



Personal Information

Name: _____
Family Name First Name Middle Name

Address in Home Country: _____
Number Street Apartment Number

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Daytime Telephone: _____

Evening Telephone: _____

U.S. Contact Name: _____

U.S. Address (if known): _____
Number Street Apartment Number

City: _____

State/Province: _____

Postal Code: _____

Country of Birth: _____

Date of Birth: _____

Country of Citizenship/Nationality: _____

Gender: _____ Male _____ Female

Marital Status: _____ Married _____ Single

U.S. Social Security Number: _____

Email Address: _____

Enrollment Intentions

What Semester do you Plan to Begin?

Fall (Aug – Dec) Spring (Jan – Jun) Summer (Jun – Aug) Year: _____

Program of Study: _____

Initial Attendance Change of Status Requested

School Transfer/School Name: _____

Reinstatement Requested: Yes No Other: _____

Driver's License Number: _____ Country of Issue: _____

Housing

Will you require housing? Yes No, I have housing supplied for me while in the U.S.



Current Visa Status

If you are currently in the United States, what is your visa type? _____

I-94 Admission Number: _____

Date of Entry: _____

Month Day Year

Port of Entry: _____

City State

Do you have a current F-1 Visa? Yes No

If yes, what institution issued your I-20 Form: _____

Have you attended that institution? Yes No

Dates of Attendance: _____ to _____

If yes, you must also submit an ISO Report to LCCC.

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.

Table with 4 columns: Institution, City and Country, Attendance Dates, Degree Earned. Rows include Name of High School, Name of most recent college/university, Name of other college/university, and Name of English Language Institute.

Language Information

Is English your first language? Yes No If no, state your 1st language: _____

TOEFL, IELTS, ITEP Score: _____ Date Test Taken: _____

How did you learn about LCCC?

Three horizontal lines for text entry.



Briefly explain why you wish to study here:

Health Insurance Requirement and 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 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 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 Signature required only if applicant is under 18 years of age.*

Personal Information

PLEASE TYPE OR PRINT CLEARLY

Student's Legal Name: _____

Date of Birth: _____

Telephone Number: _____

Mailing Address: _____

Number Street Apartment Number

City State/Province/Country Postal Code

Country of Citizenship: _____

U.S. Social Security #: _____

Financial Information

ALL AMOUNTS MUST BE STATED IN U.S. DOLLARS

Source of Funds	Assured First Year Support	Projected Second Year Support
<p>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 this amount is available in your account.</p>	\$ _____	\$ _____
<p>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.</p>	\$ _____	\$ _____
Name of Parent(s): _____		
Parent's Signature: _____		
<p>Parent Funds (Not Savings) Fill in any amount to be provided by your parents that will not come from savings (example \$200 a 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).</p>	\$ _____	\$ _____
Name of Parent(s): _____		
Parent's Signature: _____		
<p>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.</p>	\$ _____	\$ _____
Source of Funds: _____		
<p>U.S. Sponsor Fill in any amount you expect to receive from your U.S. Sponsor. Also indicate that this is not in the form of money (example: room and meals). Sponsor must also submit an Affidavit of Support (Form I-134)</p>	\$ _____	\$ _____
Name of Sponsor: _____		
Sponsor's Signature: _____		

INTERNATIONAL STUDENT 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 International Initiatives and Student Services office. If you choose not to have this test done in your home country, you may opt to have the test done locally once you arrive in the United States (for a minimal fee) at:

MERCY OUTPATIENT HEALTH CLINIC

491 N. ABBE ROAD

440-366-5577

HOURS: Monday, Tuesday, Wednesday, & Friday – 8:00AM to 4:00PM

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 will order 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 LCCC. The doctor may also advise you to take a medication (Isoniazid) to prevent you from developing TB later in life.

If you need further assistance in this matter, please contact the International Initiatives office. Our telephone number is 1-440-366-4069.

TESTING VERIFICATION

STUDENT NAME: _____

STUDENT NUMBER: _____

DATE TB TEST GIVEN (MANTOUX ONLY): _____

RESULT: _____

RESULT OF CHEST X-RAY: _____

REPEAT: _____

ISONIAZID RECOMMENDED:

SIGNED: _____

DATE: _____

LOCATION: _____

RETURN FORM

Bring this form to the International Initiatives and Student Services office at LCCC.

NOTE ON X-RAYS

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