



**International Student Program Application**

Semester: \_\_\_Fall \_\_\_Spring Year: \_\_\_

Legal Name:

Family Name First Name Middle Name  
PLEASE WRITE PREFERRED NAME: \_\_\_\_\_  
Current U.S. Address (if available) \_\_\_\_\_

Number Street City State Zip Code  
Email Address: \_\_\_\_\_ U.S. Phone Number: \_\_\_\_\_

**Educational Goal (Choose one)**

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

Primary Course of Study (see list on page 2) \_\_\_\_\_

**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

Province/Territory/State Postal Code

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 dependent accompanying you. Please 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 annual cost of attendance is \$47,000. 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 are not acceptable. The estimates provided are based on the applicant being single with no dependents. Include adequate funds to support any dependents accompanying 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 \$47,000 is required even if someone else is providing room and board.** Incomplete, incorrect, or missing information will delay or prevent acceptance. Please note that fees are subject to change without notice.

**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 \$47,000. 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 (Part 1): BANK CERTIFICATION**

Bank certification is required for each person providing financial support. An original, official bank statement may be submitted in lieu of this Bank Certification Form.

**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, and Certificates of Deposit 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.

All documents must be in English. Photocopies or faxes are not accepted.

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

**Bank Certification for Sponsor #1.**

To be completed by a Bank Official: I certify that I have read the information provided by the applicant on this form. I verify the information is true and accurate and that 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 for Sponsor #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 that 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 (Part 2):**

**SPONSOR SUPPORT VERIFICATION** - Each sponsor must include a Financial Resources Statement *or* attach a Bank Statement as indicated on page 6. The minimum amount required for one academic year is \$47,000.

I agree to and certify that I will provide the student with the amount of \$\_\_\_\_\_ for their educational expenses. I will provide a safe and clean living environment, along with appropriate meals in sufficient quantity and quality, to ensure this student's well-being.

I understand that the College may contact me if any questions arise regarding this agreement.

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

**For Sponsor #2 (if necessary)**

I agree to and certify that I will provide the student with the amount of \$\_\_\_\_\_ for their educational expenses. I will provide a safe and clean living environment, along with appropriate meals in sufficient quantity and quality, to ensure this student's well-being.

I understand that the College may contact me if any questions arise 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. A minimum passing score is 61 on the internet-based test, 173 on the computer test, or 500 on the paper test. Please send your original or a photocopy of your TOEFL test score report. All test scores are verified with TOEFL. [www.ets.org](http://www.ets.org)

**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).

**TOEFL Waiver**

**Check one:**

- My education took place in a country where English is the medium of instruction, as indicated on the attached official transcript.
- I have attached a copy of my official transcript, which demonstrates that I completed a college-level English composition course at a U.S. university or college with a grade of "C" or better.
- I have attached my official SAT report, which includes a minimum verbal score of 450.
- IELTS (minimum score 6)
- Duolingo (minimum score 105)

**English as a Second Language courses or certificates *do not* exempt students from the TOEFL requirement.**

**SECTION 4. RELEASE OF INFORMATION**

List anyone you wish to permit us to work with on your behalf. This authorization is valid for the duration of your studies 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**

Students must have graduated before the application deadline (May 15 for Fall and October 15 for Spring) and provide documentation of graduation, including original, official transcripts issued by the high school.

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

- Graduation from a Foreign High School

Graduation from a foreign secondary school is equivalent to graduation from an American high school (12 years) with a 2.0 Grade Point Average.

- 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.

**High School Equivalency Diploma:** If you have obtained a General Education Development (**GED**) diploma, the minimum 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 must 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 and high schools, colleges, and language programs you have attended, as well as all diplomas, certificates, and degrees you have earned. Include the schools you are currently attending, list your current classes, and specify the dates 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 of 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 severe illnesses or conditions that you may have  
\_\_\_\_\_

Are you currently receiving treatment for this condition or any related 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, and Rubella - administered after 1970 and after the first year of age.  
Measles immunization date \_\_\_\_\_ Rubella immunization date \_\_\_\_\_

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

**REQUIRED EVEN IF THE STUDENT HAS HAD THE BCG.**

Mantoux skin test date \_\_\_\_\_ Test Result \_\_\_\_\_

◆ If you have received the BCG vaccine or have a positive TB skin test result, a chest x-ray is required instead of the skin test. Please 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 them from participating 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 that this application is for admission to San Diego Miramar College for the specified semester. I acknowledge and agree to be bound by the College's regulations regarding application deadlines, admission requirements, the Student Code of Conduct, and academic progress. I consent to the release of any transcripts, student records, and test scores to Miramar College.

I certify that all information in this application and the accompanying documents is complete, accurate, and pertains solely to me. I understand that false or fraudulent statements or documents may result in disciplinary action, denial of admission, invalidation of credits or degrees earned, and expulsion from the college. I acknowledge and agree that, while attending Miramar College, I will comply with all applicable federal, state, county, municipal, and Miramar College policies, rules, regulations, and ordinances.

1. **As an F-1 visa international student, I understand that I do not qualify as a California resident for tuition purposes, and I will be charged non-resident tuition for the entire duration** of my studies. I am not eligible for U.S. Federal or California state financial aid.
2. **I understand** the application deadlines are May 15<sup>th</sup> for the Fall semester and October 15<sup>th</sup> 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 a violation of my visa status and termination of my I-20.
4. **I understand** that I am only eligible to attend classes at Miramar College. I am not eligible to enroll in courses at any other college. I have also been advised that no more than the equivalent of one online or distance 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 any firearm or ammunition. 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 vacations 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 canceled.

**I understand that failure to meet any of the above conditions may result in the denial, 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.**

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**Applicant's Signature**

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**Date**





**TRANSFER SCHOOL INFORMATION**

THIS FORM IS USED TO VERIFY A STUDENT'S STATUS AND ELIGIBILITY FOR 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, please submit this form along with your completed application. Alternatively, you may request that your school email or fax it directly to Miramar College.

<b>Student Authorization - To Be Completed by the Student</b>	
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 completed by the student? \_\_\_\_\_

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 obligations? \_\_\_\_\_

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](mailto:jaguilar@sdccd.edu) You may also fax this form to 619-388-7915.