



APPLICATION FOR INTERNATIONAL STUDENT ADMISSIONS

Instructions:

Complete this form in its entirety in ink and print clearly. Submitting an incomplete or unsigned application will delay the admission process. Completion of the application process requires submission of documents outlined on the enclosed International Student Checklist.

STUDENT INFORMATION

Student SSN or TIN:		Date of Birth:	
Last Name:	First Name:		MI:
(Both Home Country and Louisiana U.S. Addresses must be completed if you are transferring or changing status)			
Home Country Address:		Louisiana U.S. Address:	
City:		City:	
State/Province:	Zip Code:	State:	Zip Code:
Telephone Number:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email:			
Race/Ethnicity: (Optional)		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian	
		<input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other _____	

CITIZENSHIP

Current Visa or Current Status: _____
Country of Citizenship: _____
Resident Alien Number: _____

EMERGENCY CONTACT

Emergency Contact Name and Relationship:	Emergency Contact Telephone:

EDUCATIONAL BACKGROUND

Home Country High School Information: Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What year? _____	U.S. High School/HiSet/GED Information: Earned: <input type="checkbox"/> HS Diploma <input type="checkbox"/> HiSet <input type="checkbox"/> GED What Year? _____
Name of High School: _____	Name of High School: _____

LIST of PREVIOUS COLLEGE(S) ATTENDED

Name of Institution	Country/City, State	Dates Attended		Degree/Diploma/ Certificates
		From Mo/Yr	To: Mo/Yr	

ADMISSIONS INFORMATION

Term of Application: Fall _____ Spring _____ Summer _____
Degree-Seeking Program/Major: (Choose from campus program offerings)

PRIVILEGED INFORMATION RELEASE

I hereby authorize this school's officials or instructors to release information concerning my school records to my parent or guardian, present or former high school, schools to which I may transfer, agencies from which I receiving funding, prospective employers, or other official inquiries. I understand in executing this authorization I waive the right for such information to be privileged and that a photocopy of this authorization shall be valid as the original.

Yes No

Student Signature: _____ Date: _____

Baton Rouge Community College (BRCC) is accredited by the Commission of Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4079; Telephone number 404.679.4501) to award Associate Degrees, Technical Diplomas, and Certificates. Educational opportunities are offered by the Baton Rouge Community College without regard to race, color, age, national origin, religion, gender, or disability. The Dean of Students has been designated as the college's 504/ADA/Title IX Compliance Officer. Any person with a disability who needs assistance should contact the Dean of Students at 225.216.8778. Baton Rouge Community College does not discriminate on the basis of gender in admissions or employment in its education programs or activities. The Family Educational Rights and Privacy Act of 19674, as amended (also sometimes referred to as the Buckley Amendment) is a federal law regarding the privacy of student records and the obligations of the institution, primarily in the areas of release of the records and the access provided to these records. Any educational institution that receives funds under any program administered by the U.S. Secretary of Education is bound by FERPA requirements. Institutions that fail to comply with FERPA may have funds administered by the Secretary of Education withheld.

BRCC is a member of the Louisiana Community and Technical College System (LCTCS).