



INTERNATIONAL (F-1) APPLICATION FOR ADMISSION

Please answer ALL questions. If a question does not apply, write N/A (not applicable) in the space provided. Your answers will assist Craven Community College in the application review process. This Application Supplement should be submitted along with all other required documentation. **Please include a copy of your passport or country identification card with your application.** Incomplete applications cannot be considered.

1. NAME Last _____ First _____ Middle/Former _____

****You must provide your name exactly as it appears on your passport or country identification card.**

Enclosed is a copy of passport country identification card

2. PERMANENT (Home Country) MAILING ADDRESS _____

COUNTRY _____

4. U.S.A. MAILING ADDRESS (if currently in the United States) _____

6. RACE/ETHNICITY – This information is for statistical purposes only.

7. GENDER Male Female

Please check (✓) White Black or African American

Asian American/Alaska Native

Hawaiian/Pacific Islander

Please check (✓) Hispanic/Latino Non-Hispanic/Latino

8. E-MAIL ADDRESS _____@_____

9. SEMESTER AND YEAR YOU PLAN TO ENTER – Please check (✓) only one.

FALL 20____ SPRING 20____

10. IMPORTANT – This section MUST BE COMPLETED for your application to be processed.

PROGRAM OF STUDY _____

11. CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Citizenship _____ Country of Birth _____

For applicants already in the U.S.A.:

Visa Type (F-1, F-2, etc.) _____ I-94 _____ Expiration _____ Date _____

If you already hold an F-1 Visa, what school issued the I-20? _____

Are you currently attending Craven? Yes No I-20 Expiration Date _____

Do you plan to have dependents accompany you to the U.S.? Yes No

12. OFFICIAL LANGUAGE OF COUNTRY OF CITIZENSHIP _____

13. ACADEMIC GOAL – Graduate

14. EMPLOYMENT STATUS – Unemployed

15. EDUCATION

Secondary School Attended _____

Address of School _____ Country _____

Level Completed _____ Graduation Month/Year _____ / _____ Language of Instruction _____

Colleges Previously Attended – *Begin with the most recent:*

1. Name _____ Dates Attended _____

Address _____ Degree/Date Earned _____

2. Name _____ Dates Attended _____

Address _____ Degree/Date Earned _____

3. Name _____ Dates Attended _____

Address _____ Degree/Date Earned _____

16. LOCAL U.S.A. CONTACT INFORMATION

Name _____ Relationship _____

Address _____

Home Phone Number (____) _____ Work Phone Number (____) _____

17. SUPPORTING DOCUMENTATION – Supporting documentation *is required* from all international applicants **PRIOR to admission to Craven Community College.**

- Official evaluated transcripts from all secondary and post-secondary institutions attended
- Completed Affidavit of Support (I-134) form(s)
- TOEFL scores
- Signed SEVIS I-20 Application
- Completed Report of Medical History
- Proof of Medical Insurance (at registration)

I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT ON MY BEHALF AND REQUEST THAT CRAVEN COMMUNITY COLLEGE RELEASE ANY RELEVANT APPLICATION AND ADMISSIONS INFORMATION TO THE INDIVIDUAL(S):

NAME: _____ **RELATIONSHIP TO YOU:** _____

NAME: _____ **RELATIONSHIP TO YOU:** _____

NAME: _____ **RELATIONSHIP TO YOU:** _____

SIGNATURE OF APPLICANT

DATE