



INTERNATIONAL STUDENT APPLICATION PACKET

This application packet should be completed by applicants who want to qualify for an I-20 Form from Lenoir Community College. This includes:

1. Individuals who are living outside the United States who want to receive an I-20 to apply for a student visa at the U.S. Embassy or Consulate in their home country. (**NOTE:** The application must be completed by the applicant in his or her home country and not by a friend or relative in the United States.)
2. Individuals who are currently in the United States on a student visa but hold an I-20 from another college or university and are interested in transferring to Lenoir Community College. (**NOTE:** You must first attend the college or university that issued your current I-20 for one academic period before you are eligible to transfer.)
3. Individuals who are in the United States on another non-immigrant visa (such as: B-1/B-2, F-2, J-1/J-2, H-4, L-2, R-1) and who want to receive an I-20 to apply to change their visa status to student status. (**NOTE: Lenoir Community College will process a change of visa status application from B-2 status only if the applicant has a “prospective student” annotation printed on the visa).**)

THIS APPLICATION PACKET SHOULD NOT BE COMPLETED BY individuals who are citizens or permanent residents of the United States. This category would also include refugees, political asylees, conditional permanent residents and in some cases pending permanent residents.

These individuals should complete a Lenoir Community College Application for Admissions, complete and mail Transcript Request Forms to the high school and any college or universities you have previously attended and request any TOEFL and/or SAT scores be sent to the college.

If you have any questions regarding the application process for international students, please call the Admissions Office at 252-527-6223 ext 309. If any documents have to be faxed, the number is 252-233-6895.

International Student Application Package Checklist

PLEASE, READ THIS CAREFULLY AND FOLLOW THE CHECKLIST.

Application

- Submit a completed Lenoir Community College International Application for Admission. Apply on-line at: <http://www.lenoircc.edu>. Also fill out International Student Supplemental Application, available on the College's website.

Academic Records

- Completion of secondary education (equivalent to high school education in the U.S.). Provide complete, certified, and official academic records in **English**, from secondary and post-secondary (university and training) schools, from a recognized service such as World Education Services, Inc., www.wes.org. Records should include courses taken, grades received, and degrees or certificates earned.

The Test of English as a Foreign Language (TOEFL)

- Have the official Test of English as Foreign Language (TOEFL) score of 500 (paper), 173 (computer), or 70 for Internet Based Test (iBT) sent from Educational Testing Services. Computer based tests are only valid for two years from the test date. To submit a TOEFL score, applicants must provide a copy of their official TOEFL score report or have the score reported directly to Lenoir Community College. The TOEFL code for Lenoir is **5378**.
- Applicants from English speaking countries may submit SAT or ACT scores. The scores must be high enough to waive college placement test requirements. SAT scores for critical reading, writing, and math require a minimum score of 500 on each test. The ACT score for math is 22 and English and reading require a minimum of 20 in each category.
- An international student whose country has English as the only official language is not required to demonstrate proficiency in the English language.

Financial Statement

- Submit proof of financial support, by submitting a confidential financial statement including you or your sponsor's Affidavit of Financial Support and an official letter, in English, from sponsor's bank verifying that there are sufficient funds available for applicant, and any accompanying dependents, to complete one year of study (fall, spring, and summer terms)
- The signature on the sponsor's letter of support must be notarized or certified by a notary public. An original and official letter from your sponsor's bank or financial institution giving the following information:
 - Date account was opened.
 - Current account balance (showing a minimum of \$ 30,000.00 on deposit)
 - A current exchange rate or U.S. dollar equivalent.
 - This letter must be on bank stationary and signed by a bank official. A photocopy or original copy of your sponsor's monthly bank statement DOES NOT QUALIFY!
 - If you plan to support yourself (no sponsor), an Affidavit of Financial Support is **not required**. You must, however, submit a letter from your bank with the above information and the bank account must be in your name.
- An Form I-20 will not be issued until all financial documentation is received and approved. The Affidavit of Financial Support can be downloaded from <http://www.lenoircc.edu>.

Student Medical Form

- Report of Medical History and Immunization Record signed by a licensed practicing physician is required. The approved LCC medical form for use is included in the International Application Package.
- A TB test is required and must be administered within the last 12 months.

Medical Insurance

- Must provide documentation of medical insurance

Responsibility Statement

- Each applicant must provide a certified statement from a United States citizen stating that the citizen agrees to accept responsibility for sponsoring and assisting the applicant as may become necessary for the applicant to pursue their educational objective.



