

SAN DIEGO CITY COLLEGE

1313 Park Blvd L-111, San Diego, CA 92101 (619) 388-3476

International Student Application

ATTACH PHOTO HERE

Fall Semester YEAR

Spring Semester YEAR

Please print or type:

LegalName: Family Name First Middle

Mailing Address

Number Street City/Province State Country Postal Code

If available: E-mail address

FAX # U.S. local phone #

TOEFL TEST DATE: TOEFL TEST SCORE:

Native Language:

DESIRED MAJOR AT SAN DIEGO CITY COLLEGE:

- EDUCATIONAL GOAL (Mark one only): 1) Associate Degree only 2) Associate Degree and transfer for Bachelor Degree 3) Transfer only

If you plan to transfer to a four-year institution after San Diego City College, please indicate institution and major below:

University Name: Major:

BIOGRAPHICAL DATA

Passport Number: Passport Expiration Date:

Date of Birth: Country of Birth:

Country of Citizenship: Country of Legal Residence:

Home Country Address:

Number Street City

Territory/Province/State Postal Code Country

Marital Status: Single Married Gender: Male Female

If married, list the name and relationship of any dependent traveling to the United States with you:

FOR STUDENTS ALREADY IN THE UNITED STATES

Date of last entry into the U.S. Visa type (B2, F1, F2, etc.) Expiration date

If your visa status has changed, when was the change approved by INS: Date your I-94 expires

List institution(s) that issued you an I-20

Did you attend that institution on an F1 visa? Dates attended

If you have a United States Social Security number, please provide:

Show in chronological order all high schools and colleges you have attended and all diplomas or certificates you have earned. If you are currently attending classes, please indicate the exact month, day and year your current semester will end.

OFFICIAL TRANSCRIPTS ARE REQUIRED FROM HIGH SCHOOL AND ALL COLLEGES ATTENDED foreign transcripts need to be evaluated by accredited US based company.

Attendance Dates:		Name of School and Country	Grades or Levels Completed	Certificates or Units/Diplomas/Degrees Received	Grade Point Average
From Month/Year	To Month/Year				

CERTIFICATION: I declare under penalty of perjury that all information provided refers specifically to me and is true and correct. I understand that falsification or withholding information requested on this form shall constitute grounds for dismissal.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorized San Diego City College to release information about my application status, or enrollment status to the following people or institutions.

STUDENT NAME

Student's Signature _____ Date _____

Please print or type:

1. _____
Name and Relationship
2. _____
Name and Relationship
3. _____
Name and Relationship

International Student Terms of Agreement

I understand this application is for admission to San Diego City College for the semester indicated. I understand and agree I will be bound by the College's regulations concerning application deadline dates, admissions requirements, Student Code of Conduct and academic progress. I agree to the release of any transcripts, student records and test scores to San Diego City College.

I certify all of the information in this application and documents provided are complete and accurate and pertain solely to me. I understand that false or fraudulent statements, or documents, may result in disciplinary action, denial of admissions, invalidation of credits or degrees earned and expulsion from the college. I understand and agree that while attending San Diego City College I will comply with all federal and state laws, county and municipality ordinances, rules and regulations, policies and procedures of San Diego City College

1. I understand the application fee is non-refundable.
2. I understand that I am required to be enrolled in and complete at least 12 units of college course work each semester in order to maintain my lawful F-1 status. I must first be approved for concurrent enrollment if I plan to attend another educational institution, at the same time I am attending San Diego City College. I have also been advised that no more than the equivalent of one online/distant education class or 3 credits per session may count towards the "Full course of study" requirement.
3. I understand that I cannot withdraw from any classes without written approval from the institution in the form of a "Petition for Reduced Load". This form must be submitted at least 2 weeks before the withdrawal deadline of the class in question. I further understand that I will be required to include the appropriate supporting documentation if it is a medical necessity.
4. I understand that if I drop below 12 units during any academic semester without prior permission, I will be considered out of status. I will remain out of status until I am approved for reinstatement; and that my visa will be cancelled if reinstatement is not approved.
5. I am fully aware of the expenses incurred while living in the United States and attending San Diego City College. I have the necessary financial resources to pay for my classes upon registration and to complete my course of study. I accept the responsibility to secure housing and dependable transportation.
6. I understand I must maintain a minimum 2.0 grade point average. Failure to do so will place me on academic probation. I understand that if my grade point average falls below 1.75 in the subsequent semester, I may be academically dismissed from San Diego City College.
7. I understand that on-campus employment requires the approval of the International Student Office. Employment is limited to 20 hours per week during the semester or 40 hours per week during vacation and holidays. I have been advised that it is unlawful to participate in any kind of work off-campus without prior authorization from the PDSO such as in the case of Curricular Practical Training or by the Immigration Service for Economic Hardship & Optional, Practical Training.

I understand that failure to meet any of the above conditions is cause for denial or cancellation of admissions and/or enrollment and termination of my I-20. Failure to meet these conditions will result in notification to the Department of Homeland Security as required by law.

Applicant's Printed Name

Applicant's Signature

Date _____

Confidential Financial Statement

Student's Name: Last First Middle

You must submit proof that you have adequate financial support while you are attending San Diego City College. The estimates we provide are based on the applicant being single with no dependents. Please include adequate funds for support of any dependents coming with you to the United States.

TOTAL APPROXIMATE COST: \$18,000 a year (including incidentals)

In U.S. dollars, please show the amount of funds available for your first year at this college.

Table with 2 columns: Source, First Year. Rows include From Family, From own savings, From sponsor or government, From other sources, and Total.

FINANCIAL STATEMENT CERTIFICATION

I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above.

Table with 4 columns: Name (Please Print), Signature, Relationship, Amount in US\$. It contains three empty rows for data entry.

BANK CERTIFICATION

I certify that I have read the information given by the applicant on this form. It is true and accurate and the funds are available as indicated.

Name of Bank and Address: _____

Bank Official's Name and Title(printed): _____

Bank Official's Signature: _____

Date: _____

In lieu of completion of this BANK CERTIFICATION, you may attached an official letter from your bank and your latest bank statement.

PLACE OFFICIAL STAMP/SEAL OF BANK HERE

I certify that I have adequate funds as indicated above to pay for my studies while attending San Diego City College

Student's Signature Date

SAN DIEGO CITY COLLEGE
Health Examination Report

Name: _____
 Last Name First Middle

Country of Birth _____ Country of Citizenship _____

For each item below, please answer Yes or No if you ever had any of the following health conditions:

Allergy (severe) _____	Epilepsy _____	Polio _____
Anemia _____	Hepatitis _____	Rheumatic Fever _____
Asthma _____	Malaria _____	Rubella (German Measles) _____
Blackouts _____	Measles (Rubella) _____	Thyroid Problem _____
Chicken Pox _____	Meningitis _____	Tuberculosis _____
Diabetes _____	Mononucleosis _____	Heart problem _____
High Blood Pressure _____	Kidney disease _____	Intestinal problems _____
Stomach ulcer _____	Migraine headaches _____	

Do you take any medications regularly? Yes ___ No ___ If yes, give name(s) and what for? _____

Give dates and types of serious operations or injuries _____

Have you ever received the BCG inoculation? Yes ___ No ___ If yes, give date: _____

Explain special health problem(s): _____

EXAMINATION TO BE COMPLETED BY PHYSICIAN

A physical examination by a medical doctor (MD) is required. Current immunizations (with dates specified and verified tuberculosis clearance must be completed before acceptance at San Diego City College.

1. Tetanus (must be within the past nine years): Date _____

2. Measles, Rubella (must be given after 1970 and after twelve month of age):
Measles (date): _____ Rubella (date) _____

3. Tuberculosis clearance dated within the past three months of this physical exam:
Mantoux skin test (date): _____ Result _____
If Mantoux test is positive, chest x-ray is required.
Chest x-ray (date): _____
*Attach copy of your chest x-ray report. Do not send x-ray film.

Does student have any condition which would prevent participation in physical education? Yes _____ No _____

If yes, explain: _____

Special Health Problems: _____

I have examined _____ on date _____ and find him/her in good health and able to attend college.
Signature of Physician _____
Name of Physician (please print) _____
Address _____
Telephone _____

SAN DIEGO CITY COLLEGE

Fax (619)388-3505 Attention: Int'l student admission

Transfer Clearance Verification

This Transfer Clearance verification must also be submitted if you are transferring from another school in the United States. Have this form completed by the Designated School Official (DSO) from the last school you attended.

Student Authorization to release information-Must be completed by the student

Name of Student _____ Date of Birth _____

Email Address _____

I intend to transfer to San Diego City College for the Fall/Spring (circle one) semester. By signing this form, I give both San Diego City College and my current institution permission to discuss any information pertaining to my transfer.

Signature _____ Date _____

This section must be completed by Designated School Official

SEVIS # _____ Release Date _____

(Last date of attendance)

Dates of attendance _____ to _____

Did student maintain full-time status? Yes/No If no explain _____

Major Course of Study _____

Number of Units Completed _____

Is this student eligible to continue at your school? _____

___ To the best of my knowledge, this student is eligible to transfer.

___ To the best of my knowledge, this student is not eligible to transfer

Type of program (ESL, Academic, Voc. Etc.) _____

Optional Practical Training? Yes/No Full-time/Part-time ___/___/___ to ___/___/___

Name & Title _____

Institution _____

Mailing Address _____

Institutional SEVIS ID _____

Telephone Number (____) _____ Fax(____) _____

Signature of Designated School Official

Date

APPLICATION CHECKLIST

Please use this as a guide when preparing your application for admissions. All required forms must include any supporting documents.

First Name _____ Family Name _____

- \$100 Application Fee (money order/cashier's check payable to San Diego City College)
- International Student Application
- Passport size photo
- TOEFL Score _____ Date _____
- or
- ACT/SAT Score _____
- Financial Statement/Support
- Health Examination Report (All positive Tuberculosis test require the results of a chest x-ray)
- Official High School/College Transcripts (Foreign course work must be translated and evaluated by an accredited U.S. base company)

In order to determine if you are ready to apply for admissions review the list and make sure you have enclosed all of the necessary documents above.

Current F-1 students transferring within the U.S. must also include a copy of the following:

- Transfer Clearance Release Date _____
- Current I-20 Exp/Date _____
- Passport Exp/Date _____
- Visa Exp/Date _____
- I-94 Exp/Date _____

Notes: _____
