



# Washtenaw Community College

Office of Admissions

## SIGNATURE FOR F-1 STUDENTS

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Please Print Clearly)

WCC Student ID Number: \_\_\_\_\_

Permanent Address in Home Country: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

WCC OFFICE OF ADMISSIONS / INTERNATIONAL  
4800 East Huron River Drive  
P.O. Box D-1  
Ann Arbor, Michigan 48106-1610