



International Application for Admission

Office of Enrollment Services • 1000 Viking Drive • Hillsboro, Missouri 63050
(636) 481-3217/797-3000, ext. 3217 • FAX (636) 789-5103 • www.jeffco.edu

Complete Legal Name:

Family Name (Surname) _____ First Name _____ Middle Name _____

Previous Name (s): _____

Address Number and Street Name: _____

City: _____ Territory/Province: _____

Country: _____ Postal Code: _____

Telephone Number: _____ Alternate Number (if available): _____

Gender: Male Female Email address: _____

Country of Birth: _____ Country of Citizenship: _____

Date of Birth: _____ Have you taken the TOEFL? No Yes, Score: _____
Month Day Year

High School Name: _____ Graduation Date: _____
Month Year

Other Colleges/Universities you have attended:

College Name _____ College Address _____

College Name _____ College Address _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____ Relationship to student: _____

Requested Start Term: Fall Spring Summer _____
Year

Anticipated Degree (Choose One):

- Associate of Arts
 - * A program of general studies designed for transfer to a four-year institution in the United States.
 - * F-1 Visa (*Valid until degree completion, provided the student is making satisfactory progress.*)
- Associate of Applied Science
 - * Career and technical education programs. Not designed for transfer in the United States.
 - * M-1 Visa (*Initially valid for 1 year. Eligible for renewal. Must return to home country upon completion.*)

*I certify that all information is complete and accurate to the best of my knowledge.
I understand that all application materials submitted become property of Jefferson College.*

Signature _____ Date _____

FOR OFFICE USE ONLY						
RECEIVED:	_____ App Fee	_____ HS Trans/Diploma	_____ Test Scores	_____ College Transcript	_____ Financial Documents	
GIVEN:	_____ Letter	_____ I20				