



Enrollment Services  
 PO Box 967  
 Roseburg, Oregon 97470  
 541.440.7743 | Fax 541.440.7713  
[Admissions@umpqua.edu](mailto:Admissions@umpqua.edu)

# International Student Application for Admission

**\$50 Money/Postal Order MUST accompany this application (US Dollars)**

**Section 1 – Personal Information - To Be Completed by the Applicant (as printed in passport)**

Surname/Family Name \_\_\_\_\_ First Name/Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Passport Name \_\_\_\_\_ (Names found in the machine readable section of the passport leaving out the separator character "<")

Email Address (required) \_\_\_\_\_ Current Telephone Number \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth (example: June 03, 1979) \_\_\_\_\_  Male  Female      Marital Status:  Single  Married

**Section 2 – Family Information - To Be Completed by the Applicant (as printed in passport)**

Will your spouse and/or children be coming with you to the US?  No  Yes (list Family Members Below)

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Country of Birth and Citizenship \_\_\_\_\_  Male  Female      Relationship \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Country of Birth and Citizenship \_\_\_\_\_  Male  Female      Relationship \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Country of Birth and Citizenship \_\_\_\_\_  Male  Female      Relationship \_\_\_\_\_

**Section 3 – Mailing Information - To Be Completed by the Applicant**

**Home Country Mailing Address (required):**

Number and Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ P.O. Box (if Applicable) \_\_\_\_\_ Phone# \_\_\_\_\_

**U.S. Mailing Address (address within the U.S. if you have one):**

Number and Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ P.O. Box (if Applicable) \_\_\_\_\_ Phone# \_\_\_\_\_

**(Mailing Information Continued)**

Are you currently living in the U.S.?  No  Yes

If yes, what is your immigration status?  F-1  No Visa (outside USA)  
 Other (Specify): \_\_\_\_\_

Have you previously attended UCC?

- Yes (When) \_\_\_\_\_
- UCC ID # (if yes) \_\_\_\_\_
- No, I will be a new UCC Student
- I have applied to UCC before

Where would you like your acceptance packet sent?

Home country mailing address  U.S. Mailing address

Agency/Advising Center: Name and Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY (either in the U.S. or abroad):**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

**Section 4 – Educational Information - To Be Completed by the Applicant**

**Education History**

Will you have completed secondary/high school before starting your program at Umpqua Community College?  Yes  No

If yes, please provide the date of your actual or estimated high school graduation: \_\_\_\_\_

Have you attended a school in the U.S.?  Yes  No

If you are currently studying at a school in the U.S., do you plan to leave the U.S. before starting your program a UCC?

Yes  No

List ALL previous secondary/high schools, colleges, universities and ESL programs attended **Begin with most recent.**

Name of school	Location	Attendance period		Graduated?
		From	Until	

## Education Goal

What do you plan to study at UCC? Major Program \_\_\_\_\_ (list only one major)

If you leave this blank we will automatically make your major "AAOT" Associate of Arts Oregon Transfer

You can find a list of our majors at: <http://www.umpqua.edu/areas-of-study>

### Section 5 – Health Insurance Information - To Be Completed by the Applicant

## Health Insurance

International students are required to have health insurance. Students must purchase the Health & Accident Insurance offered through Umpqua Community College or provide proof of equal or better coverage. If you WILL NOT be purchasing insurance through UCC, provide name of company, policy number & expiration date of Health & Accident Insurance. Submit a coverage summary outline with application. (Summary must be written in English)

Company Name: \_\_\_\_\_

Will you be purchasing coverage through UCC?

Yes  No

**If not**, provide name of Company, policy number and expiration date of Health and Accident Insurance.

Please submit the insurance coverage outline with this application (must be written in English):

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Section 6 – English Proficiency - To Be Completed by the Applicant

## English Proficiency and Program of Study

Writing Sample: On a separate piece of paper, write a paragraph in your own words about:

- Your educational/occupational goals. Why do you want to study in the U.S.?
- What is your objective? How long do you wish to study at U.C.C.?
- What do you plan to do when you finish your program here?
- College or University you may want to transfer to when you complete UCC?
- Include any other information you would like us to share with us about you, your family or culture.

Are you currently studying at an English Language Institute?  Yes  No If yes, \_\_\_\_\_  
Score/Level Date

ESL Institution

Mailing Address of ESL Institution

Paper TOEFL--500 or Computer TOEFL--173 or Internet TOEFL--61 or ELPT--950 or IELTS--6.0 or MELAB--72 or ACE--Level 5 or ESL--Level 109 course completion at an accredited English as a Second Language (ESL) Institute. UCC's Institutional Code – 4862 (Copy unacceptable)

**(English Proficiency – Continued)**

Test of English as a Foreign Language (TOEFL) or Other testing. Score \_\_\_\_\_ Location of Test \_\_\_\_\_

Date of testing \_\_\_\_\_

**Section 7 – Housing Information - To Be Completed by the Applicant**

## Housing

Umpqua Community College does not provide homestay or housing for international students. It does however provide information about apartments in close proximity of the college and transportation (local bus).

What are your plans for housing? Do you already have accommodations for housing? Please provide an address below if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Signature

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge and that failure to disclose and submit complete and accurate information and all required documents may result in denial of admission or dismissal for the College.

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

Name (please print) \_\_\_\_\_

## Questions?

- Email the International Admissions Office at:  
[admissions@umpqua.edu](mailto:admissions@umpqua.edu)
- Visit <https://studyinthestates.dhs.gov/students>