

# SEWARD COUNTY COMMUNITY COLLEGE



## APPLICATION FOR ADMISSION FOR INTERNATIONAL STUDENTS

1801 N KANSAS AVE. PO BOX 1137 LIBERAL, KS 67905-1137

PERSONAL INFORMATION

|  |                              |                                  |                |                             |
|--|------------------------------|----------------------------------|----------------|-----------------------------|
| LEGAL NAME   | LAST/SURNAME (FROM PASSPORT) | FIRST/GIVEN NAME (FROM PASSPORT) | MIDDLE         | OTHER LAST NAME/MAIDEN NAME |
| STREET ADDRESS (where you live now)                      |                              | CITY                             | STATE/PROVINCE | POSTAL CODE COUNTRY         |
| MAILING ADDRESS (If PO Box or different mailing address) |                              |                                  |                |                             |
| CITY   | STATE/PROVINCE               | POSTAL CODE                      | COUNTRY        |                             |
| HOME PHONE   | CELL PHONE                   | EMAIL                            |                |                             |

DEMOGRAPHICS

GENDER  M  F  OTHER

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY # - If you have one CITY OF BIRTH COUNTRY OF BIRTH

| PASSPORT INFORMATION   |                                       | DO YOU HAVE A CURRENT VISA?                           |                       |
|------------------------|---------------------------------------|---|-----------------------|
| PASSPORT NUMBER        | COUNTRY OF ISSUANCE                   | <input type="checkbox"/> Y <input type="checkbox"/> N | IF YES, TYPE OF VISA: |
| COUNTRY OF CITIZENSHIP | PASSPORT EXPIRATION DATE (MM/DD/YYYY) |   |                       |

EDUCATION

HIGH SCHOOL/SECONDARY SCHOOL CITY STATE/COUNTRY

WHEN DO YOU PLAN TO START ATTENDING SCCC? FALL/SPRING/SUMMER YEAR

HAVE YOU PREVIOUSLY ATTENDED SCCC?  Y  N

HAVE YOU GRADUATED FROM HIGH SCHOOL?  Y  N

WHEN WILL YOU/DID YOU GRADUATE? \_\_\_\_\_

DO YOU PLAN TO LIVE ON CAMPUS?  Y  N

ARE YOU TRANSFERRING FROM ANOTHER COLLEGE IN THE USA?  Y  N

| LIST ANY OTHER COLLEGES OR TECHNICAL SCHOOLS YOU'VE ATTENDED |      |       |         |            |
|--|------|-------|---------|------------|
| COLLEGE  | CITY | STATE | COLLEGE | CITY STATE |

CONTACT

|                        |                |              |
|------------------------|----------------|--------------|
| EMERGENCY CONTACT NAME | PHONE #        | RELATIONSHIP |
| ADDRESS                | CITY STATE ZIP | EMAIL        |

PLANS

- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND PLAN TO TRANSFER
- I AM SEEKING A DEGREE OR CERTIFICATE FROM SCCC AND DO NOT PLAN TO TRANSFER

**POLICY OF NONDISCRIMINATION**

Applicants for admission and employment, students, employees, source of referral of applications for admission and employment and all unions or professional organizations holding collective bargaining or professional agreements with Seward County Community College are hereby notified that this institution does not discriminate on the basis of race, religion, color, national origin, gender, age or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Seward County Community College's compliance with the regulations implementing the Title VI, Title IX or Section 504 is directed to contact Mr. Dennis M. Sander, PO Box 1137, 1801 N Kansas Ave, Liberal, KS. 620-624-1951. Mr Sander has been designated by Seward County Community College to coordinate the institution's effort to comply with the regulations implementing Title VI, Title IX and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implements of Title VI, Title IX, or Section 504.

