

COFFEYVILLE COMMUNITY COLLEGE

400 W 11th Street Coffeyville KS 67337

620/251-7700 ext. 2086 Fax: 620/252-7098 E-mail:marlal@coffeyville.edu

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Name: _____

Last First Middle

Permanent Home Address: _____ City: _____

State/Province: _____ Country: _____

Address to mail I-20 and other information: _____

City: _____ State/Province: _____ Telephone: _____

Country of Citizenship: _____ Country of Birth: _____

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

US Social Security Number: _____ (if applicable)

Email address: _____

Begin Enrollment: Fall (August) _____ Spring (January) _____ Summer (May) _____ 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)

____ English translation of official high school transcript, & any ESL or other College transcript

____ Financial statement from a financial institution indicating ability to support student

____ Official test of English as a foreign language (TOEFL), or evidence of English proficiency

____ \$100.00 for I-20/admission (in U.S. dollars)

____ \$75.00 for Residence Hall deposit (in U.S. dollars) and the dorm contract (available on-line)

____ Proof of American Health Insurance

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 _____