



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), Given Name (First) Middle

Foreign Home Address _____
Number and Street Name Apt. #

City State/Province/Territory Postal Code

E-mail Address(es) _____

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 minimum TOEFL scores of 480-written or 157-computer or 54-iBT may be exempt from the ESL Placement Test and may take the College Placement Test. Applicants from English-speaking countries such as 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 format and score (if applicable) _____ 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 the type of visa you expect to hold during your period of study at Atlantic Cape.

____ Student "F-1" ____ Visitor "B-2" _____ Other (please specify)

If you are **currently** holding a nonimmigrant visa in the U.S., please indicate the type of visa: _____

Expiration date of your I-94 card _____ (attach a photocopy of your I-94 card)