Dear International Student Applicant:

Thank you for your interest in Lenoir Community College. Enclosed you will find the admissions requirements for both new and transfer students. The basic application procedures are outlined on the International Student Application Packet Checklist.

Please read the admissions requirements carefully and fill out all the forms completely. Financial documentation must be submitted exactly as described in the instructions for completing Financial Documentation to Qualify for an I-20. A deposit of **\$30,000**, the amount necessary to cover the first year's tuition, may be required if your financial documentation is deemed inadequate. Your accuracy in providing us with all the necessary information will save us time in reviewing your application.

Please submit your International LCC application at least six (6) months prior to the semester in which you plan to enroll. Once the Admissions Office receives all required information and documents, a decision will be made concerning your enrollment at this college. If the application you submit is incomplete, you will receive notification informing you of additional information needed to process your application. The College will hold an incomplete application file for one year. **After that time the contents of your file will be destroyed and you will be required to resubmit all application materials if you are still interested in attending the college.**

Upon approval of all your application documents, you will be issued an I-20 for an Associate Degree program. You must take this form to the U.S. Embassy or Consulate office in your country and complete a nonimmigrant visa application to apply for a student visa.

Again, thank you for your interest in Lenoir Community College. I wish you good luck in the application process.

Sincerely,

Beth J. Spence, RN, MSN, PDSO

Enclosures

Associate Degree Programs

College/University Transfer Programs

Associate In Arts – A10100
Art Education – A1010A
Business Administration, Accounting,
Economics, Finance & Marketing – A1010B
Criminal Justice – A1010D
Retailing
Elementary Education – A1010R
English – A1010E
A40160
Health Education – A1010G
A25260
History – A1010H
Nursing – Transfer – A1010I
Physical Education – A1010J
Psychology – A1010I
Social Science Secondary Educ – A1010M
A30180
Social Work – A1010Q
A25200
Sociology – A1010N
Art – A10200
Associate In Science – A10400
Biology & Biology Education – A1040A
Chemistry & Chemistry Education – A1040B
Engineering – A1040D
Mathematics – A1040E

Industrial/Vocational Programs

Automotive Customizing Technology – A60190
Automotive Management – A60320
Automotive Systems Technology – A 60160
Aviation Management & Career Pilot – A60180
Global Logistics Technology – A25170
Horticulture Technology – A15240
Industrial Engineering Technology – A40240
Industrial Management Technology – A50260
Machining Technology – A50300
Welding Technology – A50420

Education Programs

Biotechnology – A20100
Criminal Justice Technology – A55180
General Occupational Technology – A55280
Human Services Technology – A45380
Human Services Technology – Mental
Health Concentration – A4538C
Human Services Technology – Social
Services Concentration – A4538D

Business Technology Programs

Accounting – A25100
Business Administration – A25120
Business Administration/Electronic
Electronic Commerce – A2512C
Business Administration/Marketing &
Concentration – A2512F
Computer Engineering Technology –
Computer Information Technology –
Computer Programming – A25130
Culinary Technology – A55200
Database Management – A25150
Early Childhood Associate – A55220
Graphic Arts & Imaging Technology –
Healthcare Management Technology –
Medical Office Administration – A25310
Networking Technology – A25340
Occupational Education Associate – A55320
Office Administration – A25370

Health Sciences Programs

Associate Degree Nursing – A45120
Dental Hygiene – A45260
Emergency Medical Science – A45340
Medical Assisting – A45400
Polysomnography – A45670
Radiography – A45700
Therapeutic Massage – A45750

Office Use Only
 STAC
 ANZIO
 SHAP
 DRUS
 XNCA
 EMER
 NAE
 ADSU
 IASU
 Colleague ID



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

Office Use Only
 RGPE
 ADV
 TYPE
 RESID
 PERC
 UAA
 IF
 SACP
 CRI
 IPC
 Keyed
 LETTER

INTERNATIONAL APPLICATION FOR ADMISSION

NOTE: 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 _____ AS – Asian _____ WH – White
 _____ YES (HIS) _____ BL – Black or African American
 _____ No (NHS)

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: _____



Instructions For Completing Financial Documentation To Qualify For An I-20

Refer to this page when completing the [Affidavit of Financial Support](#) and when obtaining supporting evidence of financial support from your bank. Similar documentation will be required by the U.S. Consulate or Embassy with your application for a nonimmigrant visa.

Requirements:

1. **A notarized Affidavit of Financial Support**– completed by your parent or sponsor.

