

Orange Coast College International Student Application

2701 Fairview Road • P.O. Box 5005 • Costa Mesa • California 92628-5005 USA • (714) 432-5940 • intctr@ccd.edu

PLEASE PRINT OR TYPE

1. This application is for: Fall Spring Summer _____ Year

If returning student, include your OCC Student I.D. (Leave blank if none available).

<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Student Enrollment Status:

First time college student in the U.S.

Transfer student. Current School: _____

Returning student

PERSONAL INFORMATION

3. Name: _____
LAST (FAMILY NAME) FIRST (GIVEN NAME) MIDDLE NAME

4. Date of birth: _____ / _____ / _____ Gender: Male Female
MONTH DAY YEAR

5. Place of birth: _____
CITY COUNTRY

6. Primary language (check one) English Not English (primary language) _____

7. Country of citizenship: _____ 8. Email address: _____

9. Permanent address in home country (REQUIRED): _____

_____ PHONE NUMBER IN HOME COUNTRY

10. Address in U.S. (if applicable) OR Mailing address: _____

_____ PHONE NUMBER IN USA

VISA INFORMATION

12. Visa Type (check one): F-1 Student No Visa (Outside USA) Other Visa: _____

13. Do you have a dependent spouse or child who will accompany you? Yes No If yes, please list names and relationships:

_____ NAME RELATIONSHIP

_____ NAME RELATIONSHIP

_____ NAME RELATIONSHIP

14. Do you have a disability? (mark all that apply):

Health Impairment

Hearing Disability

Learning Disability

Severe Visual Impairment

Speech Disability

Mobility or Orthopedic Disability

EDUCATIONAL INFORMATION

15. High school education (mark all that apply):

- Earned a foreign high school diploma Earned a degree or attended a foreign university
 Earned a U.S. high school diploma Earned a degree or attended a U.S. university

16. Name of high school attended/attending: _____
HIGH SCHOOL NAME COUNTRY

17. High school graduation date or expected date of graduation: _____/_____/_____
MONTH DAY YEAR

18. Educational goal (select one):

- Associate Degree Transfer to a 4-year university
 Certificate Only Undecided

19. Major (enter major and code number from listing of major codes on page 25): _____
MAJOR CODE

20. List any school (college, university or ESL language program) you may have attended in the U.S. (most recent first):

COLLEGE	CITY/STATE	FROM (month/year)	TO (month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT RELEASE INFORMATION

If you would like to give permission to OCC to release your information including release of your records and documentation to a third party, please indicate their name(s) below (OPTIONAL):

NAME RELATIONSHIP TO STUDENT

AUTHORIZATION FOR ADMISSION OF A MINOR

If the applicant is under the age of 18, the legal guardian must sign the following (REQUIRED):

I, _____ being the parent or legal guardian of the applicant give my consent for admission and study at OCC as well as medical treatment of this minor, if necessary.

I understand that this authorization is valid until the minor applicant reaches his/her 18th birthday.

PARENT'S / GUARDIAN'S SIGNATURE

DATE

CERTIFICATION

I certify that all information provided is correct and that I have adhered to the registration policies as set for in the OCC catalog.

STUDENT'S SIGNATURE

DATE

This application is considered a legal document and will become a permanent part of your record. Falsification of this document may be cause for dismissal or denial of your admission to OCC.

HOW DID YOU FIND OUT ABOUT OCC?

The information below is helpful to the OCC International Center for outreach purposes.

- Friend/Relative _____ Student Fair (name) _____
 Education Agency (name) _____ Advertisement (publication name) _____
 Overseas Advising Center (location) _____ Internet (name of site) _____