RETURNING STUDENT FORM

PLEASE PRINT:

Name: ____________________________________________________________________________________
    (Last)    (First)    (Middle)

Date of Birth: ____________________

Former Name(s): ___________________________________________________________________________

Student ID #: ______________________________  E-mail: _______________________________

U.S. Address: ______________________________________________________________________________
    (Number and Street)
    (City)     (State)     (Zip)

Telephone: __________________________

Permanent Foreign Address:
Address 1: _______________________________________________________________________________
Address 2: _______________________________________________________________________________
City: _____________________________________________________________________________________
Province/Territory: ________________________  Postal Code: __________________________
Country: __________________________________________________________________________________
Telephone: _______________________________________________________________________________

Last CCSN Registration: ________________________        Plan to Register For: _______________________
    (Semester/Year)                (Semester/Year)

Major: __________________________

Have you attended any other school SINCE your last registration at CCSN?  Yes ☐ No ☐ If yes list below.

_______________________________________   _______ From: _____ _____ To_____ _____
    (Name of Institution)                      (State)                        (Mo)    (Yr)         (Mo)    (Yr)

_______________________________________   _______ From: _____ _____ To_____ _____
    (Name of Institution)                      (State)                        (Mo)    (Yr)         (Mo)    (Yr)

Were you suspended from any of these institutions?  Yes ☐ No ☐

TRANSCRIPTS: Returning students who have registered at any institution after leaving CCSN must supply
official transcripts for each institution attended. Transcripts must be sent directly to the Int’l Center.

CHANGE OF NAME: Returning students who have changed their name since leaving CCSN should file a
Change of Name form with their application. Legal proof of the name change will be required.

I hereby testify that, to the best of my knowledge, the information I have given is complete and correct. I
understand that I am responsible for arranging for the forwarding of my official transcripts from the schools I
have attended and that all documents I submit become the property of CCSN and are not returnable to me.

Signature of Applicant ___________________________________________ Date: ____________________
Returning Student Requirements

Please submit the following if you:

Are transferring from another institution.
  • Returning Student Form
  • Updated Bank Statement
  • Sponsor Letter
  • Copy of Passport
  • Copy of Visa
  • Copy of I-94
  • Copy of I-20
  • Transfer Form
  • Official Transcripts

Returned to your home country and now want to come back.
  • Returning Student Form
  • Updated Bank Statement
  • Sponsor Letter
  • Copy of Passport

Are returning after OPT (from CCSN).
  • Returning Student Form
  • Updated Bank Statement
  • Sponsor Letter
  • Copy of Passport

Are earning a second degree at CCSN (changing level).
  • Returning Student Form
  • Updated Bank Statement
  • Sponsor Letter
  • Copy of Passport

Are changing your status.
  • Returning Student Form
  • Updated Bank Statement
  • Sponsor Letter
  • Copy of Passport
  • Copy of Visa
  • Copy of I-94