

\$50 Money/Postal Order MUST accompany this application (US Dollars)



Umpqua Community College
Roseburg, Oregon

International Student Application for Admission

Application to start UCC? Fall (Sept) Winter (Jan) Spring (March) Summer (U.S. Transfer Only) Year _____

Intended Major? _____ Career Objective? _____

If you have been living in the U.S. do you have a Social Security Number? Yes No SSN: _____
Please read the Oregon University System (OUS) Social Security Number Disclosure and Consent Statement. (Leave blank if you have not received a number)

Are you in the USA, transferring from US college/university/ESL Institute? Yes No If so, provide visa type & admission #:
 F-1 J-1 H B (Visitor) Other _____ Admission Number _____

Legal Name:

Last (Family) _____ First _____ Middle _____

Other names that may appear on academic records:

Last _____ First _____ Middle _____

Have you previously applied to or ever attended Umpqua Community College? Yes No

If yes, date of last application: Term _____ Year _____ Last term attended: Term _____ Year _____

Permanent Address in Your Home Country _____
House Number Street Town or City

Province or State Country Country/Zip Code

E-mail address Home Phone Number Fax Number Cell Phone

Place of Birth _____ Date of Birth _____ / _____ / _____ Gender Male Female
City Country Month / Date / Year

Citizenship Country _____ Permanent Resident Country _____

Native Language _____ Language Spoken at Home _____

Person to be notified in case of emergency: If you are dependent on your parents, list a parent or legal guardian. If you are not dependent on your parents, list a relative or friend who knows where you can be reached. In case of an emergency UCC may contact:

Family Name First Name Middle Name

House Number Street Town or City

Province or State Country Zip Code Phone Number

Relationship Mother Father Legal Guardian Spouse Sibling Friend Other (Specify) _____

Do you have an address in the United States? Yes No If yes, provide address below:

| | | | | |
|----------------|--------|-------------------|------------|------------|
| House Number | Street | Town or City | State | Zip Code |
| E-mail address | | Home Phone Number | Fax Number | Cell Phone |

Elementary/Secondary School Background:

| <u>Name of School</u> | <u>Dates of Attendance</u> | <u>Last Grade Attended</u> | <u>Certificate/Diploma Earned</u> |
|-----------------------|----------------------------|----------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

College or University Background:

| <u>Name of College/University</u> | <u>Dates of Attendance</u> | <u>Course/Program/Major</u> | <u>Grade Point Average</u> |
|-----------------------------------|----------------------------|-----------------------------|----------------------------|
| | | | |

What is your marital status? Single Married Divorced Separated Widowed

List the persons financially dependent upon you: (Check the box "" next to dependents name if accompanying you to the USA)

| | | | | | | | |
|--------------------------|-------|--------------|-------|--------------------------|-------|--------------|-------|
| <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| | Name | Relationship | Age | | Name | Relationship | Age |
| <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| | Name | Relationship | Age | | Name | Relationship | Age |

**** Students must purchase the Health & Accident Insurance offered through Umpqua Community College or provide proof of equal or better coverage. The cost of insurance in the U.S. varies with age.**

Will you be purchasing coverage through UCC? Yes No If not, provide name of company, policy number & expiration date of Health & Accident Insurance. Submit coverage outline with this application. (must be written in English):

| | | | |
|---------------|------|-----------------|---------|
| Company Name | City | Province/State | Country |
| Policy Number | | Expiration Date | |

Are you currently studying at English Language Institute? Yes No If yes, _____
Score/Level Date

ESL Institution _____ Mailing Address of ESL Institution _____

Test of English as a Foreign Language (TOEFL): _____
Score/Level Location of Test Date

How did you hear about U.C.C.? _____

Indicate any special hobbies, special interests, work experience you may have:

