

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

VISA TYPE: F-1

NorthCentral
MISSOURI COLLEGE

FOR OFFICE USE ONLY

Student ID #: _____

1301 Main Street Trenton, MO 64683

660-359-3948

SECTION 1

FAMILY NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

GENDER: Female Male BIRTH DATE: _____ / _____ / _____
(mm/dd/yyyy)

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

FOREIGN ADDRESS

Address 1: _____

Address 2: _____

City: _____ Providence/Territory: _____

Postal Code: _____ Country: _____

U.S. ADDRESS (if known):

Address 1: _____

Address 2: _____

City: _____ Country: _____

Postal Code: _____

MY NCMC ENROLLMENT PLANS ARE: (Check only ONE)

- Transfer from NCMC with a **Associate in Arts** or **Associate in Arts in Teaching** degree (Transfer degree)
 Graduate from NCMC with an **Associate in Applied Science** degree (AAS) Graduate from NCMC with a one-year **Certificate**

PROGRAM START DATE: (Semester & Year)

- Fall 20____ Spring 20____ Summer 20____

PRIMARY MAJOR: _____

TRAVEL INFORMATION (complete all information currently available)

Passport Number: _____

Visa Number: _____ Issue Date: _____ / _____ / _____
(mm/dd/yyyy)

Visa Issue Post: _____

Port of Entry: _____ Date of Entry: _____ / _____ / _____
(mm/dd/yyyy)

I-94/Admission Number: _____

PROVIDE ALL OF THE FOLLOWING THAT ARE CURRENTLY AVAILABLE:

Social Security Number: _____ Individual Taxpayer ID Number: _____

Drivers License Number: _____ Issuing State: _____

I certify that this is accurate and true information.

Signature (in ink) _____ Date _____ / _____ / _____
(mm/dd/yyyy)

SECTION 2

COMPLETE THE FOLLOWING FOR **ALL** OF YOUR DEPENDENTS:

Family Name: _____

First Name: _____ Middle Name: _____

Gender: Female Male Birth Date: _____ / _____ / _____
(mm/dd/yyyy)

Country of Birth: _____ Country of Citizenship: _____

Relationship: _____

Family Name: _____

First Name: _____ Middle Name: _____

Gender: Female Male Birth Date: _____ / _____ / _____
(mm/dd/yyyy)

Country of Birth: _____ Country of Citizenship: _____

Relationship: _____

Family Name: _____

First Name: _____ Middle Name: _____

Gender: Female Male Birth Date: _____ / _____ / _____
(mm/dd/yyyy)

Country of Birth: _____ Country of Citizenship: _____

Relationship: _____

Family Name: _____

First Name: _____ Middle Name: _____

Gender: Female Male Birth Date: _____ / _____ / _____
(mm/dd/yyyy)

Country of Birth: _____ Country of Citizenship: _____

Relationship: _____

Family Name: _____

First Name: _____ Middle Name: _____

Gender: Female Male Birth Date: _____ / _____ / _____
(mm/dd/yyyy)

Country of Birth: _____ Country of Citizenship: _____

Relationship: _____

I certify that this is accurate and true information.

Signature (in ink) _____ Date _____ / _____ / _____
(mm/dd/yyyy)