

COFFEYVILLE COMMUNITY COLLEGE

400 W 11th Street Coffeyville KS 67337

620.252-7102 Fax: 620.252.7016 E-mail: beeson.brandi@coffeyville.edu

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Name: _____
Last First Middle

Permanent Home Address: _____ City: _____

State/Providence: _____ Country: _____

Address to mail I-20 and other information: _____

City: _____ State/Providence: _____ Telephone: _____

Country of Citizenship: _____ Country of Birth: _____

Date of Birth: _____ Sex: Male _____ Female _____
Month/Day/Year

Email address: _____

Begin Enrollment: Fall (August) _____ Spring (January) _____ Year: _____

Field of Study: _____ I will _____ I will not _____ need on campus housing

Emergency Contact Person: _____ Relationship: _____

Address: _____ Telephone: _____

REQUIREMENTS FOR ADMISSION:

Please indicate which items are enclosed. If an item is not enclosed with this application, please explain.

- _____ Transfer Student Application (if you have attended other post high school in America)
- _____ Official high school transcript & an English translation of official high school transcript, or other College transcripts with graduation date
- _____ Financial statement from a financial institution indicating ability to support student
- _____ Official test of English as a foreign language (TOEFL) minimum score of 450 paper, 133 computer based or 45 internet based
- _____ \$100.00 for I-20/admission (in U.S. dollars)
- _____ \$100.00 for Residence Hall deposit (in U.S. dollars) and the dorm contract (available on-line)
- _____ Proof of American Health Insurance
- _____ Copy of Current Passport

I certify that all the information provided above is complete and correct to the best of my knowledge. I understand that I will not be issued an I-20 until all admission requirements are received at Coffeyville Community College.

Signature

Date

For Office Use Only: Date Received: _____ Amount Received _____