



Office of Admissions and Records

Metropolitan Campus
2900 Community College Ave.
Cleveland, Ohio 44115
(216) 987-4167 Fax (216) 696-2567

Western Campus
11000 W. Pleasant Valley Rd.
Parma, Ohio 44130
(216) 987-5203 Fax (216) 987-5071

Eastern Campus
4250 Richmond Rd.
Highland Hills, Ohio 44122
(216) 987-2118 Fax (216) 987-2214

International Student Application

Print clearly and completely all information requested below.

Indicate semester and year you wish to attend: Fall 20__ (August) Spring 20__ (January) Summer 20__ (May)
Indicate which campus you would like to attend: [] Eastern Campus [] Metropolitan Campus [] Western Campus

Full Legal Name Last (Family Name) First Middle Maiden (If Applicable)

Address in Home Country Street Address City Country

Address in U.S.A. (if already here) Street Address City State Zip Code

Email address where you can be reached:

Emergency Contact Name Language Spoken Address Phone

Please write out Date of Birth Place of Birth Native Language Sex [] Female [] Male Citizenship Country Do you speak English Yes [] No [] Marital Status [] Single [] Married Number of Dependent Children

If you are now in the United States, show date of entry Port of Entry

What type of visa did you have at entry? What type of visa do you now hold?

If you now hold an F-1 visa, what institution issued the I-20 to you?

Have you attended that institution? [] Yes [] No Dates of attendance From To

*If yes, you must submit an International Student Recommendation Form, which can be obtained from the Admissions Office of Cuyahoga Community College.

Personal and Family Information

Do you plan to bring your husband/wife or children with you? Yes No

If yes, please provide the following information for each person who will be accompanying you:

Name Date of Birth Country of Birth Country of Citizenship Relationship to Student Male Female
Name Date of Birth Country of Birth Country of Citizenship Relationship to Student Male Female
Name Date of Birth Country of Birth Country of Citizenship Relationship to Student Male Female

Married students planning to bring dependents must show evidence of an additional U.S. \$3,000.00 per year for the spouse plus U.S. \$2,000.00 per year for each child.

I certify that information provided on this form is complete and accurate in every respect. I understand that falsifying any part of this application may result in denial of admission. Signature Date