

SAN DIEGO CITY COLLEGE

1313 Park Blvd A-241, San Diego, CA 92101 (619) 388-3476

International Student Application

Fall Semester _____ YEAR _____ Spring Semester _____ YEAR _____

Please print or type:

Name: _____
Family Name First Middle

Mailing Address: _____

ATTACH
PHOTO
HERE

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 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: _____

OFFICIAL TRANSCRIPTS ARE REQUIRED FROM HIGH SCHOOL AND ALL COLLEGES ATTENDED
foreign transcripts need to be evaluated by an accredited US based company from the NACES
members list-only. Evaluations must include GPA (grade point average).

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.

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

SAN DIEGO CITY COLLEGE

Agreement for Students in F-1 status

San Diego City College will make every effort to assist international students in accomplishing their academic goals. However, there are certain regulations that must be followed by all students in F-1 status in order to satisfy conditions set by the United States Citizenship and Immigration Service (USCIS). Please read and complete the entire form. You must sign, date and submit the original copy to the International Student Office in room A-241, at San Diego City College.

I, _____ agree that in order to pursue my studies at San Diego City College, and to maintain
Please print your name
my immigration status I must comply with the following (**you must initial 1-10 and sign & date**):

___ **1. I have** received information regarding my obligations and privileges as an F-1 student.

___ **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. Courses taken during intersession will count towards Spring enrollment.**

___ **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 will** meet with an academic counselor at least once per semester, follow the recommended program of study, and attend classes regularly as required by San Diego City College.

___ **6. I understand** that I must notify the International Student Office located in A-241, within 10 days of any of the following changes: Name, address, immigration status, and marriage.

___ **7. 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.

___ **8. 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.

___ **9. 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.

___ **10. I understand** that travel outside the U.S. requires approval and signature of the Principle Designated School Official (PDSO) for re-entry; which must be requested in a form of a petition at least **3 weeks in advance**.

Student Signature Date: _____

Designated School Official Date: _____

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: **\$31,654** a year (including incidentals)

In U.S. dollars, please show the amount of funds available for your first and second 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) _____	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 (student applicant must not write in any information on this section)

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