

SEWARD COUNTY COMMUNITY COLLEGE



APPLICATION FOR ADMISSION FOR INTERNATIONAL STUDENTS

1801 N KANSAS AVE. PO BOX 1137 LIBERAL, KS 67905-1137

PERSONAL INFORMATION

LEGAL NAME	LAST/SURNAME (FROM PASSPORT)	FIRST/GIVEN NAME (FROM PASSPORT)	MIDDLE	OTHER LAST NAME/MAIDEN NAME	
STREET ADDRESS (where you live now)		CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
MAILING ADDRESS (If PO Box or different mailing address)					
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY		
HOME PHONE	CELL PHONE	EMAIL			

DEMOGRAPHICS

GENDER M F
 OTHER

DATE OF BIRTH (MM/DD/YYYY) _____ SOCIAL SECURITY # - If you have one _____ CITY OF BIRTH _____ COUNTRY OF BIRTH _____

PASSPORT INFORMATION		DO YOU HAVE A CURRENT VISA?	
PASSPORT NUMBER _____	COUNTRY OF ISSUANCE _____	<input type="checkbox"/> Y <input type="checkbox"/> N	
COUNTRY OF CITIZENSHIP _____	PASSPORT EXPIRATION DATE (MM/DD/YYYY) _____	IF YES, TYPE OF VISA: _____	

EDUCATION

HIGH SCHOOL/SECONDARY SCHOOL _____ CITY _____ STATE/COUNTRY _____

WHEN DO YOU PLAN TO START ATTENDING SCCC? _____ FALL/SPRING/SUMMER _____ YEAR _____

HAVE YOU PREVIOUSLY ATTENDED SCCC? Y N

HAVE YOU GRADUATED FROM HIGH SCHOOL? Y N

WHEN WILL YOU/DID YOU GRADUATE? _____

DO YOU PLAN TO LIVE ON CAMPUS? Y N

ARE YOU TRANSFERRING FROM ANOTHER COLLEGE IN THE USA? Y N

LIST ANY OTHER COLLEGES OR TECHNICAL SCHOOLS YOU'VE ATTENDED				
COLLEGE _____	CITY _____	STATE _____	COLLEGE _____	CITY _____ STATE _____

CONTACT

EMERGENCY CONTACT NAME _____	PHONE # _____	RELATIONSHIP _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____	EMAIL _____

PLANS

- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND PLAN TO TRANSFER
- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND DO NOT PLAN TO TRANSFER

POLICY OF NONDISCRIMINATION

Applicants for admission and employment, students, employees, source of referral of applications for admission and employment and all unions or professional organizations holding collective bargaining or professional agreements with Seward County Community College are hereby notified that this institution does not discriminate on the basis of race, religion, color, national origin, gender, age or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Seward County Community College's compliance with the regulations implementing the Title VI, Title IX or Section 504 is directed to contact Mr. Dennis M. Sander, PO Box 1137, 1801 N Kansas Ave, Liberal, KS. 620-624-1951. Mr Sander has been designated by Seward County Community College to coordinate the institution's effort to comply with the regulations implementing Title VI, Title IX and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implements of Title VI, Title IX, or Section 504.

ENTERED _____

ID# _____



NAME _____

DATE OF BIRTH (MM/DD/YYYY) _____

SCCC ID# _____

SEMESTER AND YEAR _____

AVAILABLE MAJORS

INTENDED PROGRAM OR MAJOR? _____

ACCOUNTING	CHEMISTRY	ENGLISH	PHYSICAL EDUCATION	PRE-PROFESSIONAL PROGRAMS
AGRICULTURE	COMPUTER INFORMATION SYSTEMS	HVAC	PHYSICS	ENGINEERING
AUTO BODY COLLISION REPAIR	CORROSION TECHNOLOGY	HISTORY	PROCESS TECHNOLOGY	LAW/GOVERNMENT
AUTO BUSINESS MANAGEMENT	CRIMINAL JUSTICE	JOURNALISM	RESPIRATORY THERAPY	MEDICINE
AUTOMOTIVE TECHNOLOGY	DIESEL TECHNOLOGY	MACHINE TOOL TECHNOLOGY	SOCIAL SCIENCE	PERSONAL TRAINING
BEHAVIORAL SCIENCE	DRAFTING AND DESIGN TECHNOLOGY	MUSIC	SPORTS MANAGEMENT	PHARMACY
BIOLOGY	DRAMA/THEATER	NATURAL GAS COMPRESSION	SURGICAL TECHNOLOGY	PHYSICAL THERAPY
BUSINESS ADMINISTRATION	EDUCATION	NURSING	VISUAL ARTS	PHYSICIAN'S ASSISTANT
BUSINESS ADMINISTRATIVE TECHNOLOGY		PHILOSOPHY	WELDING TECHNOLOGY	SPORTS MEDICINE
BUSINESS MARKETING/MANAGEMENT				VETERINARY MEDICINE

SCHOLARSHIPS

ACTIVITY/PERFORMANCE SCHOLARSHIPS *SPONSOR RECOMMENDATIONS MAY BE REQUIRED TO RECEIVE AN AWARD. INQUIRE AT THE FINANCIAL AID DEPARTMENT FOR ELIGIBILITY

- | | | |
|---|---|--|
| <input type="checkbox"/> AGRICULTURE/JUDGING CROPS, SOIL OR LIVESTOCK | <input type="checkbox"/> VOCAL MUSIC _____ | <input type="checkbox"/> SAINTS-N-ACTION |
| <input type="checkbox"/> ART | <input type="checkbox"/> INSTRUMENTAL MUSIC _____ | <input type="checkbox"/> SPORTS MEDICINE/ATHLETIC TRAINING |
| <input type="checkbox"/> ATHLETICS _____ | <input type="checkbox"/> JOURNALISM | <input type="checkbox"/> STUDENT MANAGER _____ |
| <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> MATH LAB TUTOR | <input type="checkbox"/> TECHNICAL/CAREER PROGRAM _____ |
| <input type="checkbox"/> DANCE | <input type="checkbox"/> PEER TUTOR _____ | |
| <input type="checkbox"/> DRAMA/THEATER | <input type="checkbox"/> PHI BETA LAMBDA | |

ADDITIONAL INFORMATION

CAREER PLANS

SIGNATURE & RELEASE

PRIORITY DATE FOR FALL - APR 1; SPRING - NOV 1

SCCC is an Open Admission institute of higher education. All responses are for reporting purposes only. No information collected on this application will prevent admission or entry to the school. An Application for Admission, Scholarship and Grant Application and all transcripts must be on file in the Seward County Community College Admissions Office if you wish to be considered for a scholarship. High School students must submit a seven-semester transcript (issued by your high school after the first semester grades of your senior year have been posted.) All transfer students must submit all prior college transcripts before a final award will be made. Applications will be considered only as funds are available. Please complete all questions. Print in dark ink or type. Incomplete applications will not be considered for scholarship awards.

I hereby state, that to my knowledge, all information contained on this form is accurate. In the event that any information is left incomplete that may be obtained from Seward County Community College, I give SCCC permission to release this information to the SCCC Foundation. I also understand that I am applying for financial assistance to further my education. I give the SCCC Foundation permission to release the above information to SCCC for consideration of other financial assistance.

SIGNATURE OF APPLICANT

DATE (MM/DD/YYYY)

SCCC and the SCCC Foundation **DOES NOT** have permission for my name, photograph, and other general information to be released to news media for promotional purposes. Leave the box unchecked if you do allow SCCC and the SCCC foundation to use your information for promotional purposes