

INTERNATIONAL STUDENT INFORMATION FORM

STUDENT INFORMATION

Full Name: _____ Gender: FEMALE MALE
Last First M.I.

Date of Birth: _____ Country of Citizenship: _____

City/Country of Birth: _____

Native Language(s): _____

Current Mailing Address: _____
Street Address Apartment/Unit #

City, State/County Country ZIP Code

Phone: _____ WhatsApp: _____

Email: _____

Are you Hispanic or Latino?
 Yes, Hispanic or Latino
 Not Hispanic or Latino

Please identify your primary racial/ethnic group? (select one)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Are you from one or more of the following racial groups? (select all that apply)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Did either of your parents earn a 4-year college or bachelor degree? YES NO Intended program of study: _____

What is your highest level of education?
 None
 High School Diploma
 GED
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Other: _____

Do you plan to live in ICC Campus Housing? YES NO

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City, State/County Country ZIP Code

Contact Address same as "Current Address" listed above

Phone: _____ WhatsApp: _____

Email: _____