* In #9 your sponsor must write a clear statement of intention to support you. **For example**, “I intend to provide all educational and living expenses for (applicant’s name) for the duration of his or her studies.

***The signature of your sponsor must be notarized or certified by a public official.**

2. **An original letter from your sponsor’s bank or financial institution giving the following information:**

- o Date account was opened.
- o Current account balance (showing a minimum of \$ 30,000.00 on deposit)
- o A current exchange rate or U.S. dollar equivalent.
- o This letter must be on bank stationery and signed by a bank official. **A photocopy or original copy of your sponsor’s monthly bank statement DOES NOT QUALIFY!**

If you plan to support yourself (no sponsor), an [Affidavit of Financial Support](#) is not required. You must, however, submit a letter from your bank with the above information and the bank account must be in your name.

If you have a family member or friend who lives in the Kinston area and plans to provide you with housing free of charge, that person must submit an [Affidavit of Financial Support Form for International Students](#). In #9 of the form, a clear statement of intention to provide room & board free of charge for the duration of studies must be written and the signature must be notarized. In such a case, the estimated living expenses of \$30,000.00 per year does not have to be documented. The blank Affidavit of Support form may be duplicated for this purpose (or if you have multiple sponsors).

IF YOUR FINANCIAL DOCUMENTATION IS INSUFFICIENT, YOU WILL NOT BE ISSUED AN I-20. A deposit of **\$11,000**, the estimated cost of the first year’s tuition, may be required if financial documentation is deemed inadequate. A deposit of **this amount, in the form of a Money Order or Cashier’s Check payable to LENOIR COMMUNITY COLLEGE** may be submitted with a complete application to expedite processing of the I-20.

	<u>2009-2010 Cost of Attendance (12 month)</u>			Total
	1 ST Semester	2 nd Semester	3 rd Semester	
	Fall	Spring	Summer (1 year)	
Tuition and fees:	\$3,912.45	\$3,912.45	\$2,947.29	\$10,816.74
Books and supplies:	\$ 500.00	\$ 500.00	\$ 250.00	\$ 1,250.00
Transportation:	\$1,200.00	\$1,200.00	\$1,200.00	\$ 3,600.00
Living Expenses: (Estimated)				\$13,200.00
Medical Insurance: (Estimated)				\$ 500.00
SEVIS registration:				<u>\$ 100.00</u>
				\$29,466.74*

- ***To simplify, this figure is rounded to \$30,000.00/year of study.**

The above estimates are based on costs for a full-time single student. Any student who plans to bring dependents with him or her to the U.S. will have to document additional funds to accommodate increased living expenses and health insurance costs. **Tuition and fees are subject to change by the Board of Trustees and the North Carolina State Legislature. The other items are estimates and should be considered as the minimum.

**Additional Funds for dependents:

1. Spouse (Husband or wife) - \$5,000.00
2. Children - \$2,000.00 per child

The complete **name, birth date and country of birth** of each dependent must be recorded on the Affidavit of Support (Attachment D) under number two. This information is essential for completing the I-20.

SUMMARY OF FINANCIAL DOCUMENTATION REQUIREMENTS:

- **In order to qualify for an I-20, a single student must document at least \$30,000 in available funding per year. Students with dependents must document additional funding. Tuition and book expenses are paid per semester or term. Living expenses are not paid to the College, but must be documented as available to qualify for the I-20.**
- **Students should not expect to be able to support themselves through part-time employment while they study. For the first academic year the only employment opportunity available to F-1 students is on-campus employment and this is extremely limited at Lenoir Community College. After the first academic year, limited off-campus employment opportunities are available for some students.**
- **Inadequate financial support will result in failure to maintain F-1 student status and possible deportation from the U.S. Please be sure that your financial resources or those of your sponsor are readily available to meet your educational and living expenses throughout your studies.**

Affidavit of Financial Support for International Student Applicants Lenoir Community College

APPLICANT INFORMATION

Applicant's Name: _____
Last Name First Name

Applicant's Address: _____

Applicant's Date of Birth: _____ Citizen of (Country): _____

Marital Status: _____ Relationship to Sponsor: _____

Name of spouse and children accompanying or following to join student:

Spouse	Sex	Date of Birth		Child	Sex	Date of Birth
Child	Sex	Date of Birth		Child	Sex	Date of Birth
Child	Sex	Date of Birth		Child	Sex	Date of Birth

SPONSOR INFORMATION & AFFIDAVIT

Sponsor's Name: _____
(complete name)

1. That I reside at _____

(complete address, including country)

2. That I am a citizen of _____
(country)

3. I make this affidavit for the purpose of assuring Lenoir Community College that the person(s) named above will not become a public charge in the United States.

