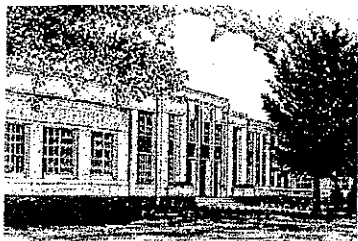


APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

(STUDENTS COMING ON AN F1 OR R VISA)



Old Main, Kilgore College, Kilgore, Texas

KILGORE COLLEGE - FIRE ACADEMY

Return to:
 Kilgore College OL Fire Academy
 Attn: Rhonda Paul
 1100 Broadway
 Kilgore TX 75662
 (903) 983-8177 Office
 (903) 983-8660 Fax

OFFICE USE ONLY

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AN E-MAIL ADDRESS IS REQUIRED: _____

TYPE OR PRINT IN INK AND COMPLETE ALL ITEMS. (IF I CANNOT READ THE INFORMATION - I CANNOT SEND AN I-20.)

ENROLLMENT

WHICH BASIC FIRE ACADEMY DO YOU PLAN TO ENROLL AT KILGORE COLLEGE? <input type="checkbox"/> on-site <input type="checkbox"/> on-line			
CLASS START DATE	CLASS END DATE	*COURSE FEES	**LIVING EXPENSES
		<i>*refers to estimated expenses while attending Kilgore College</i>	

PERSONAL DATA

(Give full legal name. Name must be as it appears on your passport.)

Last Name (Family Name)		First		Middle	
PERMANENT MAILING ADDRESS IN <u>YOUR COUNTRY</u>					
Address			City		Country
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME PHONE IN YOUR COUNTRY		BUS. PHONE IN YOUR COUNTRY		
BIRTHDATE (Month/Day/Year)	BIRTHPLACE (City and Country)		COUNTRY OF CITIZENSHIP		
PERSON TO NOTIFY (in case of an emergency)		HOME PHONE FOR EMERGENCY		BUS. PHONE FOR EMERGENCY	
NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF FRIEND OR RELATIVE IN THE U. S. (if applicable)					
Name	Address	City	State	Phone	E-Mail

**REGISTRAR'S
USE ONLY**

EDUCATIONAL DATA

College Major at Kilgore College (the name of the subject area you will study.) Basic Fire Academy 6821 CH
Without a major, I cannot send you the I-20.

Level of School Completed: High School College _____ City _____ Country _____

Date of graduation: Month _____ Year _____

Degree held (if any) _____

COLLEGE RECORD IF YOU HAVE EVER ATTENDED A U.S. COLLEGE BEFORE, COMPLETE THIS SECTION AND PROVIDE OFFICIAL TRANSCRIPTS.
 (INCLUDE CURRENT ENROLLMENT AND HOURS IN PROGRESS.)

College Attended	City & State	Sem/Yr Attended	Sem Hrs Earned
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TO BE FILLED IN BY THE REGISTRAR: Hours _____ Admission Code _____

OATH

I certify that all information on this application is complete and correct, and I understand the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Date: _____ Signature: _____
 In accordance with Senate Bill 1517, passed by the Texas Legislature in the spring of 1991, all students are encouraged to have updated immunizations prior to admission.