



## INTERNATIONAL STUDENT APPLICATION

7390 South 6<sup>th</sup> Street, Klamath Falls, OR 97603 . 1(541) 882-3521. [www.klamathcc.edu](http://www.klamathcc.edu)

### **PLEASE SUBMIT YOUR APPLICATION TO:**

International Programs

Klamath Community College

7390 South 6<sup>th</sup> Street

Klamath Falls, OR 97603 USA

Phone: 1 (541) 882-3521

Email: [KCC-Int-Admissions@Klamathcc.edu](mailto:KCC-Int-Admissions@Klamathcc.edu)

### **PERSONAL INFORMATION:**

- ☐ **New Student**
- ☐ **Transfer student**
- ☐ **Returning KCC student**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

month day year

☐ Male ☐ Female

Last name (family, as it appears on passport): \_\_\_\_\_

First name (given, as it appears on passport): \_\_\_\_\_

Middle name(s), if any: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Native language: \_\_\_\_\_ English Ability \_\_\_\_ fluent \_\_\_\_ Average \_\_\_\_ Poor

Visa type: \_\_\_\_ F-1 student \_\_\_\_ M-1 student \_\_\_\_ J-1 student \_\_\_\_ Other

Which of the following best describes you: \_\_\_\_ No children \_\_\_\_ Married with children \_\_\_\_ Married, no children

Do you have any medical conditions or allergies? \_\_\_\_ No \_\_\_\_ Yes, describe: \_\_\_\_\_

Do you require any special physical or learning assistance? \_\_\_\_ No \_\_\_\_ Yes, describe: \_\_\_\_\_

How did you hear about Klamath Community College?

\_\_\_\_ Web search \_\_\_\_ Klamath Community College website \_\_\_\_ Study in USA website \_\_\_\_ Social Media \_\_\_\_ Other: \_\_\_\_\_



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### **CONTACT INFORMATION:**

#### **STUDENT:**

Home country address: \_\_\_\_\_

\_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Where would you like your I-20 sent?

\_\_\_\_ Home country address \_\_\_\_ Current address \_\_\_\_ Agency (provide address) \_\_\_\_ Other

Agency/Advising center or Other mailing address (if applicable)

Agency Name: \_\_\_\_\_ Agency contact person \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### **FINANCIAL INFORMATION:**

How will you pay for your tuition and living expenses?

\_\_\_\_ Personal Funds \_\_\_\_ Family Funds \_\_\_\_ Government sponsorship from home country

\_\_\_\_ Company sponsorship from home country \_\_\_\_ Sponsor within the U.S. (I-34 required)

\_\_\_\_ Other \_\_\_\_\_

IF YOUR APPLICATION IS ACCEPTED YOU WILL NEED TO PAY THE FOLLOWING FEES:

\$50.00 USD Application Fee (non-refundable)



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### **EDUCATION:**

How much schooling have you had prior to attending Klamath Community College?

☐ No high school diploma ☐ High school diploma. Month and year of graduation \_\_\_\_\_

☐ Associate degree ☐ Bachelor's degree or above

Name of school you are currently attending or school last attended \_\_\_\_\_

TOFL Score: \_\_\_\_\_ Date: \_\_\_\_\_ IELTS Score: \_\_\_\_\_ Date: \_\_\_\_\_

### **When would you like to start at Klamath Community College?**

☐ Fall/Sept. ☐ Winter/Jan. ☐ Spring/March ☐ Summer/June YEAR: \_\_\_\_\_

What will you study? Check all programs that relate to your studies at Klamath Community College. You may check more than one.

☐ University transfer ☐ Associate Degree ☐ Certificate ☐ Special Program, which one? \_\_\_\_\_

What subject (major) do you plan to study/ \_\_\_\_\_

Approximately how long will you attend Klamath Community College?

☐ One quarter ☐ Two quarters ☐ One year ☐ Two years ☐ To complete degree

### **HOUSING:**

☐ I will find my own housing (provide your U.S. address, if known: \_\_\_\_\_)

☐ I will need help finding housing.



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### **SIGNATURE PAGE FOR PARENTS AN STUDENTS**

#### **International Student Admission Policy**

**New students who use Klamath Community College's I-20 to enter the U.S.A. must: Report in person to Klamath Community College's orientation for new International Students; Enroll for and attend the first quarter at Klamath Community College; Carry health insurance while enrolled at Klamath Community College; Present originals of: passport, visa, and Klamath Community College's I-20 – Students transferring from other U.S. schools must present their most recent I-20.**

#### **MEDICAL RELEASE**

The undersigned hereby gives to Klamath Community College, its officers, employees, and agents full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and act as agent of the undersigned student and parent/guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to the following: Rendering or ordering medical treatment; the giving of medication; and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Klamath Community College. The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of Klamath Community College, except as restricted in any writing attached to this document. Permission is given for the student to participate in all activities offered at Klamath Community College, except ad restricted in any attached writing. To the fullest extent permitted by law, the undersigned hereby releases Klamath Community College, its officers, employees, and agents from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

#### **PHOTOGRAPHY/IMAGE RELEASE**

I consent to each use by Klamath Community College, and its officers, employees, and agents of any photograph and likeness of me. Such use may include, but aren't limited to, use in a program, catalogue, schedule, newspaper, web site, brochure, advertisement, or other publication or recording that describes, portrays, publicizes, or advertises the college or any college operation, and every reproduction, republication, or other re-use of the same. I also hereby waive any right to compensation for such uses, and any right to inspect or approve the uses beforehand. I hereby release Klamath Community College, its legal representatives and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composition form, whether intentional or otherwise, that may occur or be produced in taking said image.



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*The information you provide is voluntary. However, if you do not provide the information requested your application will not be processed. This information will be used at Klamath Community College and will be shared with U.S. Immigration and Customs Enforcement per their Student and Exchange Visitor Program requirements.*

By my signature below (Please check the following):

\_\_\_ I verify that, to the best of my knowledge, all of the statements on this application form are true. I have read and agree to the International Student Admission Policies.

\_\_\_ I authorize Klamath Community College to release academic and immigration records to my educational agency and or parents.

\_\_\_ I consent to use by Klamath Community College any likeness, image, or photo of me for any official college program.

\_\_\_ I am either 16 or 17 years old and my parent/legal guardian must sign this form to complete my application.

\_\_\_ I understand this disclosure and authority as it relates to the General Data Protection Publication (GDPR).

Student's name (Please Print) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Parent/Legal Guardian's Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year