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PO Box 188
 Kinston, NC 28502-0188
 Telephone 252-527-6223
 www.lenoircc.edu

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INTERNATIONAL APPLICATION FOR ADMISSION

NOTICE TO STUDENT: The information that you provide below will be placed in our master file. If any of this data changes, please notify the Admissions Office immediately. Information on race and sex is requested for data gathering purposes only. Answer all questions completely and accurately. Incomplete forms may cause delay in your acceptance. **PLEASE PRINT OR TYPE.**

The college serves all applicants, students, or employees regardless of race, color, national origin, religion, sex, age, or disability. Persons with disabilities should contact the Student Services Department at 252-527-6223.

Legal Name: _____
 Last First Middle Former

Foreign Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Cell Phone: () _____ Home: () _____ Business: () _____

Social Security Number: _____ Gender: _____ Male Birth Date: _____
 _____ Female

Ethnicity: _____ Race: Select one or more of the following racial categories
 Are you Hispanic or Latino? _____ AN – American/Alaska Native _____ HP – Hawaiian/Pacific Islander
 ___ YES (HIS) _____ AS – Asian _____ WH – White
 ___ No (NHS) _____ BL – Black or African American

Email Address information requested: _____

Semester to Enroll: ___ Fall ___ Spring ___ Summer ___ Year

Program Number _____ Program Name _____
 Enrollment: ___ Freshman Long-Term Goal at LCC:
 ___ Transfer _____ GR – Degree, Diploma, or Certificate
 ___ Returning _____ PE – Personal Enrichment

CITIZENSHIP & IMMIGRATION INFORMATION

Country of Citizenship: _____ Country of Birth: _____

For Applicants already in U.S.:

Visa Type (F1, F2, B2, etc): _____ I-94 expiration Date: _____

If you already hold an F-1 Visa, what school issued the I-20: _____

Are You Currently attending this school? ___ Yes ___ No I- 20 expiration date: _____

