



LABETTE COMMUNITY COLLEGE INTERNATIONAL ADMISSIONS APPLICATION

Return to: Labette Community College
ATTN: Admissions Office
200 S. 14th Street
Parsons, KS 67357

PLEASE TYPE OR PRINT IN INK

When do you plan to enter LCC? ___ Fall 20___ ___ Spring 20___ ___ Summer 20___ **For LCC use** _____

Legal Name _____
FAMILY/LAST (SUFFIX) FIRST/GIVEN MIDDLE MAIDEN OR OTHER

Permanent Address _____
STREET CITY/TOWNSHIP

STATE/PROVINCE COUNTRY POSTAL/ZIP CODE

Telephone _____ Secondary Phone _____ E-mail Address _____

U.S. Mailing Address _____
STREET CITY STATE ZIP CODE

Emergency Contact: _____
FAMILY/LAST NAME FIRST/GIVEN RELATIONSHIP

STREET CITY/TOWNSHIP STATE/PROVIDENCE

POSTAL/ZIP CODE PHONE NUMBER E-MAIL ADDRESS

Demographic Information -----

Social Security Number (if applicable) _____ Birth Date _____

Gender: (Choose One) Female Male Prefer Not to Answer

Ethnicity: (Check One) Hispanic or Latino Not Hispanic or Latino Prefer Not to Answer

Race: (Choose all that Apply) American Indian/Alaskan Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White Prefer Not to Answer

Marital Status: (Check One) Single Married Divorced/Widowed

What is your Native Language? _____

Resident Alien Section (for resident aliens only) -----

A copy of both sides of your resident alien card(s) is required

Resident Alien Number _____ Date Issued ___/___/___ Date Moved to Kansas ___/___/___

All International Students Section -----

What is your country of citizenship? _____ What is your city and country of birth? _____

Have you traveled/lived outside the United States for at least 3 months? Yes No

If yes, please provide dates & countries _____

Name of Secondary/High School _____ Secondary/High School Graduation Date ___/___/___

CITY/TOWNSHIP STATE/PROVIDENCE COUNTRY

Have you taken an English Assessment? Yes No If yes, Name of Exam _____
Score _____ Date of exam ____/____/____

If you plan to attend LCC while attending another college full-time, please print the college name _____

You must submit a "guest student" letter to LCC's International Student Advisor from your college/university EACH semester you enroll at LCC.

If you are applying for an I-20 from LCC, how many dependents will be listed on your I-20? _____

What is their relationship to you? Spouse _____ Child(ren) _____

International Transfer Students (Complete only if you have attended another U.S. College) -----

If transferring from another college, please list the college that issued your most current I-20 _____

A "Request for Information on an F-1 Transfer Student" form must be completed and signed by the International Student Advisor at the above-named college. This form may be obtained from LCC's International Student Advisor.

INS Number _____ VISA Type currently held _____

Date VISA was issued ____/____/____ I-94 Number _____

Educational Plans -----

What major do you plan to pursue at LCC? _____

Write undecided if you are unsure of your major. If you select Nursing, Diagnostic Medical Sonography, Radiography, or Respiratory Therapy you will automatically be assigned to the Health Science major until you are admitted into the specific program.

Are you planning to transfer to another college after attending LCC? Yes No

Have you attended another college before LCC? Yes No If yes, list college name _____

TB Information

Per Kansas state statute (KAR 28-1-30) for prevention and control of TB. Please indicate Yes or No as appropriate. Failure to complete as instructed could result in second semester registration delays. Student Affairs will contact students indicating Yes on the items below.

Yes No You are foreign born or have been outside the U.S. for more than 3 months.

Yes No Have you been in contact with a person who has been diagnosed with known active Tuberculosis (TB).

Yes No Have you had any of the following unexplained signs or symptoms: Coughing up blood, chest pain, weight loss or loss of appetite, fever or chills, cough (< 3 weeks), fatigue, respiratory difficulty, or night sweats?

Labette Community College has permission to use my directory information, student identification photograph, and future photographs for the purpose of institutional research, student verification, and/or marketing Yes No (If unchecked the college assumes permission is given.)

I certify that all the information I have provided on this application is complete and correct to the best of my knowledge, and that all prior academic work is accounted for. I also authorize the release of all high school or college transcripts and other pertinent records to Labette Community College. I understand that failure to disclose or the falsification of information on this application could result in my dismissal from LCC.

Printed Name

Student's Signature

Date

SIGNATURE REQUIRED FOR THIS APPLICATION TO BE PROCESSED.

Labette Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified handicapped in its education programs, activities, recruitment, admissions, employment as required by Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973. Inquiries should be directed to: Vice President of Student Affairs, Labette Community College, 200 South 14th Street, Parsons, KS 67357. Telephone (620) 421-6700 extension 1264.