SAN DIEGO CITY COLLEGE
1313 Park Blvd A112, 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 your 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: From Month/Year	To Month/Year	Name of School and Country	Grades or Levels Completed	Certificates or Units/Diplomas/Degrees Received	Grade Point Average

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
STUDENT NAME
status, or enrollment status to the following people or institutions.

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

_____ Date _____
Applicant's Signature

SAN DIEGO CITY COLLEGE

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.

	Source:	First Year
A.	From Family	$ _____
B.	From own savings	$ _____
C.	From sponsor or government	$ _____
D.	From other sources	$ _____
	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.

Name (Please Print)	Signature	Relationship	Amount in US$

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) _____
Anemia_____
Asthma_____
Blackouts_____
Chicken Pox_____
Diabetes_____
High Blood Pressure_____
Stomach ulcer_____
Epilepsy_____
Hepatitis_____
Malaria_____
Measles (Rubella)_____
Meningitis_____
Mononucleosis_____
Kidney disease_____
Migraine headaches_____
Polio_____
Rheumatic Fever_____
Rubella (German Measles)_____
Thyroid Problem_____
Tuberculosis_____
Heart problem_____
Intestinal problems_____

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:_____

_____