

**MIDDLESEX COUNTY COLLEGE**  
**Office of Admissions**

**Please print. Answer all questions completely**

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Family Name First Name Middle Name
2. USA Address \_\_\_\_\_  
Street City/State Zip Code
3. Home Phone Number (\_\_\_\_) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
4. Married \_\_\_\_\_ Single \_\_\_\_\_ If married, is your family with you? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Social Security Number (if any) \_\_\_\_\_
6. Driver's License Number (if any) \_\_\_\_\_  
Please attach photocopy.
7. Issuing State of Driver's License \_\_\_\_\_ Tax ID Number (if any) \_\_\_\_\_
8. Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_
9. Foreign Address \_\_\_\_\_
10. U.S. Entry Port (name of airport) \_\_\_\_\_ Date of Entry \_\_\_\_\_
11. Immigration and Naturalization ID Admission Number \_\_\_\_\_  
From your I-94
12. Passport Number \_\_\_\_\_ Visa Number \_\_\_\_\_
13. Visa Type Admission \_\_\_\_ Single \_\_\_\_ Multiple Type of Visa F-1 F-2 Other \_\_\_\_\_  
B-1 B-2 Specify
14. Are you presently residing in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. Visa Issue Date \_\_\_\_\_ Date I-20 Expires \_\_\_\_\_
16. Principal field of study \_\_\_\_\_
17. Are you covered by a personal health insurance or medical/surgical policy? \_\_\_\_ Yes \_\_\_\_ No
18. Please list ALL colleges or universities attended (in U.S. or elsewhere) & the dates attended  
College: \_\_\_\_\_ Date: \_\_\_\_\_  
College: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*please complete on back\*\*\*

**19. Source of Support (circle one)**

- a. Relative abroad                      b. Relative in U.S.                      c. Friend abroad  
d. Friend in U.S.                      e. Government scholarship                      f. Personal funds  
g. Other, specify \_\_\_\_\_

**20. Give the name, address and telephone number of your United States sponsor, if any:**

Name: \_\_\_\_\_  
                    Family (surname)                      First                      Middle

Address: \_\_\_\_\_  
                    Street & Apt. #                      City                      State                      Zip code

Telephone number, if known: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**21. Give the name, address and telephone number of a person (i.e., friend, relative) living in the United States, if any, whom we could contact regarding your application:**

Name: \_\_\_\_\_  
                    Family (surname)                      First                      Middle

Address: \_\_\_\_\_  
                    Street & Apt. #                      City                      State                      Zip code

Telephone number, if known: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**22. Give the name, address and telephone number of the person to whom your I-20 should be mailed:**

Name: \_\_\_\_\_  
                    Family (surname)                      First                      Middle

Address: \_\_\_\_\_  
                    Street & Apt. #                      City                      State                      Zip code

Telephone number, if known: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**I UNDERSTAND THAT I MUST NOTIFY THE COLLEGE WHEN ANY OF THIS INFORMATION CHANGES.**

**Please signify, by your signature below, that you understand that prior to leaving Middlesex County College because of transfer to another college or university or because of permanent departure from the United States, YOU MUST INFORM THE OFFICE OF THE FOREIGN STUDENT ADVISOR OF YOUR INTENDED DATE OF DEPARTURE AND SPECIFIC TRAVEL PLANS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_