



5900 S Santa Fe Dr
 Littleton, CO 80160-9002
 Fax 303.797.5970

INTERNATIONAL STUDENT
 ADMISSIONS APPLICATION

PLEASE COMPLETE USING BLACK INK

****REQUIRED FIELDS**

Select the first semester and year you plan to enroll: Fall Spring Summer Year 20____

 Social Security Number or Tax ID
 (If you do not have one - one will be assigned to you)

 SEVIS ID Number

 Birthdate (month/day/year)

 Full Name: Last First Middle
 (Use name as it appears on passport)

 U.S. Address Street and Number Apt #

 U.S. Phone Number

 City State Zip

Single: _____ Married: _____

 ** Permanent Address (home country) Street and Number

 ** Country of citizenship

 City Country

 ** Country of birth

 E-MAIL ADDRESS

 Native Language

of Dependents _____ List dependent information on Financial Statement form

How did you hear about ACC? _____

Intended U.S. Visa Type: _____ Current U.S. Visa Type: _____ I-94 expiration date: _____

Passport # _____

Please check the box that best describes your ethnic origin:
 (I) American Indian or Alaskan
 (O) Asian or Pacific Islander (H) Hispanic (B) Black (W) White

NAMES OF SECONDARY SCHOOLS AND ALL COLLEGES OR UNIVERSITIES ATTENDED

Name of Secondary School	Location	Degrees/ Diplomas	Graduation Date
_____	_____	_____	_____

Colleges or Universities

Do you have an I-20 from another school? _____ If yes, name of school _____

Intended major or field of study _____

I hereby certify that, to the best of my knowledge, the information given is true and complete. I understand that if it is found to be otherwise, it is sufficient for rejection or dismissal
 Date _____
 Signature _____