



Washtenaw Community College

Admissions Office
SC 203
PH: 734.973.3543
Hours
M-TH 8 AM—7 PM
Fri 8 AM—5 PM

F1 Applicant's Signature Form

This form needs to be completed by the student indicating their permanent address in their home country.

Please submit along with a passport copy.

Applicant Information:

Full Name: _____

(Please print clearly)

WCC ID #: _____ Date of Birth: _____

Country of Birth: _____

Country of Citizenship: _____

Permanent Address in Home Country:

Street Address: _____

(P.O. Box not acceptable)

City: _____

Postal Code: _____ Country: _____

I certify that the information I submitted on my application is correct and complete to the best of my knowledge.

Applicant's Signature

Date

***Please mail to the address below or scan and send directly from WCC student email account.**