

**International Student Program
Application Checklist**

7250 Mesa College Drive, San Diego, CA
92111-4998 Phone (619)388-2717




Below are items needed to ensure that your International Student application is complete. Submit your complete application, including all required documents in a single PDF file via email to SDMesalS@sdccd.edu. Complete applications are reviewed first by the committee in the order received. Allow up to 5 weeks after the published deadline for application review before contacting International Student Admissions. Spring 2022 Applications are being accepted until the deadline- November 1, 2021.

BEFORE E-MAILING YOUR APPLICATION, CONFIRM YOUR SUBMISSION IS COMPLETE BY REVIEWING THE FOLLOWING CHECKLIST:

- International Student Application Form (2 pages w/Passport Photo attached)
- Financial Statement (Completed within the past 30 days)
- Health Examination Report (Official form with 6 month recency)
- Application Fee Payment Form
- Transfer Clearance Form (Completed by current International Student Advisor/DSO)

IN ADDITION TO THE APPLICATION PACKET ABOVE, INCLUDE THE FOLLOWING SUPPLEMENTAL DOCUMENTATION:

- Copy of biographical passport page
- Copy of F-1 visa or Copy of F-1 visa change of status approval letter (if applicable)
- Copy of most recent I-94 (if applicable)
- ETS login information for official TOEFL Score results
- Copy of official High School Transcripts showing proof of graduation (translated)
- Copy of official U.S. College or University Transcripts (if applicable)
- Comprehensive Evaluation of Foreign College or University Transcripts (if applicable)

-  I have reviewed my international student application in its entirety, confirm that my application submission is complete and am ready to email my application in a single PDF file to SDMesalS@sdccd.edu.
-  I understand that only admitted students will be issued a Form I-20 and acknowledge that incomplete applications are subject to denial.
-  If accepted, I will attend the 5-day mandatory orientation from January 10 to January 14. I understand failing to attend the 5-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

TYPE OR PRINT IN BLUE OR BLACK INK ONLY. FALL SEMESTER SPRING SEMESTER _____
YEAR

NAME IN FULL (AS IT APPEARS ON PASSPORT):

SURNAME/PRIMARY/LAST NAME GIVEN/FIRST NAME MIDDLE NAME

CURRENT U.S. CONTACT INFORMATION (IF AVAILABLE):

STREET NUMBER STREET NAME CITY

STATE ZIP CODE UNITED STATES U.S. PHONE NO.: (_____) _____
COUNTRY AREA CODE + NUMBER

E-MAIL ADDRESS: _____

ENGLISH PROFICIENCY: WHAT IS YOUR LANGUAGE OF INSTRUCTION: ENGLISH IF NOT ENGLISH PROVIDE THE SCORE/GRADE FOR
ONE OF THE FOLLOWING: TOEFL IELTS U.S. ENGLISH COMPOSITION COURSE _____
SCORE/GRADE DATE COMPLETED

EDUCATIONAL GOAL: _____
MAJOR

ASSOCIATE DEGREE ASSOCIATE DEGREE AND TRANSFER FOR BACHELOR'S DEGREE* TRANSFER ONLY FOR BACHELOR'S DEGREE*

*IF YOU PLAN TO TRANSFER TO ANOTHER COLLEGE AFTER SAN DIEGO MESA COLLEGE, PLEASE INDICATE THE INSTITUTION(S) YOU ARE CONSIDERING:

COLLEGE/UNIVERSITY

BIOGRAPHICAL INFORMATION:

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
MONTH/DAY/YEAR

COUNTRY OF CITIZENSHIP: _____ GENDER: FEMALE MALE

PASSPORT NUMBER: _____ HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

COMPLETE HOME COUNTRY ADDRESS: _____
STREET NUMBER STREET NAME CITY

PROVINCE/ TERRITORY/STATE POSTAL/ZIP CODE COUNTRY

MARITAL STATUS: SINGLE
 MARRIED* COMPLETE BELOW AND SEE ADDITIONAL REQUIREMENTS ON THE FINANCIAL STATEMENT FORM.

