



Northeast Texas Community College  
 P.O. Box 1307  
 Mount Pleasant, TX 75456  
 Ph: 903-434-8132  
 Fax: 903-572-6712

**International Student Application**

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 Number: \_\_\_\_\_

Date of Birth (Month / Day / Year): \_\_\_\_\_ Major: \_\_\_\_\_

Gender: Male Transferring from another US College: Yes / No Email Address: \_\_\_\_\_  
 Female

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-to-date Official Transcripts sent to NTCC.)

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College Name	#Hours to be transferred
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College Name	#Hours to be transferred
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College Name	#Hours to be transferred
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**By signing below, I certify that all information on this application is complete and correct, and I understand the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.**

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Signature

Date

**Please return this document to:**

Kim Irvin  
Dean of Enrollment Management  
PO Box 1307  
Mount Pleasant, TX 75456-1307

Phone: 903-434-8132  
Fax: 903-434-4455  
E-Mail: [kirvin@ntcc.edu](mailto:kirvin@ntcc.edu)