

Application

International Student Application

Lorain County Community College

Office of International Recruitment & Student Support

1005 Abbe Road North, Elyria, Ohio, 44035-1691, United States of America

Telephone: 440.366.4794, Toll Free: 1.800.995.5222, extension 4794, Online: www.lorainccc.edu



Personal Information

Name: _____

Family name

First name

Middle name

Address in Home Country: _____

Number

Street

Apartment number

City: _____ State/Province/Country: _____ Postal Code: _____

Day Telephone () _____ Evening Telephone () _____

U.S. Address (if known): _____

Number

Street

Apartment number

City: _____ State: _____ Postal Code: _____

Country of Birth: _____ Date of Birth: _____

month/date/year

Country of Citizenship/Nationality: _____

Gender: _____ male _____ female Marital Status: _____ married _____ single

U.S. Social Security Number: _____ E-mail Address: _____

Enrollment Intentions

What Semester Do you Plan to Begin? Fall (Aug.-Dec.) Spring (Jan.-June) Summer (June-Aug.) Year _____

Program of Study: _____ Initial Attendance Change of Status Requested

School Transfer/School Name: _____

Reinstatement Requested: _____ yes _____ no Other: _____

Driver's License Number/State of Issue: _____ / _____

Language Information

Is English your 1st Language _____ yes _____ no If no, state your 1st language _____

Current Visa Status

If you are currently in the United States, what is your current visa type? _____ I-94 Admission Number: _____

Date of Entry: _____ Port of Entry: _____

Month

Day

Year

City

State

Do you have a current F-1 visa? _____ yes _____ no If yes, institution that issued your I-20 Form _____

Have you attend that institution? _____ yes _____ no Dates of Attendance: from _____ to _____

If yes, you must submit an ISO Report to Lorain County Community College.

Housing

Will you require housing? _____ Yes, I will require housing _____ No, I have housing supplied for me while in the United States

Education

List all schools, colleges and universities you have attended. Send original or certified copies of grade sheets, transcripts, and final diploma or degree results for secondary and post-secondary education. Foreign transcripts must be officially translated into English.

Name of High School	City and Country	Attendance Dates _____ to _____ Mo. Year Mo. Year	Degree
Name of most recent college/university	City and Country	Attendance Dates _____ to _____ Mo. Year Mo. Year	Degree
Name of other colleges/universities	City and Country	Attendance Dates _____ to _____ Mo. Year Mo. Year	Degree
Name of English Language Institute	City and Country	Attendance Dates _____ to _____ Mo. Year Mo. Year	TOEFL Score

How did you learn about LCCC? _____

Briefly explain why you wish to study here: _____

Health Insurance Requirement & Acknowledgement

All international students attending LCCC must provide proof of Hospitalization and Accident Insurance for each semester they are attending classes. PROOF OF INSURANCE IS REQUIRED PRIOR TO REGISTERING FOR CLASSES.

I, _____ was informed of the International Students Health Insurance Requirements. I will provide all required documents and understand that if I fail to comply with this requirement, LCCC will not allow me to register for classes until I provide all proof of insurance coverage or make arrangements to purchase the health insurance offered by LCCC.

Legal Signature

I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may be cause for refusal of admission, cancellation of admission, or dismissal from LCCC. By signing and dating this application, I agree to abide by the policies and regulations of the college as published in the Lorain County Community College Catalog.

Legal Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

(Parent/Guardian required only if applicant is under 18 years of age)



Financial

International Student Financial Statement

Lorain County Community College

Office of International Recruitment & Student Support

1005 Abbe Road North, Elyria, Ohio, 44035-1691, United States of America

Telephone: 440.366.4074, Toll Free: 1.800.995.5222, extension 4074, Online: www.lorainccc.edu



Personal Information

(PLEASE TYPE OR PRINT CLEARLY)

Student's Legal Name: _____
Last/Family Name First/Given Name Middle Name

Date of Birth: _____ U.S. Social Security #: _____

Mailing Address: _____
Number Street Apartment Number

City State/Province/Country Postal Code Telephone Number

Country of Citizenship: _____

Financial Information

(ALL AMOUNTS MUST BE STATED IN U.S. DOLLARS)

Student Savings

Fill in any amount in your own bank account to be used for expenses. Attach a statement from a bank official to verify that this amount is available in your account.

	Assured Support First Year	Projected Support Second Year
\$ _____		\$ _____

Parent Savings

Fill in any amount your parent(s) will provide from their savings. Parent(s) must sign this form and attach a statement from a bank official to verify that this amount is available in the account.

\$ _____	\$ _____
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Name of Parent(s): _____

Parent's Signature: _____

Parent Funds (Not Savings)

Fill in any amount to be furnished by your parents that will not come from savings (example: \$200 per month - source father's salary). Parent(s) must sign this form and attach proof of source of funds (example: letter from father's employer stating monthly salary).

\$ _____	\$ _____
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Name of Parent(s): _____

Parent's Signature: _____

Other Source of Funds

Fill in any amount to be provided from other relatives, your government, a scholarship, or any other source. Attach a statement to verify the amount that will be provided to you.

\$ _____	\$ _____
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Source of Funds: _____

U.S. Sponsor

Fill in any amount you expect to receive from your U.S. Sponsor. Also indicate support that is not in the form of money (example: room and meals). Sponsor must submit an Affidavit of Support (form I-134)

\$ _____	\$ _____
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Name of Sponsor: _____

Sponsor's Signature: _____

Verification

Health Status Verification Form

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International Students Report of Tuberculosis Testing

Before you can register for classes at Lorain County Community College, you must bring (DO NOT MAIL) the completed document below showing that you are free from tuberculosis (TB) to the Office of International Recruitment & Student Support at LCCC. You can obtain a skin test (for a minimal fee) at the County Tuberculosis Clinic located at 9890 South Murray Ridge Road, Elyria. Their hours are as follows:

Monday from 12:00 p.m. to 8:00 p.m.
Tuesdays, Wednesdays, Thursdays & Fridays from 8:00 a.m. to 4:00 p.m.

You must return to the Clinic 48 to 72 hours after your test to have them fill out the information at the bottom of this form. Take this form with you when you go.

If your skin test shows that you have been exposed to TB, the doctor at the Clinic will also get an X-ray of your chest (for a minimal fee) and will tell you how often you must have chest X-rays taken while you are a student at Lorain County Community College. The doctor may also advise you to take a medicine (Isoniazid) to prevent you from developing TB later in life. If you choose to take the medicine, you can get it (for a minimal fee) from the County Clinic.

If you need further assistance in this matter, please contact the Office of International Recruitment & Student Support at Lorain County Community College. Our telephone number is 1.800.995.5222 (extension 4074).

Testing Verification

Student's Name: _____ Student Number: _____

Date TB Test Given (Mantoux Only): _____ Result: _____

Result of Chest X-ray: _____ Repeat: _____ Months

Isoniazid recommended: yes no

Signed: _____, M.D. Date: _____

Location: _____

Return Form

Bring this form to the Office of International Recruitment & Student Support at Lorain County Community College

Note on X-Rays

If an X-ray is done, please sign a release of information form at the TB Clinic so that a copy of the chest X-ray report can be forwarded to LCCC.