*IF ANY DEPENDENTS WILL BE TRAVELING WITH YOU TO THE UNITED STATES YOU MUST ATTACH A COPY OF THEIR PASSPORT(S). PLEASE LIST THEIR NAME,
RELATIONSHIP (SPOUSE OR CHILD), COUNTRY OF BIRTH AND COUNTRY OF CITIZENSHIP HERE:

ARE YOU CURRENTLY IN THE UNITED STATES? NO, continue to Page 2. YES, answer the following:

DATE OF LAST U.S. ENTRY: _____ VISA STATUS (B, E1, E2, F1, F2, J ETC.): _____ I-94 EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

ARE YOU REQUESTING AN INITIAL ATTENDANCE-CHANGE OF STATUS FORM I-20 TO OBTAIN YOUR F-1? YES NO, I ALREADY HAVE F-1 STATUS OR NO, I
WILL RETURN TO MY HOME COUNTRY TO OBTAIN MY F-1 VISA.

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Do not list schools attended prior to high school.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGE/UNIVERSITIES ATTENDED.

GRADES OR LEVELS	ATTENDANCE DATES: FROM Month/Year TO Month/Year	NAME OF SCHOOLS AND COUNTRY	TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED	GRADES EARNED OR GPA
*HIGH SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY	*MUST SUBMIT PROOF OF GRADUATION/COMPLETION	
COLLEGE/UNIVERSITY <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY		
OTHER, LANGUAGE SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	_____ TO _____ CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME COUNTRY		

*An international student in possession of an associate degree or its equivalent (completion of about 60 semester units), or higher may be determined to be beyond the course offerings of Mesa college and is encouraged to apply to a four-year college or university.

EMERGENCY CONTACTS

Please provide names of anyone you wish to authorize to obtain information about you, your application or your enrollment status, in case of an emergency.

NAME	RELATIONSHIP	PHONE NUMBER
_____ LAST NAME, FIRST NAME	_____ PARENT/SIBLING/FRIEND/ETC	_____ AREA CODE, FOLLOWED BY NUMBER
_____ LAST NAME, FIRST NAME	_____ PARENT/SIBLING/FRIEND/ETC	_____ AREA CODE, FOLLOWED BY NUMBER

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ADMISSIONS INFORMATION IN ITS ENTIRETY.

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 denial. In the event of a denial, San Diego Mesa College reserves the right to refrain from disclosing information pertaining to your admissions status.

If accepted, I will attend the **5-day mandatory orientation (approximately three weeks before the start of the semester)**. I understand failing to attend the 5-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

Certify you have available (**within the past 30 days**) liquid funds in a US or foreign bank account to cover the first year of tuition and expenses at Mesa College in the amount of USD \$31,000. If you are not funding your own studies, obtain signatures of all sponsors who can certify they will cover your expenses. The estimates we provide are based on the applicant being single with no dependents.

If you have dependents: please add an additional \$9,000 per spouse or child accompanying you to the United States.

SPONSOR CERTIFICATION:

I CERTIFY THAT I WILL BE RESPONSIBLE FOR THE FINANCIAL SUPPORT OF THE APPLICANT AS SHOWN IN THE STATEMENT BELOW.

Name (PLEASE PRINT)	Signature of Sponsor	Relationship to Applicant	Financial Source (Personal Funds, sponsor, or government)	Total Financial Support
Total support in USD: (minimum USD \$31,000)				\$

SELECT A OR B:

FOR EACH SPONSOR LISTED ABOVE, SUBMIT THE FOLLOWING CERTIFICATIONS BELOW:

A. BANK CERTIFICATION (BANK OFFICIAL ONLY)

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: _____

Address of Bank: _____

Bank Official's Name: _____
(PLEASE PRINT)

Bank Official's Title: _____
(PLEASE PRINT)

Bank Official's Signature: _____

Date: _____

PLACE OFFICIAL STAMP/ BANK SEAL HERE

B. Provide an official Certificate of Balance, issued by the bank, for applicant or sponsor listed above. In lieu of Certificate of Balance, attach most recent original bank statement, stamped by a bank official.

I certify that I have sufficient financial support as indicated above to pay for my studies while attending San Diego Mesa College.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

Name: _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

PART A. MEDICAL HISTORY: (TO BE COMPLETED BY STUDENT APPLICANT)

Have you had or do you now have any of the following conditions? If yes, give approximate dates:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> AIDS/HIV (Human Immune Deficiency Virus) | <input type="checkbox"/> Depression | <input type="checkbox"/> Malaria | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Allergy (severe) | <input type="checkbox"/> Epilepsy Diabetes | <input type="checkbox"/> Measles (rubeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Stomach Ulcer |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Problem (restrictions) | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Other conditions (including but not limited to learning disabilities): |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis | _____ |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rubella | |

Any complications/restrictions due to the above conditions: NO YES, explain below:

Do you have any conditions that would affect your ability to enroll in a full time course load of study? NO YES, please list conditions and limitations:

Give date and types of serious operation or injuries: _____

I understand that falsification or withholding information on the Health Examination report shall constitute grounds for denial of my application.

