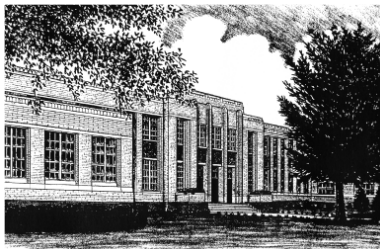


APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

(STUDENTS COMING ON AN F1 OR R VISA)



"Old Main," Kilgore College, Kilgore, Texas

KILGORE COLLEGE

Return to: Brenda Thornhill
 Director International Student Office
 1100 Broadway
 Kilgore, Texas 75662-3204
 Phone: (903) 983-8204
 FAX: (903) 983-8607
 E-mail: bthornhill@kilgore.edu

OFFICE USE ONLY

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

WHEN DO YOU PLAN TO ENROLL AT KILGORE COLLEGE? Fall (Aug.-Dec.) Spring (Jan.-May)

Year

First Time to attend KC Transfer from a US College

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 **YOUR COUNTRY**

Address City Country

GENDER Male Female

HOME PHONE IN YOUR COUNTRY

BUS. PHONE IN YOUR COUNTRY

BIRTHDATE (Month/Day/Year)

BIRTHPLACE (City and Country)

COUNTRY OF CITIZENSHIP

**REGISTRAR'S
USE ONLY**

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
------	---------	------	-------	-------	--------

TRANSFER STUDENT

Address in the U.S. _____ City _____ State _____ Zip _____

U.S. Telephone _____ U.S. E-Mail _____

EDUCATIONAL DATA

College Major at Kilgore College (the name of the subject area you will study.) _____

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
------------------	--------------	-----------------	----------------

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.

Kilgore College is an equal opportunity institution and provides educational and employment opportunities without discrimination of race, color, religion, sex, age, national origin, disability, or veteran status.

(Revised 9/2009)