## OZARKS TECHNICAL COMMUNITY COLLEGE

## 2016-2017 INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

<ol> <li>FULL LEG (Please print n</li> </ol>		on your pass	port. Date format:	MM/DD/YYYY).				
Last First		First	N	Date of Birth				
Social Security Number (if applicable)			Gender: $\square$ N					
2. MAILING	ADDRESS & TI	LEPHONE:						
Number	Street Apt. #		City	State/Country	Postal Code			
Home Phone (Include Country Code Pleas			Work Pho	E-mail Address				
3. DEPENDI	ENTS ACCOMPA	ANYING YO	U:					
First Name	Last Name		Relationship	Date of Birth	Country of Birth			
First Name	Last Name		Relationship	Date of Birth	Country of Birth			
First Name	e Last Name		Relationship	Date of Birth	Country of Birth			
4. ADDRESS	S IN YOUR HON	1E COUNTR'	Y:					
Number Street Apt. #		<del></del>	City	State/Country	Postal Code			
If you have Former City	lived at your le :	gal residend	ce less than one	ars: Months:_e year, please provide former Country Mon	ormer address:			
5. CITIZENSI	HIP and EDUCA	TION:						
Country of Citizenship:			Place of Birth:					
Native Lang	uage:		Second	ary School Attended:				
Secondary School Location - City: _				* *				
Years Attended:			_ to Date of Graduation:					

(OVER)

## 6. COLLEGE INFORMATION:

(Please list all colleges where you have been enrolled even if you withdrew or did not complete a term).

College Name	City & Country		Credit Hours	Degi	ee Earned	Years Attended
College Name	City & Country		Credit Hours	Degi	ee Earned	Years Attended
College Name	City & Country		Credit Hours	Degi	ee Earned	Years Attended
7. EMERGENCY INFO	ORMATION:					
Please Circle One:	Spouse	Parent	Relat	ive	Other	
Name	Addres	S		Hom	e Phone	Work Phone
8. APPLICATION INF	ORMATION:					
Please Indicate Sem	ester Applying I	or:	Fall 2016 _		Spring 2017	
Area of Study/Degre	/A	AS	AA	Certificate		
<b>CHECKLIST:</b>						
The following will n Community College						
\$75 Nonrefundak Services Office.	ole Application Fee	paid to Oza	arks Technical C	ommur	nity College, Inte	ernational Programs and
Transcription of y			-	each co	llege or univers	ity attended (use one of
Health Insurance	is \$592 per year th	rough ISO.				
Request that an o				uage pr	oficiency test, c	or proof of completion of
Affidavit of suppo first year of your educat		certification	on letter stating	that yo	ou have sufficier	nt funds to pay for the
Tuition Deposit o the amount is \$3710 ap receive the F-1 visa. Act	plied toward your f	irst semest	ter. This amoun	it is refu	ındable if for so	

Contact Information: International Programs Office Phone: (417) 447-8965 Fax: (417) 447-6925

e-mail: <u>IPO@otc.edu</u>