4. I am willing and able to receive, maintain and support the applicant, I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States.

5. I understand this affidavit will be binding upon me for the duration of study of the person(s) named above.

6. I am employed by, or engaged in the business of _____, with
 _____ at _____
(Street and Number)

(City) (State) (Zip Code)

I derive an annual income of _____ \$ _____
 I have on deposit in savings banks in the United States or _____ \$ _____
(Country)

7. The following other persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

8. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

LENOIR COMMUNITY COLLEGE INTERNATIONAL (F-1) STUDENT MEDICAL FORM

To the Student: Please take this form to your physician or clinic for completion.

Important: The following sections must be completed before submitting this form to the Admissions Office. Health forms lacking completion of these sections will not be considered valid. **Failure to submit a valid health form by the indicated deadline will result in your admission application being incomplete.** Students should make and retain a copy of their health forms for their personal records prior to submitting it to the College. A physician, physician assistant, or nurse practitioner must complete your physical exam.

REPORT OF MEDICAL HISTORY REPORT OF MEDICAL HISTORY (Please print in black Ink) To be completed by student

Last Name (print) First Name Middle Name

Permanent Address City State Zip Code Area Code/Phone Number

Date of Birth (mo/day/yr) _____ Gender ___M___F Martial Status ___S___M___Other

Previously enrolled here ___Yes___No

If yes, dates _____ Semester Entering: ___Fall___Spring___Summer

Hospital/Health Insurance (Name and Address of Company) Area Code/Phone Number

Name of Policy Holder Employer

Policy or Certificate Number Group Number Is this an HMO/PPO/Managed Care Plan? ___Yes___No

Name of person to contact in case of an emergency Relationship

Address City State Zip Code Area Code/Phone Number

The following health history is confidential, except in an emergency situation or by court order, will not be released without your written permission. Your health history does not affect your admission status. Please attach additional sheets for any items that require fuller explanation.

Personal Health History

Please answer all questions, indicate comments on all positive answers on a separate paper.

HAVE YOU HAD	YES	NO		YES	NO		YES	NO		YES	NO
Eye Trouble			Frequent or Severe Respiratory Infections			Kidney or Bladder Disease			Diseases		
Ear, Nose, Throat Trouble			Rheumatic Fever or Heart Mummer			Disease or injury of Bones or Joints			Infectious		
Frequent or Severe Headaches			Stomach or Intestinal Trouble			"Tick" Knee, Shoulder, etc.			Female Only		
Epilepsy			Hepatitis or jaundice			Anemia			Irregular Periods		
Asthma, High Fever									Severe Cramps		
Tuberculosis									Extensive Flow		

	YES	NO	Explanation
Do you have any conditions or disabilities that limit your physical activities? (If yes, please describe)			
Have you ever been a patient in any type of hospital? (Specify when, where, and why)			
Has your academic career been interrupted due to a physical or emotional problems? (Please explain)			
Is there loss or seriously impaired function on any paired organs? (Please describe)			
Other than for a routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe)			
Have you ever had any serious illness or injuries other than those already noted? (Specify when and where and give details)			

Important Information...Please read and complete statements by student (or parent/guardian, if student under age 18):

I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter's) medical record to a physician, hospital, or other medical professional involved in providing me (him/her) with emergency treatment and/or medical care.

Signature of Student

Date

Signature of Parent/Guardian, if student under age 18

Date

Physical Examination (required)

(Please print in black ink.) To be completed and signed by physician or clinic

 Last Name First Name Middle Name Date of Birth

 Permanent Address City State Zip Code Area Code/Phone Number

Height _____ Weight _____ BP ____/____ Pulse _____/min

Vision: Corrected Right 20/ _____ Left 20/ _____ Hearing (gross) Right _____
 Uncorrected Right 20/ _____ Left 20/ _____ Left _____

