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: Permanen Mailing Address: ____________________________________________________
___________________________________________________ ____________________________________________________
___________________________________________________ ____________________________________________________

E-mail address ____________________________________________________ Telephone #: ________________________
Telephone #: ________________________

In case of emergency, who should be notified? _______________________________________________________________________
Name ________________________________ Relationship ________________________________
Address ____________________________________________________ Telephone ________________________________

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)
Educational History: Please list all high school/universities you have previously attended

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<tr>
<th>Name of School</th>
<th>City and Country</th>
<th>Dates Attended</th>
<th>Diploma/Certificate/Hours Received</th>
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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@allencc.edu, www.allencc.edu