

INTERNATIONAL UNDERGRADUATE APPLICATION

FOR APPLICANTS SEEKING AN F1 STUDENT VISA

We welcome your inquiry into our admissions requirements at Columbia State. The Office of Admissions is responsible for processing all applications for international students; therefore, all questions or concerns should be directed to this office. To expedite the processing of your file without delays, please follow the directions and submit only the acceptable documents to our office.

THE DEADLINES FOR COMPLETED FILES FOR F-1 VISA STUDENTS ARE LISTED BELOW. A COMPLETED FILE MEANS THAT ALL REQUIREMENTS MUST HAVE BEEN MET BEFORE THESE DATES. APPLICANTS SEEKING AN F-1 VISA MAY ONLY APPLY FOR THE SPRING OR FALL SEMESTERS—NOT SUMMER.

Spring Semester—November 15 of the previous year Fall Semester—July 15 of the same year

GENERAL REQUIREMENT CHECKLIST ☑

| Complete and sign this application for admission. Incomplete applications will be returned and not processed until they have been corrected. Falsification of applicant's signature may be grounds for denial of admission. |
|---|
| All applicants whose native language is not English must submit TOEFL (Test of English as a Foreign Language) or the Michigan test. A minimum score of 500 paper based, 173 computer based or 61 Internet based is required for TOEFL and a minimum of 80 on the Michigan exam. Scores more than two years old are not acceptable. Test scores must be requested from the testing agency by the student to be sent directly to our office. Our TOEFL code is 1081. Student copies of test scores are not acceptable. Additional institutional placement assessment may be required of all international students. |
| Official copies of academic records from secondary schools, colleges, or universities accompanied by notarized or certified English translation of these documents. Photocopies are not acceptable . Minimum admission requires completion of the secondary school. A syllabus for each class to be considered for course substitution should accompany college transcripts. Official evaluations of transcripts may be required and are always encouraged. |
| Submit official ACT or SAT scores. Scores more than five years old are not acceptable. |
| Submit the included medical requirements form. |
| F-1 VISA ONLY - Submit the Declaration form attached and any other documentation if needed. (<i>Please read Financial Information for Applicants requesting F-1 (Student) Visa)</i> . All documents should be submitted to the Admissions Office and must be in English with balances specifically stated in U.S. dollars. There is no financial aid available for non-immigrant students . Also, there is no deferment plan at Columbia State, therefore full payment is expected by due date per semester. |
| F-1 VISA ONLY - <u>Transfer Students Only</u> (Students that are currently attending a U.S. college) have your International Advisor complete and return the Transfer Verification Form. Also we will need copies (front and back) of all I-20's that have been issued to you from all institutions, (front and back) of your current I-94, <u>Personal Data, Expiration Date,</u> and <u>Visa</u> pages from Passport, and any employment authorization cards. |
| F-1 VISA ONLY - You will be <u>automatically</u> enrolled in TBR's International Student Insurance Plan, and the fees will be assessed and due with tuition if you do not have adequate health insurance coverage. |
| F-1 VISA ONLY - To maintain legal non-immigrant status, students must register for a minimum of 12 semester hours . Non-compliance with these regulations will jeopardize your immigration status and can lead to deportation. |



INTERNATIONAL TRANSCRIPT EVALUATION SERVICE

Please note that these evaluation services charge fees.

* American Association of Collegiate Registrars and Admission Officers

One Dupont Circle Suite 520

Washington, DC 20036 Phone: (202) 293-9161 Fax: (202) 872-8857 Email: oies@aacrao.org Web: www.aacrao.org

*Center for Applied Research, Evaluation, & Education. Inc.

P.O. Box 20348

Long Beach, CA 90801-3348 Phone: (562) 430-1105 or 2030

Fax: (562) 430-8215

Email: evalcaree@earthlink.net Web: www.iescaree.com

*Education International, Inc.

29 Denton Road Wellesley, MA 02482 Phone: (781) 235-7425 Fax: (781) 235-6831 Email: edint@gis.net

Web: www.educationinternational.org

*Education Credential Evaluators, Inc.

