



International Programs
 7390 South 6th Street | Klamath Falls, OR 97601
 Phone: 971-380-5185 | Fax: 541-885-7758
KK-Int-Admissions@Klamathcc.edu | <https://www.klamathcc.edu/>

American English Language Institution Application and Registration Form

Personal Information

Full Legal Name : _____
Surname/Last Name Given/First Name Middle Name

Nickname: _____ Email Address: _____

Telephone Number: (Day) _____ (Evening) _____

Date of Birth: ____/____/____ Gender: Male Female
Month/Day/Year

U.S. Address: _____
Street Address

City State/Province Country Postal Code

High School (Completion is required to enroll at Klamath Community College)

High School Name: _____ Graduation Year: _____

Country: _____

Previous College/University Experience

None

Yes, Name of College(s): _____

Person to be notified in case of emergency

Emergency Contact Name: _____ Relationship: _____

Email Address: _____ Telephone Number: _____

Address: _____
Street Address

City State/Province Country Postal Code

Anticipated Start Date

Fall 20____ Spring 20____
 Winter 20____ Summer 20____

Ethnic Data (Optional)

African Native American Hispanic or Latino
 Asian Pacific Islander White

How did you learn about KCC?

Friend or Family Website
 Social Media Other: _____

Submit Application (select one):

KCC International Programs
 7390 South 6th Street
 Klamath Falls, OR 97603

Fax: +1 (541) 885-7758

Email: KCC-Int-Admissions@klamathcc.edu

(AELI Departmental Use Only)

Test Results: _____ Date: _____

Placement Level: _____

Registered Courses:

Academic ESL Grammar/Composition
 Combined Skills Reading
 ESL Lab Listening and Speaking
 American Culture Elective: _____

Please Read and Sign

I certify that I understand the above and that all the information I have provided is complete, accurate, and true.

 Full Legal Signature

 Date (month/day/year)