Urinalysis Hematocrit
 Sugar _____ %

Albumin _____

Micro _____

Are there abnormalities?	Normal	Abnormal	IMMUNIZATIONS	mo/day/yr (#1)	mo/day/yr (#2)	mo/day/yr (#3)	mo/day/yr (#4)
Head, Ears, Nose Throat			DTP or TD(within last five years)				
Eyes			TD Booster				
Respiratory			Polio				
Cardiovascular			MMR (after first birthday)				
Gastrointestinal			MR (after first birthday)				
Hernia			Measles (after first birthday)				
Genitourinary			Mumps				
Musculoskeletal			Rubella				
Metabolic/Endocrine			BCG Vaccine				
Neuropsychiatric			(Please note: IF YOU HAVE NOT HAD THE BCG VACCINE, A TB test is required and must be administered within the last 12 months. Tuberculin(PPD) Test Date Read (within 12 months) mm induration				
Skin			Chest X-ray, if positive PPD Date Results				
Mammary			Treatment, If applicable Date				

A. Is there loss or seriously impaired functions on any paired organs? Yes _____ No _____
 Explain _____

B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
 Explain _____

C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _____ Limited _____
 Explain _____

D. Is student physically and emotionally healthy? Yes _____ No _____
 Explain _____

Signature or Clinic Stamp REQUIRED:

 Signature of Physician/Physician Assistant/Nurse Practitioner Date of examination

 Print Name of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone Number

 Office Address City State Zip Code

INTERNATIONAL STUDENT APPLICATION FINAL CHECK LIST

Before you mail your application to the International Student Office at Lenoir Community College, be sure that the following items are complete and included:

- International LCC Application for Admission** is completed and signed. Your preferred program of study name and number should be written on page 1.
- Submit a \$100 non refundable application fee.** Please send a cashier's check or money order payable to Lenoir Community College.
- Financial Documents** including an **Affidavit of Financial Support** and an **original** letter from your sponsor's bank giving specific account balance information (see estimated annual expenses for international students & instructions for completing financial documentation to qualify for an I-20). Bank letters must be in English or translated if necessary.
- Official **High School or Secondary School Transcripts** translated to English if necessary. They should be mailed directly from your high school or included with your application.
- Report of Medical History and Immunization Record** signed by a practicing physician is required. A TB test is required within the last 12 months.
- Official **TOEFL or SAT scores** if you have taken either of these exams, request that the scores be sent from ETS. **These tests are not required but may exempt you from placement testing once you arrive in the U.S. and may make it easier to obtain a student visa.** (TOEFL required for applicants from non-English speaking countries.)

Transfer Students Only Complete the steps listed above and the steps listed below:

If you are currently an F-1 or M-1 student in the U.S. and want to transfer to Lenoir Community College, you must submit the following documents:

- Visa Clearance Form** – completed by the International Student Advisor at your current college
- A photocopy of your passport, F-1 visa page of the passport, I-94 card, and previous I-20s.**
- Submit all documents at least 2 months prior to the start of the semester you plant to begin classes.**

Submitting an incomplete application will cause delays in the processing of your I-20 form.

Please mail your completed application to:

Lenoir Community College
Office of Admissions
Attn: Beth J. Spence
PO Box 188
Kinston NC 28502-0188

If you have a local contact that you prefer that we correspond with, indicate that person's name, address, and phone number below:

Phone Number: _____

It usually takes one to two weeks to process an I-20 from a complete application and 10 additional business days for an I-20 to be mailed from the college to the applicant. **I-20s and acceptance letters cannot be Express Mailed by the College. You may check the status of your application by calling 252-527-6223 ext 309 or by faxing 252-233-6895 Attn: Admissions Office.** It is recommended that you keep a copy of your application for reference.

Lenoir Community College
PO Box 188 Kinston NC 28502-0188
252-527-6223 ext 309 Telephone 252-233-6895 Fax

Visa Clearance Form for International Students

This form is to be completed by **TRANSFER STUDENTS ONLY!**

Section I: To be completed by applicant.

Name: _____

Last Name

First Name

Address:

Country of Citizenship: _____

Date of intended enrollment:

I request and authorize my present International Student Advisor to provide the information below as part of my application for admission to Lenoir Community College.

Signature: _____

Date:

Section II: To be completed by International Student Advisor at current school. Please return this form to the Beth J. Spence, PDSO at the above address.

