

MINERAL AREA COLLEGE
SUPPLEMENTAL INFORMATION FORM

Complete only if you have attended another college or university in the U.S.A.

Instructions (Please read carefully)

Please fill in the following information and send or give it to the International Student Advisor at the U.S. institution you currently attend or did attend. Your advisor should mail the completed document to:

Linda Huffman, Registrar, Mineral Area College, P.O. Box 1000, Park Hills, MO 63601-1000.

This is required for your application to Mineral Area College and will be treated as confidential.

Name _____
(First) (Middle) (Last)

Present Address:

Number & Street Apt. No. City State Postal Code Country

Date of Birth _____ Country _____ Visa Type _____
(Month) (Day) (Year)

Sex: Male Female Single Married If married, is spouse in the U.S.? Yes No

First school issuing you an I-20 or IAP-66 Form _____

Address of School:

Number & Street City State Postal Code Country

Country issuing your passport _____

Port of most recent entry into the U.S. _____

I hereby request and give my permission for the information below to be released to Mineral Area College.

Applicant's Signature _____ Date _____

*****TO BE COMPLETED BY DESIGNATED SCHOOL OFFICER*****

Student was in good standing at your institution: Yes No

To the best of your knowledge, is the above named student eligible for transfer as addressed by 8CFR214.2.(f)(8)? Yes No If no, please explain:

I have reviewed the information above and find it to be accurate.

Please Print: School Official Name and Title Date _____

Signature of School Official e-mail address Telephone number

School Name Address City State Zip