

OFFICE USE ONLY	
<input type="checkbox"/> Financial Support	Admission Approved:
<input type="checkbox"/> Application Fee (\$50.00)	DATE _____
<input type="checkbox"/> Transcripts of U.S. Colleges	BY _____
<input type="checkbox"/> TOEFL Score of _____	

SECTION I.

1. Please check the semester of this application (check one semester only): Fall 20____ Spring 20____

Attach \$50 (U.S.) application fee payable to College of Marin. The \$50 application fee must be enclosed or the application will be returned. The fee is nonrefundable and may not be transferred to another semester. Please print responses in blue or black ink. Response to each item is mandatory unless a specific instruction indicates it is optional.

2. Social Security Number, if applicable:

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3. Have you previously applied to or attended this college? No Yes If yes, please provide:
Date of Application _____ Last Term Attended _____ Previous Student I.D. # _____

4. Legal Name; please print your name as it appears on your passport: **Sex:** Male Female

FAMILY/LAST NAME (COMMA)	FIRST NAME	MIDDLE

5. Other names that may appear on your academic records:

FAMILY/LAST NAME (COMMA)	FIRST NAME	MIDDLE

FAMILY/LAST NAME (COMMA)	FIRST NAME	MIDDLE

6. Birthdate:

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 7. Country of Birth: _____ 8. Country of Citizenship: _____

9. If you are not currently in the United States, please check box:

10a. Current mailing address (A change of U.S. address must be reported to the Office of Admissions & Records and U.S. Immigration within 10 days):

STREET NUMBER	STREET NAME	APARTMENT #	
CITY	STATE	COUNTRY	ZIP CODE

If you are using a U.S. P.O. Box for your mailing address, you must list your physical address below:

STREET NUMBER	STREET NAME	APARTMENT #	
CITY	STATE	COUNTRY	ZIP CODE

10b. Permanent foreign address:

STREET NUMBER	STREET NAME	APARTMENT #	
CITY	STATE	COUNTRY	ZIP CODE

11a. Current Telephone Number:

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11b. Email Address: _____

