

International Student Information Form

ATTACH RECENT PHOTO HERE

TODAY'S DATE _____

NAME (On passport):

Last/Family Name

First Name

Middle Name

ADDRESS IN YOUR HOME COUNTRY

U.S. MAILING ADDRESS / CONTACT PERSON (IF ANY)

Street _____

Name _____

Apartment # _____

Street _____ Apartment # _____

City/State/Country/Postal Code _____

City/State/Zip _____

Telephone _____

Area Code / Telephone _____ Cell Phone _____

Email Address (Please print clearly) _____

Email Address (Please print clearly) _____

WHERE DO YOU WANT US TO SEND THE I-20 FORM? Home Country Address U.S. Address Will Pick Up

Date of Birth: _____ Gender: Male Female

Country of Citizenship: _____ City of Birth: _____ Country of Birth: _____

Are you currently in the USA? Yes No

If you are in the U.S., list type of VISA stamped in passport: _____ Passport Number: _____

VISA Issue Date: _____ (mm/dd/yyyy) VISA Expiration Date: _____ (mm/dd/yyyy)

Semester you plan to start: Fall _____ (year) Spring _____ (year) Summer _____ (year)

Program of Study: _____

Is English your first language? Yes No (If no, list first and second languages) _____

If English is not your first language, have you ever taken the TOEFL Test? Yes No

Have your score sent direct from ETS to: Trenholm State Community College, ATTN: Records, PO Box 10048, Montgomery, AL 36108
TSCC Institutional Code **1615**

[https://www.toeflgoanywhere.org/search-who-accepts-toefl#keywords=alabama&search_by=location&perpage=50&pagenum=2&sort=function%20sort\(\)%20{native%20code}%20](https://www.toeflgoanywhere.org/search-who-accepts-toefl#keywords=alabama&search_by=location&perpage=50&pagenum=2&sort=function%20sort()%20{native%20code}%20)

List high school you have attended / graduated:

Name of High School: _____ Date of Graduation: _____

List any Colleges and/or post high school institutions you have attended:

Name of College _____ State _____ Country _____

Name of College _____ State _____ Country _____

Highest Degree Earned: High school or equivalent Associate Degree Bachelor's Degree Master's Degree Doctorate

Are you transferring from a university in the United States? Yes No

Have you previously applied to Trenholm State Community College? Yes, When _____ (mm/dd/yyyy) No

How did you hear about Trenholm State? Webpage Online – other sites Family/Friend Other _____

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation in, the College. I agree to abide by the rules, policies, and regulations of the College as outlined in the Student Handbook and College Catalog. With this in mind, I certify that all above statements are correct and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____ (mm/dd/yyyy)

EDUCATIONAL RIGHTS AND PRIVACY ACT ("BUCKLEY AMENDMENT") NOTICE: Under the Federal Rights and Privacy Act 20 U.S.C. 12329 Trenholm State Community College may disclose certain student information as directory information. Directory information includes the names, addresses, telephone numbers, dates of birth and major fields of study of students, as well as information about students participation in officially recognized activities and sports, the weight and height: of members of athletic teams, the dates of attendance of students, degrees and awards received, and the most recent previous educational agency of institution attended by a respective student. If any student has an objection to the aforementioned information being released, the student should notify in writing records@trenholmstate.edu during the first three weeks of the respective semester or academic year.