Office of Global Culture & Global Studies
4601 Mid Rivers Mall Dr. CC Room 102D
Cottleville, MO 63376
(636) 922-8611
lbernardy@stchas.edu

INTERNATIONAL APPLICATION FOR ADMISSION

Complete Legal Name:

Family Name First Name Middle Name

Previous Name (s):_____

Address Number and Street Name_____

City:_____Territory/Province:_____

Country_____ Postal Code:
_____

Telephone Number: _____ Alternate Number (if available):_____

Gender: _____ Email address: _____

Date of Birth: _____ Have you taken the TOEFL. _____No _____Yes, Score: _____

High School Name: _____ Graduation Date:
_____
Month Year

Is English your first language? _____ yes _____no If "No", what is your first language_____

Other Colleges/Universities you have attended:

_____
College Name College Address

_____
College Name College Address

Emergency Contact Name: _____

Emergency Contact Phone Number: _____Relationship to student:
_____

Requested Start Term: _____Fall _____Spring _____ Summer _____
Year

Anticipated Degree (Choose One):

____Associate of Arts * A program of general studies designed to transfer to a four-year institution in the United States
(F-1 Visa valid until degree completion, provided the student is making satisfactory progress)

____Associate of Applied Science *Career and technical education programs. Not designed for transfer in the United States

____Certificate Of Specialization/Achievement *Short program of study in specific areas of study
(Choose specific program on Degree and Program Form)

I certify that all information is complete and accurate to the best of my knowledge.
I understand that all application materials submitted become property of St. Charles Community College

Signature_____Date_____