



International Student Supplemental Information

Student Name (last, first, middle): _____
Please provide your last name as it appears on your passport*

Student ID: _____ Phone Number: _____ Email Address: _____

Foreign Mailing Address: _____
Number and Street, or PO Box City

State/Province Postal Code Country

U.S. Mailing Address: _____
Street Address (with Apt. number), or PO Box City State Zip Code

I understand that my student-assigned email is the official means of communication for FRCC. I am responsible for checking my email account via eWOLF for updates.

Please indicate where you want your I-20 mailed:	U.S. Mailing Address	Foreign Address	Pick up at FRCC
Country of Birth: _____	Country of Citizenship: _____		
Requested Visa: _____	SEVIS ID Number (if applicable): _____		
Current Visa Type: _____	INS Admission Number (from I-94, if available): _____		
Date of Issue: _____	Expiration Date: _____		

English Proficiency

Evidence of English Proficiency is required for acceptance. Please supply a copy of test scores.

Please indicate the test you have taken, the TOEFL or the IELTS: _____

Date of test (if available): _____ / _____ / _____ What score did you receive? _____
Month Day Year

If you are currently attending an English Language school, please indicate name of school: _____

Last date of attendance at an English Language School? _____

Last level completed at an English Language School? _____

Medical Insurance

Medical insurance is required for all international students and their dependents while studying at Front Range Community College. If you do not have comparable medical insurance, you are required to purchase insurance through FRCC, or you will NOT remain enrolled.

Dependents

Will you have dependents accompanying you in the U.S. who will require an F-2 Visa? If so, please fill out the following information for each dependent.

Dependent 1 =	Surname: _____	First name: _____
	Relationship: _____	Date of birth: _____
	Country of Birth: _____	Country of Citizenship: _____
Dependent 2 =	Surname: _____	First name: _____
	Relationship: _____	Date of birth: _____
	Country of Birth: _____	Country of Citizenship: _____
Dependent 3 =	Surname: _____	First name: _____
	Relationship: _____	Date of birth: _____
	Country of Birth: _____	Country of Citizenship: _____
Dependent 4 =	Surname: _____	First name: _____
	Relationship: _____	Date of birth: _____
	Country of Birth: _____	Country of Citizenship: _____

Post-Secondary Education (College or University)

Applicants who have completed post-secondary education under a foreign system must submit original language transcripts, certificates and/or diplomas, and certified English Translations. Official documents must be presented prior to course registration. American college/university transcripts must be requested by the applicant to be sent directly from the college/university to the International Student Representative, Attention International Admissions at FRCC.

Name of College/University 1: _____	Years of Attendance: _____
State or Country: _____	Name of Diploma or Certificate: _____
Name of College/University 2: _____	Years of Attendance: _____
State or Country: _____	Name of Diploma or Certificate: _____

I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete without intent of evasion or misrepresentation. I understand the above information is submitted under penalty of perjury, and false or misrepresented data is sufficient cause for rejection or dismissal.

Signature: _____ Date: _____

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcc.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu