



# F-1 Guest Student Application

International Student Services & Programs  
13300 West Sixth Avenue  
Room 1231  
Lakewood, CO 80228-1255 USA

This application is required for current F-1 students who are studying at another U.S.-based institution who want to take one or more classes at Red Rocks Community College. Complete this application and send it to [international@rrcc.edu](mailto:international@rrcc.edu) with all other required admissions documents. Transcripts should be emailed to [student.records@rrcc.edu](mailto:student.records@rrcc.edu). If any information is missing, incomplete, or incorrect, the processing of the application will be delayed.

\* = Required

## Personal Information

\*Legal Name: \_\_\_\_\_  
Surname(s)/Family Name(s)                      Given Names/First and Middle Name(s)

Other names on academic or personal records: \_\_\_\_\_

\*Preferred Name(s): \_\_\_\_\_

\*Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      \*Country of Birth: \_\_\_\_\_  
Month                      Day                      Year                      \*Country of Citizenship: \_\_\_\_\_

Gender:  Male  Female  Other                      \*City of Birth: \_\_\_\_\_

\*Primary Language: \_\_\_\_\_ Other Language(s) Spoken: \_\_\_\_\_

\*Foreign Phone Number: + \_\_\_\_\_ - \_\_\_\_\_                      \*Email: \_\_\_\_\_

## Foreign Address (in Home Country)

\*Street Name and Number: \_\_\_\_\_

\*City: \_\_\_\_\_ State/Province: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

## Mailing Address Same as Above

Street Name and Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**U.S Address** (if available)

Street Name and Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

U.S Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**U.S Mailing Address** (if available)  Same as Above

Street Name and Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Student Information**

\*Student Number: S \_\_\_\_\_

\*Semester Start Preference:     Fall (August)                       Spring (January)                       Summer (May)

\*Year: 20\_\_\_\_                      Apply by July 22                      Apply by November 25                      Apply by May 14

\*What program/certificate will you study? \_\_\_\_\_

For a list of acceptable programs and certificates, click **HERE**.

\*What is your level of education?

- Less than High School
- High School
- Associate/2-year degree
- Bachelor's/4-year degree
- Graduate or Professional Degree (Master's, MD, JD)
- Doctorate (PhD, EdD)

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**\*CERTIFICATION/SIGNATURE**

I have read and understood the instructions and requirements of admission contained in this application packet. I certify that the information provided is true and complete to the best of my knowledge, and I understand that if the information is found to be otherwise, it is sufficient cause for rejection or dismissal. I further agree to keep the college informed about any changes and/or additional information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you are under 18 years old**, we must have the parent's or legal guardian's signature also.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_