

San Diego Miramar College
International Student Application
Semester: ___ Fall ___ Spring Year: ___

Attach a recent photo of yourself - not more than 3 months old.

Legal Name:

Family Name	First Name	Middle Name
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Current U.S. Address (if available)

Number	Street	City	State	Zip Code
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Educational Goal (**Choose one**)

Associates Degree Associates and Transfer Transfer Only for Bachelor's Degree

Major Course of Study (see list on page 2) _____

Email Address: _____ U.S. Phone Number: _____

Biographical Data

Home Country Address: (this cannot be a U.S. address. It is where you live in your home country. It will be used to mail your I-20 unless a different mailing address is listed below)

Number	Street	City
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Province/Territory/State	Postal Code
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Birthdate: ___ / ___ / ___ Gender: Male ___ Female ___
 Day Month Year

Country of Birth: _____ City of Birth: _____ Native Language: _____

Country of Citizenship: _____ Country of Residence: _____

Marital Status: Married ___ Single ___

List the full name, relationship, and date of birth of any spouse or dependents coming with you. Include a copy of their passport with your application.

For Students Who Are Currently in the United States

Current Visa type* _____ Expiration Date: _____

Passport Number: _____ Expiration Date: _____

I-94 Expiration Date: _____

Date and location of last entry into the United States: _____

If you have an F-1 or F-2 visa list all schools that have issued you an I-20 and include copies of your I-20, visa, passport and I-94.

If you have a U.S. Social Security Number, please provide: _____

SECTION 1: FINANCIAL RESOURCES

Financial Resources and Estimated Expenses

The estimated cost of attendance for one academic year is \$46,956. You must submit proof of sufficient financial support while you are attending school. Only funds on deposit in a checking or savings account can be accepted. Stocks, annuities, Certificates of Deposit and/or real property, etc., are not acceptable. The estimates provided are based on the applicant being single with no dependents. Include adequate funds for support of any dependents coming with you to the United States. Funds must be listed in U.S. dollars. Forms with funds not listed in U.S. dollars will be denied.

The total amount of \$46,956 is required even if someone else is providing room and board.

Incomplete, incorrect or missing information will delay or prevent acceptance. Note that fees are subject to change at any time.

Required Financial Documents:

- 1) Bank Certification (page 6)
and
- 2) Sponsor Support Verification (page 7)

Student Certification

My signature certifies I understand the total minimum cost of attendance per academic year is \$31,654. I understand that I am not eligible for financial aid and that I am not eligible to work while attending college.

Applicant's Signature _____ **Date** _____

(Financial Certification continued on next page)

FINANCIAL RESOURCES: BANK CERTIFICATION

Bank certification is required for each person providing financial support. Each sponsor must also complete the Sponsor Verification form on page 7.

Only funds on deposit in a checking or savings account are acceptable. Stocks, annuities, Certificates of Deposit, etc., are not acceptable. Include sufficient funds for any dependents coming with you. Funds must be listed in U.S. dollars. Forms with funds not in U.S. dollars will be denied. Documents must be in English. Photocopies or faxes are not accepted.

An original, official, bank statement may be submitted in lieu of this Bank Certification Form. Photocopies are not acceptable.

Financial forms & signatures must be no more than 30 days old. Older forms will be rejected.

Part 1: Bank Certification for Sponsor #1: To be completed by Bank Official: I certify that I have read the information given by the applicant on this form. I verify the information is true and accurate and the funds are available as indicated.

Name of Account Holder _____

Account # _____ Current Balance in U.S. Dollars \$ _____

Bank Name & Address _____

Bank Official's Name (print) _____

Bank Official's Title _____

Bank Official's Signature _____ Today's Date _____

Phone Number _____

Email address _____

Bank Certification #2: Required if there is more than one sponsor. To be completed by Bank Official:

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

Name of Account Holder _____

Account # _____ Current Balance in U.S. Dollars \$ _____

Bank Name & Address _____

Bank Official's Name (print) _____

Bank Official's Title _____

Bank Official's Signature _____ Today's Date _____

Phone Number _____

Email address _____

FINANCIAL RESOURCES: SPONSOR SUPPORT VERIFICATION - Each sponsor must include a Financial Resources Statement or attach a Bank Statement as indicated on page 6. Minimum amount required for one academic year is \$46,956.