➔ **Applicant Signature:** _____ **Date:** _____

PART B. MEDICAL CERTIFICATION: (TO BE COMPLETED BY PRIMARY CARE PROVIDER-PCP)

Current immunization and tuberculosis clearance with dates specified must be completed and verified before acceptance to San Diego Mesa College.

- Tetanus (must be within the past nine years). Date: _____
- Measles (rubeola), Mumps, Rubella (must be given after 1970 and after 12 months of age).
Measles (rubeola) Date: _____ Mumps Date: _____ Rubella Date: _____
- Polio Date: _____ Diphtheria Date: _____
- BCG inoculation Date: _____

If no BCG documentation, Tuberculosis clearance, dated within the past three months of the physical exam, complete one of the following:

QuantIFERON blood test Date: _____ Result: _____

Mantoux skin test Date: _____ Result*: _____

*If Mantoux test is positive, chest x-ray is required.

Chest X-ray Date: _____ Result*: _____

*Attach copy of your chest x-ray report. Do not send the x-ray film.

Does student have any conditions which would affect the student's ability to perform in an academic setting? No Yes, explain: _____

Special Health Problems, including conditions that would limit full-time study: _____

I have examined _____ and I find him/her in good health and able to attend college.
STUDENT NAME

Signature of PCP: _____ Date: _____

Name of PCP: _____
PLEASE PRINT

Address _____

Email: _____

Phone Number: _____ PCP Stamp or Business Card





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Application Fee Payment Form
7250 Mesa College Drive, San Diego, CA 92111-4998
Phone (619)388-2717

PLEASE DO NOT SEND CASH. If not paying by credit card, attach an international or US money order.
Make money order payable to San Diego Mesa College.

Student's Name (PLEASE PRINT): _____

ACCEPTING ONLY VISA AND MASTERCARD.

[] VISA [] MASTERCARD

CARD HOLDER'S NAME (AS IT APPEARS ON THE CARD): _____

16 DIGIT CREDIT CARD NUMBER: _____ - _____ - _____ - _____

SECURITY CODE (3 OR 4 DIGIT CODE ON THE BACK OR CARD): ___ - ___ - ___ - ___

EXPIRATION DATE: _____ / _____
MONTH YEAR

BILLING ADDRESS OF THE CREDIT CARD HOLDER:

NUMBER STREET APARTMENT NUMBER
CITY PROVINCE/ TERRITORY/ STATE POSTAL/ ZIP CODE COUNTRY

I authorize the San Diego Mesa College Accounting Office to charge \$100.00 to my credit card as payment for the non-refundable International Student Program application processing fee.

Cardholder's Name (PLEASE PRINT): _____

Cardholder's Signature: _____ Date: _____

For Official Use Only:

CSID _____

**International Student Program
Transfer Clearance Form**

7250 Mesa College Drive, San Diego, CA 92111-4998
Phone (619)388-2717 Fax to (619) 388-2960
San Diego Community College District- San Diego Mesa College
(School Code: SND214F00408000)

Students who have attended a US institution within the last 5 months must have this form completed by your Designated School Official (DSO). Once this form is complete please submit this form with your complete application materials to San Diego Mesa College.

TRANSFER CLEARANCE VERIFICATION (TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL- DSO)

Name of Student (AS IT APPEARS ON PASSPORT):

LAST NAME FIRST NAME MIDDLE NAME

SEVIS ID#: N ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Attendance dates at the school: FROM: _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

Last date (expected last date) of attendance: _____ SEVIS Release Date: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

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

Is or was the student academically disqualified? _____

Does the student have any financial obligation to your school? _____

Has the student maintained full-time status throughout their attendance at your institution? If no, explain

Type of program taken (English Language, Academic, Vocational/Technical, etc.):

Major course of study:

List type and dates of all practical training authorized:

School Official's Name : _____ SEVIS School Number: _____
(PLEASE PRINT)

School Official's Title: _____ Email Address: _____
(PLEASE PRINT)

Name of School: _____

School Address: _____
NUMBER STREET CITY

STATE POSTAL/ZIP CODE COUNTRY

School Official's Signature: _____

Date: _____

APPLY SCHOOL SEAL HERE