

Northeast Texas Community College P.O. Box 1307 Mount Pleasant, TX 75456 Ph: 903-434-8132

Fax: 903-572-6712

Type or print in ink and complete ALL items. If I cannot read the information – I cannot send an I-20.

Name:			
Last (Family Name)	First		Middle
When do you plan to enroll? Fall Spri	ing Summer		
Home Phone in Your Country:	Cell Phone Number:		
Date of Birth (Month / Day / Year):	Major:		
Gender: Transferring from another U Female	JS College: Yes / No Email A	Address:	
Birthplace (City & Country) :			
Country of Citizenship:			
Emergency Contact Information			
Name of Person to Notify:			
Phone Number for Emergency Contact:			
Foreign Home Address:			
Address			
City	State	Zip	
Foreign Home Phone Number:			
US Address: (if already living in the US)			
Address	City	State	Zip
US Phone Number:			

High School Name:	
City, Country:	
Date of High School Graduation (Month / Year)	
Colleges/Universities attended:	
(It is the responsibility of the student to have \boldsymbol{u}	p-to-date Official Transcripts sent to NTCC.)
College Name	#Hours to be transferred
College Name	#Hours to be transferred
College Name	#Hours to be transferred
By signing holow, I contify that all info	ermation on this application is complete and correct,
	lse information is grounds for rejection of my
	f acceptance, cancellation of enrollment, or appropriate
disciplinary action.	
Signature	Data
Signature	Date

Please return this document to:

Educational Data

Jessica Dorantes Associate Director of Student Services PO Box 1307 Mount Pleasant, TX 75456-1307

Phone: 903-434-8382 Fax: 903-434-4432

E-Mail: jdorantes@ntcc.edu