



Student name (Last/Family) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_\_ Gender:  Male  Female

Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Current immigration status \_\_\_\_\_

**Do you intend to obtain F-2 status (dependent) for a spouse and/or child?**  Yes  No

If yes, please list **name, date of birth, gender (male/female), relationship, country of birth, and country of citizenship.**

Please provide a copy of passport, visa and I-94 for each dependent.

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

**Are you transferring from another U.S. institution?**  Yes  No

If yes, please provide the name and location of the institution and a copy of your current I-20.

\_\_\_\_\_

**ASSOCIATE DEGREE YOU ARE PLANNING TO PURSUE AT OCC** \_\_\_\_\_

## ADDRESS INFORMATION

U.S. address \_\_\_\_\_

U.S. home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email address \_\_\_\_\_

Address in native country (Street name and house/apartment number) \_\_\_\_\_

(City) \_\_\_\_\_ (State/Province/District) \_\_\_\_\_

(Country) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_