I agree to and certify I will provide the amount of \$_____ to this student for their education. If I am also providing room and board, I will provide a safe and clean living environment and appropriate meals in quantity and quality to ensure this student's well being.

I understand that I may be contacted by the College if there are any questions regarding this agreement.

Name of Sponsor _____
Print Name _____
Sponsor's Signature _____ Date _____
Signature _____
Relationship to Applicant _____
Address _____
Phone Number _____
Email address _____

To be completed if there is a 2nd sponsor:

I agree to and certify I will provide the amount of \$_____ to this student for their education. If I am also providing room and board, I will provide a safe and clean living environment and appropriate meals in quantity and quality to ensure this student's well being.

I understand that I may be contacted by the College if there are any questions regarding this agreement.

Name of Sponsor _____
Print Name _____
Sponsor's Signature _____ Date _____
Signature _____
Relationship to Applicant _____
Address _____
Phone Number _____
Email address _____

SECTION 3. TOEFL VERIFICATION – ENGLISH PROFICIENCY

All international students are required to have taken and passed the TOEFL exam within the past 2 years. Minimum passing score is 61 on the internet-based test, 173 on the computer test or 500 on the paper test. Send your original or photocopy of your TOEFL test score report. All test scores are verified with TOEFL. The Institutional TOEFL and IELTS exams are not accepted.

www.ets.org

TOEFL WAIVER:

The TOEFL requirement may be waived if your entire education was in English, or, if you have completed a transfer level college or university level English composition course in the United States with a grade of C or better. A minimum SAT verbal score of 450.

English as a Second Language courses do not waive the TOEFL requirement.

Check one:

- I have attached my original TOEFL score report.

- I have requested TOEFL send my test score directly to Miramar College (school code 4728).

- My education was in a country where English is the language of the educational system as shown on the attached official transcript.

- I have attached a copy of my official transcript showing completion of College/Transfer level English composition course completed at a U.S. university/College with a grade of "C" or better.

- I have attached a copy of my official SAT report.

SECTION 4. RELEASE OF INFORMATION

List anyone you wish to grant us permission to work with on your behalf. This authorization is valid for the length of time you study at San Diego Miramar College unless you indicate otherwise. .

I authorize San Diego Miramar College to release and discuss my application information with the following people.

Name _____ Relationship _____

Phone Number _____ Email _____

Name _____ Relationship _____

Phone Number _____ Email _____

Applicant's Signature _____ Date _____

SECTION 5. ACADEMIC ACHIEVEMENT & TRANSCRIPTS

High School: Students must have graduated prior to the application deadline (May 15 for Fall and October 15 for Spring) and provide documentation of graduation with original, official transcripts, issued by the high school.

You must meet one of the following two high school requirements:

1. Graduation from a Foreign High School – Graduation from a foreign secondary school that is equivalent to graduation from an American high school (12 years) with a 2.0 Grade Point Average.
2. Graduation from a United States High School – International students who have graduated from a U.S. High School must have a 2.0 Grade Point Average. If you have obtained a General Equivalency Diploma (GED), the minimum score passing score is 45. Provide an official copy of the passing score.

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**: <https://www.naces.org/members>. Evaluations must include GPA (grade point average).

List in chronological order all secondary/high schools, colleges and language programs you have attended and all diplomas, certificates and degrees you earned. Include schools you are currently attending, list current classes and the date they end.

SCHOOL NAME & COUNTRY	DATES ATTENDED	GRADE OR LEVEL	DEGREE/DIPLOMA	GRADE POINT AVERAGE

I declare all the above information refers specifically to me and is true and correct. I understand that falsification or withholding any information shall constitute grounds for denial and/or dismissal.

Applicant's Signature _____ Date _____

SECTION 6. HEALTH REPORT

Part 1: Student's Certification:

Student Name (print) _____

List any chronic or serious illnesses or conditions that you may have

Are you currently receiving treatment for this/these conditions? _____

Do you take any medication regularly? If yes, list medications:

Have you ever received the BCG inoculation? ____ Yes ____ No If yes, when _____

Do you have any health concerns or problems? _____

Part 2: Physician's Certification – A physical exam including immunization information must be verified by a licensed Medical Physician within the past 3 months

Tetanus, Measles, Mumps, Rubella and Tuberculosis immunizations are required.