1. Student's initial date of entry to U.S.: _____

2. Admission number:

3. Program level/time limit the student has most recently been authorized to pursue:

4. Has this student requested and/or been authorized to accept off-campus employment?

If yes, type/dates:

5. Is this student currently attending the school he/she was last authorized to attend?

If no, please explain: _____

6. To the best of your knowledge, has this student maintained legal F-1 status?

If no, please explain:

7. Additional comments:

Signature: _____ **Date:**

Name and Title of School Official:

Name and Address of School:

Telephone number: _____

**NORTH CAROLINA RESIDENCE & TUITION STATUS SUPPLEMENTAL FORM
VISA INFORMATION**

1. Applicant's full name _____
2. Do you possess a valid current visa? Yes _____ No _____
3. What is the designation of your visa (this is NOT the same as your alien number)? _____
(S, R, Q, P, O, N, M, L, K, J, I, H, G, F, E, D, C, B, A, TN or TC plus a one-digit number.) (Example:
J-2, B-1, etc.)
4. Date your visa was issued? (Month/Day/Year) ___/___/___.
5. On what date did you enter the United States? (Month/Day/Year) ___/___/___.
6. Do you possess a valid, current Form I-551 or I-551 (Alien Registration Receipt Card)?
_____ Yes _____ No
7. If yes, what is its registration number? _____ It reflects your lawful admission into the
U.S. for permanent residence as an immigrant on what date? (Month/Day/Year) ___/___/___.
8. Do you possess a valid, current Form I-181 (Memorandum of Creation of Record of Lawful Permanent
Residence: _____ Yes _____ No. If yes, it reflects your lawful admission into the U.S. for permanent residence as
an immigrant on what date? (Month/Day/Year) ___/___/___.
9. Immediately before you received your Form I-151, I-551, or I-181, did you possess a valid, current visa?
_____ Yes _____ No
Was this an immigrant visa? _____ Yes _____ No. What was the letter designation of the visa? _____
When was the visa issued? (Month/Day/Year) ___/___/___.
10. Do you possess a valid, current Parole Edition Form I-94 (Arrival-Departure Record)?
_____ Yes _____ No
Was this an immigrant visa? _____ Yes _____ No
What was the letter designation of the visa? _____ When was the visa issued? (Month/Day/Year)
___/___/___.
11. Are you a refugee? _____ Yes _____ No
If so, do you possess a valid, current Form I-94 which shows you were admitted as a refugee pursuant to Section
207 (a) of the Immigration and Nationality Act? _____ Yes _____ No
What is the date of admission on that form? (Month/Date/Year) ___/___/___.
12. If you possess none of the above documents, what documents do you have which allows you to abide in the
United States? _____
(Attach a copy of the document if permitted by immigration law. If not, be prepared to display the document for
inspection upon request.)

NORTH CAROLINA RESIDENCE & TUITION STATUS SUPPLEMENTAL FORM
Parent(s) or spouse complete following if NOT a U.S. Citizen

1. Parent/Guardian's full name: _____

2. Do you possess a valid current visa? Yes No

3. What is the designation of your visa (this is NOT the same as your alien number)? _____
(S, R, Q, P, O, N, M, L, K, J, I, H, G, F, E, D, C, B, A, TN or TC plus a one-digit number.) (Example:
J-2, B-1, etc.)

4. Date your visa was issued? (Month/Day/Year) ___/___/___.

5. On what date did you enter the United States? (Month/Day/Year) ___/___/___.

6. Do you possess a valid, current Form I-551 or I-551 (Alien Registration Receipt Card)?
 Yes No

7. If yes, what is its registration number? _____ It reflects your lawful
admission into the U.S. for permanent residence as an immigrant on what date? (Month/Day/Year)
___/___/___.

8. Do you possess a valid, current Form I-181 (Memorandum of Creation of Record of Lawful Permanent
Residence: Yes No. If yes, it reflects your lawful admission into the U.S. for permanent residence as
an immigrant on what date? (Month/Day/Year) ___/___/___.

9. Immediately before you received your Form I-151, I-551, or I-181, did you possess a valid, current visa?
 Yes No

Was this an immigrant visa? Yes No. What was the letter designation of the visa? _____
When was the visa issued? (Month/Day/Year) ___/___/___.

10. Do you possess a valid, current Parole Edition Form I-94 (Arrival-Departure Record)?
 Yes No

Was this an immigrant visa? Yes No
What was the letter designation of the visa? _____ When was the visa issued? (Month/Day/Year)
___/___/___.

11. Are you a refugee? Yes No

If so, do you possess a valid, current Form I-94 which shows you were admitted as a refugee pursuant to Section
207 (a) of the Immigration and Nationality Act? Yes No
What is the date of admission on that form? (Month/Date/Year) ___/___/___.

12. If you possess none of the above documents, what documents do you have which allows you to abide in the
United States?

(Attach a copy of the document if permitted by immigration law. If not, be prepared to display the
document for inspection upon request.)