

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:

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
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Please return this document to:

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