

Northeast Texas Community College Admissions Office P.O. Box 1307 Mount Pleasant, TX 75456

Ph: 903-434-8122 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 Spring	Summer		
Home Phone in Your Country:	Cell Phone Numbe	er:	
Date of Birth (Month / Day / Year):	Major:		
Gender: Transferring from another US Coll Female	lege: Yes / No Em	ail 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:	_		

Educational Data	
High School Name:	
City, Country:	
Date of High School Graduation (Month / Year):	
Colleges/Universities attended:	
(It is the responsibility of the student to have up-	co-date Official Transcripts sent to NTCC.)
College Name	#Hours to be transferred
College Name	#Hours to be transferred
College Name	#Hours to be transferred
and I understand the submission of false	nation on this application is complete and correct, e information is grounds for rejection of my acceptance, cancellation of enrollment, or appropriate
Signature	Date

Please return this document to:

Carla Ackley Associate Director of Admissions PO Box 1307 Mount Pleasant, TX 75456-1307

Phone: 903-434-8122 Fax: 903-572-6712 E-Mail: <u>cackley@ntcc.edu</u>