

## **International Student Application for Admission**

MCC Office use only			
	Social Security Numb	oer	
Name:			
Family Name/Surname	First/Given Name	Middle Name	Previous Name
Address:			
City	State/Providence	Country	Zip/Postal Code
City Home Phone:		•	
		Eman.	
		Country of Citizenship:	
Check the semester for which yo	ou are applying:		
□ Fall □ Spring □	Year:		
Personal Information:			
Date of Birth:		Sex: Male	Female
Race/Ethnicity:			
Describe your educational goal while at MCC:			
University Transfer – Majoring in:	·		
Associate of Applied Science Degree/Certificate:			
NOTE: To be admitted to MCC, students f	rom non-English speaking cou	ntries must demonstrate En	glish language proficiency with a
minimum score of 61 on the TOEFL or min High School Name:			
City/Country:			npletion:
Name of College / University Attended in the US		City / State	
Name of College / University Attended in the US		City / State	
I certify that all the answers I have given to all questions are correct and complete to the best of my knowledge. I agree to abide by the policies, rules and regulations set forth in all official Meridian Community College publications. I further agree that as a condition of enrollment, I will abide by Meridian Community College's drug, alcohol, and tobacco-free policies.			
Date Signature of Applicant - Electronic Signature NOT Allowed			
DOCUMENTS LISTED MUST BE PRESENTED TO MCC AS ORIGINALS IN ENGLISH Checklist (to be completed by MCC Personnel)			
Appli Copy	· · · · · · · · · · · · · · · · · · ·	High School	Transcript Transcript/s (if applicable)
Affida	avit of Support form ment of Finances		olingo Scores (if applicable)
	of Health Insurance coverage	1 20 155404	