ATLANTIC CAPE COMMUNITY COLLEGE
Supplemental Form for International Students

This Supplemental Form must be completed by non-immigrant applicants and returned with the Application for Admission. Please Print Clearly!

Applicant’s Name ________________________________________________________________

Family Name (Last/Surname) ____________ Given Name (First/Forename) ____________ Middle Name

Address in Home Country ___________________________________________________________

Street ________________________________________________ Apt. #

City ____________________________________________ State/Province/Territory ____________ Postal Code

Country of Citizenship _____________________ City & Country of Birth ____________________

Date of Birth ____________________________ Gender: Male ________ Female _____________

(month) (day) (Year)

ENGLISH PROFICIENCY: Applicants whose native language is not English are required to take the ESL Placement Test, if proficiency in English has not been established. Graduates of American high schools whose native language is not English may be exempt from this requirement based on an interview with the Coordinator of ESL. Applicants who present TOEFL scores of 480 written or 157 computer or above may be exempt from the ESL Placement Test and may take the college’s Placement Test. Applicants from English-speaking Canada, the United Kingdom, Ireland, Australia, New Zealand, the Commonwealth Caribbean, or Guyana need not supply TOEFL results.

Please complete the following:

Language spoken at home __________________________ Years of schooling in English __________

TOEFL score (if known) __________________________ Date taken __________________________

If you have attended any English language institutes or English as a Second language classes, please provide an official transcript.

VISA STATUS: Please check below the type of visa you expect to hold during your period of study at ACCC.

___ Student “F-1” ___ Visitor ____________ Other (please state)

If you are currently holding a nonimmigrant visa in the United States, please indicate the type of visa. ____________

__________________ Expiration date of your I-94 card. Attach a photocopy of your I-94 card.

Revised September 2005