



## Supplemental Form for 1-20 Application

### Applicant Information

Surname/Family Name: \_\_\_\_\_

First Name/Given Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Home Country Address: \_\_\_\_\_

Present Address (if different): \_\_\_\_\_

Intended Local Address (if known): \_\_\_\_\_

Email: \_\_\_\_\_

U.S. Phone Number (if available): \_\_\_\_\_

Passport Number: \_\_\_\_\_

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

Name as it Appears on Passport: \_\_\_\_\_

BRCC Intended Program of Study: \_\_\_\_\_

Intended Semester of Entrance:

\_\_\_ Fall (Classes start in August; deadline for  
application materials is April 1)

\_\_\_ Spring (Classes start in January; deadline for  
application materials is October 1)

Intended Year of Entrance: \_\_\_\_\_

### English Proficiency Testing

BRCC currently accepts the following nationally-recognized English Proficiency Tests: TOEFL, TOEFL Essentials, IELTS and the Duolingo English Test. (See website or Prospective International Student Letter for scores minimums.)

Test Taken: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Score Received: \_\_\_\_\_

## Educational Background

Have you completed the equivalency of a U.S. high school diploma? ☐ Yes ☐ No

Did you complete your high school coursework in the U.S.? ☐ Yes ☐ No

Name and Address of High School/Secondary School: \_\_\_\_\_

\_\_\_\_\_

Have you attended a college/university outside the U.S.? ☐ Yes ☐ No

List names and addresses of all non-U.S. colleges/universities attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended a college/university in the U.S.? ☐ Yes ☐ No

List names and addresses of all U.S. colleges/universities attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parent Information

Please list name, address, phone number, and email of parent(s) if they will be providing the funding for your education.

Parent Name(s): \_\_\_\_\_

Complete Mailing Address(es): \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

## Sponsor Information

If someone other than your parents will be providing the funding for your education, please provide the information listed.

Sponsor Name(s): \_\_\_\_\_

*(If organization or agency, please list the complete name of agency)*

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Spouse and Dependent Information

Are you married?    ☐ Yes    ☐ No

Will you need an F-2 Visa for your spouse?      Yes      No

Other than your spouse, do you have additional dependents (children) that will require an F-2 Visa?    \_\_\_ Yes  
\_\_\_ No

List requested information below for your spouse and all dependents who will accompany you to the U.S. and require an F-2 Visa.

Full Name (as shown on passport)	Birthday (Month/Day/Year)	Country of Birth	Country of Citizenship

## Emergency Contact

Please provide a U.S.-based emergency contact person.

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

Address:

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Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Signature and Date

I certify all information on this application is accurate and complete to the best of my knowledge. I give BRCC permission to release information to the person named as my emergency contact as needed.

Full Legal Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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