Metropolitan Community College International Student Application

Provide complete legal name as printed	in your pa	ssport						
Family name	First name			Middle name				
I prefer to be called								
				When do you plan to enroll?				
Social security number (if known)				□ Fall □ Spring □ Summer 20				
Home phone ()		Other phon	ie ()				
Date of birth (month/day/year)	Coi	Country of birth			Country of citizenship			
Gender □ Female □ Male	Visa type			First languag		•	luage	
Are you Hispanic/Latino? □ Yes □ No						nguago		
Select as many as apply (one respons	e is requir	ed):						
☐ American Indian/Alaska Native ☐ As	sian □ Bla	ck/African An	nerica	an □Na	ative Ha	waiian/Other Pac	cific Islander □ White	
Foreign Mailing address								
City and Zone, if any				Country				
United States Street address				City				
State	Zip code				County			
Email address								
Sponsor Information								
Name of sponsor								
Address					Country			
Emergency Contact								
Emergency contact name	Relationship				Phone number			
Secondary School Information						1		
Secondary school name								
Country				Date of graduation (mo/year)				
College Transfer Information Indic	ate below	all other colle	ges o	r unive	rsities pr	eviously attended	d.	
Name of institution City/state				Country		ry	Degree earned	
What are you going to study?		<u> </u> 	Nan	ne of c	l degree			
How did you find out about MCC?	□ web	□ recruitme	ent 🗆	family	//friend	□ other		

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MCC Admission Policy and Use of Student Information

The college does not discriminate with regard to disability, national origin, race, religion, sexual orientation or gender. The information you provide is used for state and federal reporting only. It is kept confidential and is not used to determine acceptance for admission. Submission of false information and /or failure to submit required documentation is grounds for denial of admission. Special admission programs do have additional requirements for acceptance.

Students with Disabilities

If you need an accommodation due to a disability under the Americans with Disabilities Act, please contact the Access Counselor at the college you wish to attend at least six weeks prior to the beginning of each semester (Blue River 816-604-6520; Longview 816-604-2254; Maple Woods 816-604-3192; Penn Valley 816-604-4089).

I have read and agree to comply with Metropolitan Community Colleges' policies, Student Code of Conduct and all Federal Nonimmigrant Regulations. I certify that all of the information provided on the MCC International Student Application is true and correct. I understand it is my responsibility to maintain my nonimmigrant status. I agree I will maintain compliance with any insurance requirements specified by MCC. I understand that submission of false information and /or failure to submit required documentation is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. I authorize Metropolitan Community College to release information to appropriate authorities relating to compliance with Federal Regulations and in the publishing of recognition lists such as the Honor Roll, List of Graduates, etc.

Applicant Signature_	
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RETURN COMPLETED APPLICATION TO

MCC – Penn Valley International Student Services 3201 Southwest Trafficway Kansas City, MO 64111 USA iss@mcckc.edu

Metropolitan Community College