamo College District and PAC ISS Office.

## 1. Tuition and Payment

I understand that my tuition and fees must be paid in full by the published payment deadline. Failure to pay on time will result in my courses being dropped for non-payment, which may impact my F-1 status.

## 2. Reporting Requirements

I acknowledge that Palo Alto College International Student Services Office is required to provide student enrollment and status updates to the Student and Exchange Visitor Program (SEVP). I understand that failure to maintain my enrollment or full-time status may result in the termination of my SEVIS record.

## 3. Financial Responsibility

I certify that Palo Alto College is not responsible for any financial, health, or legal difficulties I may encounter while in the United States. I also understand that the college will not seek financial assistance on my behalf.

## 4. Academic Standing

I must pass my classes to make progress in my program. If I do not meet the required academic standards, my F-1 status might be at risk.

## 5. Concurrent Enrollment

I must have written approval from PAC ISS before enrolling in classes at another college, including other colleges within the Alamo Colleges District.

## 6. Online Course Limitations

I understand that only one 3-credit hour online course may be counted toward my full-time enrollment each semester. "Online" includes hybrid, Zoom, and fully online classes.

## 7. Attendance Policy

I understand that I must attend every class. I also understand that missing classes may result in being dropped, which could impact my F-1 visa status.

## 8. Health Insurance Requirement

I am required to maintain adequate health insurance coverage while studying in the U.S. and must provide verification of my health insurance policy every semester.

## 9. Employment Restrictions

Off-campus employment is not allowed without authorization from USCIS. On-campus employment requires approval from PAC ISS. Working without authorization will result in the termination of your F-1 status.

## 10. Academic Integrity

I must follow Palo Alto College's academic integrity policies, which do not allow cheating, plagiarism, or submitting false work. Violating these policies may result in disciplinary action and could impact my immigration status.

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Student Signature

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Date