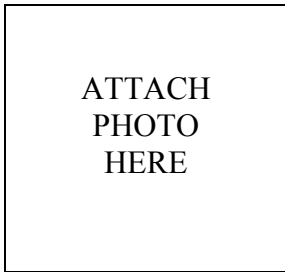


SAN DIEGO CITY COLLEGE

1313 Park Blvd A112, San Diego, CA 92101 (619) 388-3476

International Student Application



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.**

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Applicant's Signature

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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: \_\_\_\_\_

\_\_\_\_\_