



International Student Application Form

(Please Print or Type Information)

Please indicate intended semester start date: Fall 20____ Spring 20____

Intended Program of Study (Major): _____

Personal Information:

Name: _____ Female Male
Last (Family name) First (Given name) Middle

Permanent Home Address:

U.S. Mailing Address, if applicable:

Phone number: _____
(Please Include Country Code)

Cell Phone Number: _____
(Please include Area code)

Date of birth: _____
(Month/Day/Year)

Email Address: _____

Country of Citizenship: _____

Country of birth: _____

Language(s) spoken: _____

Select highest degree earned by either parent: High school diploma Associate degree Bachelor's degree Masters or beyond

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?

Yes No

Select any other group or groups that apply to you.

American Indian or Alaska Native. A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian. A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

Black or African American. A person whose ancestors include any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander. A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White. A person whose ancestors include native peoples of Europe, the Middle East or North Africa.

For persons already in the United States, please provide the following information:

What is your current visa status? (F-1, etc.) _____ Date Issued: _____

If you have a F-1 visa, what institution issued the I-20 to you? _____

What institution are you currently attending? _____
(Name and Location)

If you entered the U.S. on a visitor visa (B-1/B-2), what is the expiration date? _____
(Month/Day/Year)

I certify that the information on this application is true and complete to the best of my knowledge

Date _____ Signature _____

Please forward this completed form along with:

- Application Fee payment: Pay the \$100 per year Program Application Administrative Fee (U.S. dollars)
- TOEFL results
- Affidavit of Financial Support and Bank Statement confirming available funds for you education equal to \$25,000 USD for a one year program or \$50,000 USD for a two year program.

To:
Lakeshore College
Attn: Student Records
1290 North Ave
Cleveland, WI 53015
records@gotoltc.edu