



Application for International Students

APPLICATION DEADLINES
 Fall, July 15
 Spring, November 15
 Summer, April 15

Student Information (please print or type)

First Name	Middle Name	Family Name/Last Name	Maiden or Previous Name
Social Security No.		Date of Birth (MM/DD/YYYY)	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Educational Level	<input type="checkbox"/> Certificate Program	<input type="checkbox"/> Associate Degree	
Major			
When do you wish to enroll?	<input type="checkbox"/> Spring (year)	<input type="checkbox"/> Summer (year)	<input type="checkbox"/> Fall (year)

Contact Information

Permanent Address in Home Country			
City	State/Province	ZIP/Postal Code	
Country	Mobile Telephone (with area code)	Home Telephone (with area code)	
Current Address in USA			
City	State	ZIP	
Local Telephone (with area code)		Email Address	

Immigration Information

Country of Citizenship	Country of Residence	
Country of Birth	Current or Desired Immigration Status	
USA Entry Date on I-94 (MM/DD/YYYY)	Port of Entry (I-94)	
Admission No. (I-94)	SEVIS ID No. on I-20 (for current F-1 students)	
Visa Type	Visa No.	Visa Issue Date (MM/DD/YYYY)
Visa Issuing Post	Visa Issuing Country	Visa Expiration Date (MM/DD/YYYY)
Passport No.	Passport Issuing Country	Passport Expiration Date (MM/DD/YYYY)

Dependent Information

Dependent is defined as spouse or child under 18 on an F2 visa status in the USA. If you plan to bring a dependent to the US, please provide sufficient funds as listed on the Financial Statement of Support.

Name (Last, First Middle)	Date of Birth (MM/DD/YYYY)	Country of Birth	Country of Citizenship	Relationship

Academic Information

Name of secondary school, high school or intensive English program attended in the USA or outside the USA	
Name	Date(s) Enrolled
List all of the colleges/universities attended	
Name	Date(s) Enrolled
Name	Date(s) Enrolled
Name	Date(s) Enrolled

Emergency Contact Information

If you want a friend or family member to discuss your file with CC or pick up your I-20, complete the following:			
Name of Local Contact (USA)			
Local Contact Address			
City	State	ZIP	
Telephone (with area code)	Email	Relationship to Student	
Name of Contact Overseas (Home Country)			
Home Country Contact Address			
City	State/Province	ZIP/Postal Code	
Telephone (with area code)	Country	Relationship to Student	
Email Address			

My dated signature certifies that all information I provided on this application is complete and correct to the best of my knowledge.

Signature
Date