ENTERED \_\_\_\_\_

ID# \_\_\_\_\_



NAME \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

SCCC ID# \_\_\_\_\_

SEMESTER AND YEAR \_\_\_\_\_

AVAILABLE MAJORS

INTENDED PROGRAM OR MAJOR? \_\_\_\_\_

|                                    |                                |                         |                     |                           |
|------------------------------------|--------------------------------|-------------------------|---------------------|---------------------------|
| ACCOUNTING                         | CHEMISTRY                      | ENGLISH                 | PHYSICAL EDUCATION  | PRE-PROFESSIONAL PROGRAMS |
| AGRICULTURE                        | COMPUTER INFORMATION SYSTEMS   | HVAC                    | PHYSICS             | ENGINEERING               |
| AUTO BODY COLLISION REPAIR         | CORROSION TECHNOLOGY           | HISTORY                 | PROCESS TECHNOLOGY  | LAW/GOVERNMENT            |
| AUTO BUSINESS MANAGEMENT           | CRIMINAL JUSTICE               | JOURNALISM              | RESPIRATORY THERAPY | MEDICINE                  |
| AUTOMOTIVE TECHNOLOGY              | DIESEL TECHNOLOGY              | MACHINE TOOL TECHNOLOGY | SOCIAL SCIENCE      | PERSONAL TRAINING         |
| BEHAVIORAL SCIENCE                 | DRAFTING AND DESIGN TECHNOLOGY | MUSIC                   | SPORTS MANAGEMENT   | PHARMACY                  |
| BIOLOGY                            | DRAMA/THEATER                  | NATURAL GAS COMPRESSION | SURGICAL TECHNOLOGY | PHYSICAL THERAPY          |
| BUSINESS ADMINISTRATION            | EDUCATION                      | NURSING                 | VISUAL ARTS         | PHYSICIAN'S ASSISTANT     |
| BUSINESS ADMINISTRATIVE TECHNOLOGY |                                | PHILOSOPHY              | WELDING TECHNOLOGY  | SPORTS MEDICINE           |
| BUSINESS MARKETING/MANAGEMENT      |                                |                         |                     | VETERINARY MEDICINE       |

SCHOLARSHIPS

**ACTIVITY/PERFORMANCE SCHOLARSHIPS** \*SPONSOR RECOMMENDATIONS MAY BE REQUIRED TO RECEIVE AN AWARD. INQUIRE AT THE FINANCIAL AID DEPARTMENT FOR ELIGIBILITY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> AGRICULTURE/JUDGING CROPS, SOIL OR LIVESTOCK | <input type="checkbox"/> VOCAL MUSIC _____        | <input type="checkbox"/> SAINTS-N-ACTION                   |
| <input type="checkbox"/> ART  | <input type="checkbox"/> INSTRUMENTAL MUSIC _____ | <input type="checkbox"/> SPORTS MEDICINE/ATHLETIC TRAINING |
| <input type="checkbox"/> ATHLETICS _____                              | <input type="checkbox"/> JOURNALISM               | <input type="checkbox"/> STUDENT MANAGER _____             |
| <input type="checkbox"/> CHEERLEADING                                 | <input type="checkbox"/> MATH LAB TUTOR           | <input type="checkbox"/> TECHNICAL/CAREER PROGRAM _____    |
| <input type="checkbox"/> DANCE  | <input type="checkbox"/> PEER TUTOR _____         |  |
| <input type="checkbox"/> DRAMA/THEATER                                | <input type="checkbox"/> PHI BETA LAMBDA          |  |

ADDITIONAL INFORMATION

CAREER PLANS

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SIGNATURE & RELEASE

**PRIORITY DATE FOR FALL - APR 1; SPRING - NOV 1**

SCCC is an Open Admission institute of higher education. All responses are for reporting purposes only. No information collected on this application will prevent admission or entry to the school. An Application for Admission, Scholarship and Grant Application and all transcripts must be on file in the Seward County Community College Admissions Office if you wish to be considered for a scholarship. High School students must submit a seven-semester transcript (issued by your high school after the first semester grades of your senior year have been posted.) All transfer students must submit all prior college transcripts before a final award will be made. Applications will be considered only as funds are available. Please complete all questions. Print in dark ink or type. Incomplete applications will not be considered for scholarship awards.

I hereby state, that to my knowledge, all information contained on this form is accurate. In the event that any information is left incomplete that may be obtained from Seward County Community College, I give SCCC permission to release this information to the SCCC Foundation. I also understand that I am applying for financial assistance to further my education. I give the SCCC Foundation permission to release the above information to SCCC for consideration of other financial assistance.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (MM/DD/YYYY)

SCCC and the SCCC Foundation **DOES NOT** have permission for my name, photograph, and other general information to be released to news media for promotional purposes. Leave the box unchecked if you do allow SCCC and the SCCC foundation to use your information for promotional purposes