1. Tetanus - must be within the **past 9 years** Date of immunization _____

2. Measles, Mumps, Rubella - given after 1970 and after 1 year old.
Measles immunization date _____ Rubella immunization date _____

3. Tuberculosis test dated within the **last six (6) months**.

REQUIRED EVEN IF STUDENT HAS HAD THE BCG.

Mantoux skin test date _____ Test Result _____

◆ If you have had the BCG, or have had a positive TB skin test, a chest x-ray is required instead of the skin test. Attach a copy of the chest x-ray report. Do not send x-rays

Chest X-ray date _____ Result _____

Does this student have any condition that would prevent participation in physical education? ____ Yes ____ No

If yes, please explain _____

I have examined the above named student on **(date)** _____ and find him/her to be in good health and able to attend college full-time.

Name of Physician (print) _____

Signature of Physician _____ Date _____

Address _____

Telephone _____ Email _____

Physician Stamp or Business Card Here:



SECTION 7. INTERNATIONAL STUDENT AGREEMENT

I understand this application is for admission to San Diego Miramar 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 Miramar 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 Miramar College I will comply with all federal and state laws, county and municipality ordinances, rules and regulations, policies and procedures of Miramar College.

1. **I understand** as an F-1 visa international student I do not qualify as a California resident for tuition purposes and I will be charged non-resident tuition for the entire length of my studies. I am not eligible for U.S. Federal or California state financial aid.
2. **I understand** the application deadlines are May 15th for the Fall semester and October 15th for the Spring semester and late applications are not accepted. This application will not be considered complete until all required information and documents have been submitted to the College Admissions Office. Late or incomplete applications will be denied.
3. **I will** enroll in and complete the required full-time requirements (12 units) and maintain a 2.0 Grade Point Average each semester to maintain my student visa status. Failure to do so will result in being in violation of my visa status and termination of my I-20.
4. **I understand** that I can only attend classes at Miramar College. I may not enroll in classes at any other 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 not count towards Spring enrollment.**
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 Miramar College.
6. **I understand** I am required to have comprehensive health insurance coverage for the full duration of my studies at Miramar College. I will provide proof of this insurance to the college as required.
7. **I understand** that I am not permitted to possess a firearm, and/or ammunition, of any kind. This includes renting one at any gun range or event, or purchasing one. Doing so will result in prosecution for violation of Title 18 of the United States Code, Section 922(g)(5).
8. **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.
9. **I understand** that I have to attend the mandatory orientation. I further understand that if I do not attend, my I-20 will be cancelled.

I understand that failure to meet any of the above conditions is cause for denial or cancellation of admission 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 Signature

Date



TRANSFER SCHOOL INFORMATION

THIS FORM IS TO VERIFY THE STUDENT'S STATUS AND ELIGIBILITY TO TRANSFER.
IT IS **NOT** A REQUEST TO RELEASE THE STUDENT'S SEVIS RECORD.

If you are currently an F-1 visa student attending school in the U.S. and wish to transfer to Miramar College submit this form with your completed application or ask your school to email or fax this form directly to Miramar College (fax number below).

Student Authorization – To Be Completed by the Student	
Name _____	Date of Birth _____
Email Address _____	Phone Number _____
I give my permission for the information requested below to be released to Miramar College.	
Signature _____	Date _____

To Be Completed by the Designated School Official

Dates of Attendance _____

Did the student maintain full time status? _____ Total number of units student completed? _____

Anticipated SEVIS release date _____

Is the student in good academic standing? _____ Is the student welcome to continue at your school? _____

Type of program (English Language, Academic, Vocational etc.,) _____

Major course of study _____ Undergrad _____ Graduate _____

Does the student have any outstanding financial obligation? _____

List the types and dates of all practical training authorized _____

Comments/Other: _____

School name _____

School address _____

Signature of DSO/PDSO _____ Date _____

Printed name and title of School Official _____

Contact phone and/or email _____

SEVIS School ID # _____

For questions please contact Jessica Aguilar at 619-388-7844 or jaguilar@sdccd.edu
You may also fax this form to: 619-388-7915.