





International Student Program  
 Student Application  
 7250 Mesa College Drive, San Diego,  
 CA 92111-2717

ATTACH  
 PASSPORT  
 SIZED  
 PHOTO

TYPE OR PRINT IN BLUE OR BLACK INK ONLY

\_\_\_\_\_  
 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

EMAILADDRESS: \_\_\_\_\_

ENGLISH PROFICIENCY: WHAT IS YOUR LANGUAGE OF INSTRUCTION?  
 SCORE/GRADE FOR ONE OF THE FOLLOWING      U.S. ENGLISH COMPOSITION COURSE      \_\_\_\_\_  
 SCORE/GRADE      DATE COMPLETED

EDUCATIONAL GOAL: \_\_\_\_\_  
 MAJOR

\*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/DATE/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:

\*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:

**IF IN THE UNITED STATES, WHERE WILL YOU BE PROCESSING YOUR I-94?**

- Transfer SEVIS record from current school
- Obtaining initial F-1 visa abroad
- Changing visa status through USCIS in the U.S.
- Other. Please specify: \_\_\_\_\_

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

## 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		NAME OF SCHOOL AND COUNTRY	TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED	GRADES EARNED OR GPA
	FROM <small>Month/ Year</small>	TO <small>Month/Year</small>			
<b>*HIGH SCHOOL</b>  <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME:  COUNTRY:	*MUST SUBMIT PROOF OF GRADUATION/COMPLETION	
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>U.S. COLLEGE/ UNIVERSITY</b>  <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME:  <input type="checkbox"/> FULL-TIME STUDIES <input type="checkbox"/> PART-TIME STUDIES <input type="checkbox"/> F-1 VISA <input type="checkbox"/> OTHER VISA. PLEASE SPECIFY: _____		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL</b>  <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME:  COUNTRY:		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**Please duplicate this page to report additional schools attended.**

\*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 of your enrollment status, in case of an emergency.

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

**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 that 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 U.S. 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, provide approximate dates:

- |   |   |  |   |   |   |
|---|---|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV         | <input type="checkbox"/> Chicken Pox                  | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Meningitis         | <input type="checkbox"/> Thyroid Problems   | <input type="checkbox"/> COVID-19 Vaccination Completed (Attach Proof in Application) |
| <input type="checkbox"/> Allergy          | <input type="checkbox"/> Depression                   | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Tuberculosis   |   |
| <input type="checkbox"/> Anemia           | <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Mononucleosis      | <input type="checkbox"/> Stomach Ulcer  |   |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Polio              | <input type="checkbox"/> Other Conditions (including but not limited to learning disabilities): _____ |   |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Heart Problem (restrictions) | <input type="checkbox"/> Malaria             | <input type="checkbox"/> Rheumatic Fever    |   |   |
| <input type="checkbox"/> Blackouts        |   | <input type="checkbox"/> Measles (Rubeola)   | <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 dates and types of serious operations or injuries: \_\_\_\_\_

*I understand that falsification or withholding of 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: \_\_\_\_\_
- 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 find him/her in good health and able to attend college.

STUDENT NAME

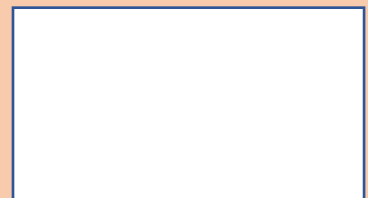
Signature of PCP: \_\_\_\_\_ Date: \_\_\_\_\_

Name of PCP: \_\_\_\_\_ (PLEASE PRINT)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **PCP Stamp or Business Card →**





International Student Program
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 U.S. 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 OF 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: \_\_\_\_\_

