



International Education Program INTERNATIONAL STUDENT INFORMATION FORM

FOR OFFICIAL USE ONLY
CGCC Student Number

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IN ORDER TO CONSIDER YOUR APPLICATION FOR ADMISSION, PLEASE PROVIDE AN ANSWER TO EVERY QUESTION, WHERE APPLICABLE.

Semester of Enrollment: Fall (Aug) Spring (Jan.) Year _____

PRINT YOUR LEGAL NAME EXACTLY AS TYPED IN YOUR PASSPORT.

PRINT CLEARLY.

Given/First Name _____

Family/Last Name _____

Middle Name _____

Date of Birth (mm/dd/year) ____/____/____ Age _____

Gender (check one): Male Female

Ethnic background (check one):

- | | |
|--|---|
| <input type="checkbox"/> Asian, Indian or Pacific Islander | <input type="checkbox"/> African/Black |
| <input type="checkbox"/> Hispanic/Latino(a) | <input type="checkbox"/> European |
| <input type="checkbox"/> Middle-Easterner | <input type="checkbox"/> Eastern-European |
| <input type="checkbox"/> Other _____ | |

MAILING STREET ADDRESS IN THE UNITED STATES (IF APPLICABLE)

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Phone No. in the U.S. (_____) _____ - _____

Mobile No. (if different than above) (_____) _____ - _____

PERMANENT MAILING STREET ADDRESS IN YOUR HOME COUNTRY

(NO P.O. BOXES- only street address)

Street _____

City/Town _____

State/Province/Territory _____

Country _____ Postal Code _____

Home Country Phone Number _____

Current and valid email address(es) PLEASE PRINT CLEARLY

Email #1 _____

Email #2 _____

Country of Citizenship _____

City of Birth _____ Country of Birth _____

Did you graduate from high school (Secondary Education) Yes No

What year did you finish secondary school? (mm/dd/year) ____/____/____

Have you previously attended another University or College? Yes No

If yes, check highest completed:

- No College or University Some College/ University
 Associate Degree Bachelor's Degree
 Master's Degree or higher

Name and location of the College or University you last attended:

What languages were spoken in your home when you were growing up?

(1) _____ (2) _____ (3) _____

What language do you speak most often now? _____

What date did/will you arrive in Arizona? (mm/dd/year) ____/____/____

What was your most recent state or province AND country of residence before moving to Arizona? _____

How did you hear about Chandler-Gilbert Community College?

Do you plan to get a degree from CGCC? Yes No

What is your area of study (major/career)? _____

Do you plan to transfer to a 4-year university (check one)? Yes No

If YES, name of the school if known _____

WHAT IS YOUR CURRENT VISA STATUS IN THE UNITED STATES:

- None F1 B1/B2 J1 Other _____

If you have a visa, what is the expiration date? (mm/dd/year) ____/____/____

If you currently have an F1 visa, name of the school who issued your most recent I-20.

Name _____

City & State _____

RELEASE OF INFORMATION – I hereby give CGCC permission to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974) Yes No

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone _____

Email _____

I certify the names, dates, locations and other information on this International Student Information Form are true, correct and complete. I understand I must be a fulltime student enrolled in a minimum of 12 credits each semester.

Signature _____ Date _____

If you are married and if your spouse (and children, if applicable) will accompany you to the United States, please provide the following information.

Full Name of Dependent	Relationship to Applicant	Date of Birth (mm/dd/year)	Place of Birth (city and country)	Citizenship/Nationality