International Student Supplemental Application

Please complete all information.

Please select the location you plan to attend

Columbus, Nebraska   Grand Island, Nebraska   Hastings, Nebraska   Kearney, Nebraska

Personal Information

Type your name as it appears or will appear on your passport. (Provide a copy of your Passport personal information page)

_____
Surname / Primary Name / Last Name as appears on passport

Gender   Male   Female
(please check one)

_____
Given / First as appears on passport   MIDDLE

_____   _____
City of Birth   Country of Birth

_____   _____
Country of Citizenship   Date of Birth MM/DD/YYYY

Do you plan to bring dependents (spouse or children) with you to CCC?   ☐ YES   ☐ NO

If yes, on a separate sheet of paper, submit the following information about each dependent with this application. An I-20 is needed for each dependent. Family housing not available.

1. Full names as shown on passport
2. Relationship to you
3. Gender
4. Date of birth
5. Country of birth
6. Country of citizenship

Permanent Address in Your Home Country   **Mailing Address** *(to receive official CCC correspondence)*

_____   _____
Address   Address

_____   _____
Address 2   Address 2

_____   _____
City   City

_____   _____
State/Province   State/Province

_____   _____
Country   Postal Code   Country   Postal Code

_____   _____
Telephone Number *(Include Country Code and City Code)*   Fax Number *(Include Country and City Code)*

_____   _____
Cell Phone Number *(Include Country Code and City Code)*   Email Address

Contact Person in the United States *(if available)*

_____   _____
Name *(First and Last)*   Telephone Number

_____   _____
Address   Email Address

_____
Address 2

_____
State/Province   Postal Code

_____
Telephone Number

Visa & Passport Information *(must be completed)*

If you are currently in the U.S. on an F-1 student visa, please list the name of the institution that has issued your I-20:	Type of Visa:
Visa Issue Date:	Visa Expiration Date:
Visa Number (red with 8 letters and/or numbers):	Visa Issuing Country:
Passport Number:	Admission/I-94 Number:

Admission Information

Intended Major _____

Beginning Level of Study   **Attendance Beginning:** *(Summer start terms are not available for F1 Visa Students)*
☐ Freshman   ☐ Fall (August)   Year: _____
☐ Transfer Student   ☐ Spring (January)   Year: _____

Is this the first time you have applied for CCC admission?   ☐ YES   ☐ NO
    If no, when did you seek admission?

_____   _____
Semester   Year   CCC Student I.D. Number

Have you ever enrolled and/or withdrawn from classes at CCC?   ☐ YES   ☐ NO

_____
Semester   Year

Proficiency in the English Language (REQUIRED): *Submitting official SAT, ACT or MAP scores will waive testing requirement. All SAT, ACT, and/or MAP scores must prove English and Math college readiness. Please request official Duolingo, IELTS, TOEFL, ACT, SAT, or MAP scores be sent directly to the office of Admissions. Score reports from students will not be accepted as official.*

Test Score: **Test Date** :   **Type of Test:**

Educational Background

Applicants must complete this section thoroughly and accurately. Providing inaccurate or incomplete information may result in delay or denial of this application and dismissal from CCC.
You must submit originals or certified copies of original transcripts for all Educational Background areas. Copies must be certified with an official seal from the school or certified by a public official authorized to verify these documents, such as the Ministry of Education, along with an English translation.

List in chronological order all high/secondary schools attended. Please use an additional sheet of paper if necessary.

High/Secondary School Name	Location (City and Country)	From MM/YYYY	To MM/YYYY	Highest Degree/Certificate

Please indicate your current educational status:

☐ I am currently attending

_____

☐ I last attended

_____

Have you ever been academically suspended or dismissed from any college or university? ☐ Yes ☐ No

  If YES, please list the name of the school:

  _____
  School Name   Date

Is there anything you would like to share with us? *(Optional)*

Declaration of Truth
I certify that the information on this application is complete, accurate, and true; and agree to abide by the policies and regulation of Central Community College. I understand that any information given falsely or withheld will affect the decision on my application and may make me ineligible for admission and or enrollment.

Applicants signature:

  Name   Date