

# ALLEN COMMUNITY COLLEGE

## INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

International Student Office P.O. Box 66 Burlingame, KS 66413 Phone: 785-654-2416 Fax: 785-654-2336

Full Name \_\_\_\_\_  Male  
Last (family name) First (given) Middle  Female

Present Mailing Address: \_\_\_\_\_ Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

In case of emergency, who should be notified? \_\_\_\_\_

Name	Relationship
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Address	Telephone
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Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month/Day/Year

City/Country

Country of Citizenship \_\_\_\_\_ Native Language \_\_\_\_\_

TOEFL Score \_\_\_\_\_ (Please have ETS submit your scores to college code 6305)

INS Admission Number on I-94 Card \_\_\_\_\_ Visa Classification \_\_\_\_\_

Semester entering Allen :  Fall (August) 20\_\_\_\_  Spring (January) 20\_\_\_\_

Location:  Iola  Burlingame

Application Status:  No previous college  Transfer from another college  Enrolling for one semester

**MAJOR FIELD OF STUDY** \_\_\_\_\_

Student Goal For Attending Allen: (Check one only)

Seeking degree or certificate (planning to transfer)

Seeking to upgrade current skills

Seeking degree or certificate (not planning to transfer)

Seeking self-improvement

Planning to transfer (not seeking a degree or certificate)

Acquiring technical or occupational skills (not seeking degree or certificate)

<b>Educational History: Please list all high school/universities you have previously attended</b>			
Name of School	City and Country	Dates Attended	Diploma/Certificate/Hours Received

***Kansas statute requires all students to complete a screening for tuberculosis before beginning their first semester. The results of this screening will not be used to determine admission to Allen Community College.***

1. Do you have any of the following symptoms: lasting cough, coughing up blood, fatigue, fever, loss of appetite, or weight loss?    Yes     No
2. Have you been diagnosed with active TB?    Yes     No
3. Have you been in contact with a person who has been diagnosed with active TB?    Yes     No
4. Have you traveled, resided in for more than three months, or was born in a country other than the United States?  
Yes     No   
If yes, what country? \_\_\_\_\_

Note to Applicant: I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all of the requested records including: application, declaration of financial support, verification of financial resources, high school/university transcripts, proof of English proficiency, and the **\$50.00** non-refundable application fee (in US dollars).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Allen Community College is committed to a policy of nondiscrimination on the basis of race, sex, national origin, religion, age, and disability in admissions, educational programs or activities, and employment; all as required by applicable laws and regulations under the Title VI Civil Rights Act of 1964, the Title IX Regulations of 1972, and Section 504 of the Social Rehabilitation Act of 1973. Responsibility for coordination of compliance and receipt of inquiries has been delegated to the Vice President for Student Affairs, Allen Community College, 1801 North Cottonwood Street, Iola, Kansas 66749, 620-365-5116, vpsa@allenc.edu, www.allenc.edu