PO Box 514070

Milwaukee, WI 53203-3470 Phone: (414) 289-3400 Fax: (414) 289-3411 Email: eval@ece.org Web: www.ece.org

**Foundation for International Services, Inc.

215440 30th Drive SE

Suite 320

Bothell, WA 98021 Phone: (425) 487-1989 Email: <u>info@fis-web.com</u> Web: <u>www.fis-web.com</u>

*Global Credential Evaluators, Inc.

PO Box 9203

College Station, TX 77842 Phone: (800) 517-4754 Fax: (512) 528-9293 Web: www.gceus.com Email: gce@gceus.com

*Global Services Associates, Inc

2554 Lincoln, Blvd. #445
Marian del Rey, CA 90291
Phone: (310) 828-5709
Fax: (310) 828-5709
Email: info@globaleval.org
Web: www.globaleval.org

**Josef Silny & Associates, Inc.

International Education Consultants

7101 SW 102 Avenue Miami, FL 33173 Phone: (305) 273-1616 Fax: (305) 273-1338 Email: jsilny@jsilny.com Web: www.jsilny.com

**SpanTran Educational Services, Inc

7211 Regency Square Blvd.

Suite 205

Houston, TX 70036-3197 Phone: (713) 266-8805 Fax: (712) 789-6022

Email: info@spantran-edu.com Web: www.spantran-edu.com

**Tennessee Foreign Language Institute

227 French Landing

Suite 100

Nashville, TN 37228 Phone: (877) 275-8354 Fax: (615) 741-7331

Email: staff@foreignlanguages.org

Web: http://tfli.org

*World Education Services, Inc.

PO Box 745 Old Chelsea Station New York, NY 10113-0745

Phone: (800) 937-3895 or (212) 966-6311

Fax: (212) 739-6100 Email: <u>info@wes.org</u> Web: <u>www.wes.org</u>

*Evaluations

**Translation & Evaluation



| ASSOCIATES OF ARTS/SCIENCES (AA/AS/AFA) | MAJOR | CONCEN- | ASSOCIATES OF APPLIED ACIENCE (AAS) | MAJOR | CONCEN- |
|---|--|--------------------------------------|--|----------------------|---------------------|
| TENNESSEE TRANSFER PATHWAY MAJOR | CODE | TRATION | ABOVERNIES OF ANY EIGHT ACTURED (MAS) | CODE | TRATION |
| Accounting (AS) | UTP | UAC | Engineering Systems Technology | ESTD | |
| Agriculture-Agricultural Business (AS) | UTP | UAB | | | |
| Agriculture-Animal Science (AS) | UTP | UAS | Business (Administrative Professional Tech) | BUSM | APT |
| Agriculture-Plant and Soil Science (AS) | UTP | UPSS | Business (Management) | BUSM | MGT |
| Anthropology (AS, AA) | UTP | UANT | Business (Medical Office Administration) | BUSM | MOA |
| Art (AA) | UTP | UARS | Criminal Justice Technology | CJT | (BLANK) |
| Biology (AS) | UTP | UBIO | Computer Information Tech (Programming) | CIST | CSPR |
| Business Administration (AS) | UTP | UBA | Computer Information Tech (Cyber Defense) | CIST | CYDF |
| Chemistry (AS) | UTP | UCH | Computer Information Tech (Mobile Tech) | CIST | MOBT |
| Criminal Justice (AS, AA) | UTP | UCJ | Computer Information Tech (Networking) | CIST | NETW |
| | | | Engineering Systems Technology | ESTD | (BLANK) |
| Economics-Business (AS) | UTP | UECB | Medical Informatics | MEDI | (BLANK) |
| Engineering, Civil (AS) | UTP | UCE | Medical Lab Technology* | MLTD | (BLANK) |
| Engineering, Mechanical (AS) | UTP | UME | Nursing* | NUR | (BLANK) |
| English (AA) | UTP | UENG | Radiologic Technology* | RAD | (BLANK) |
| Exercise Science (AS) | UTP | UEX | Respiratory Care* | RCT | (BLANK) |
| Finance (AS) | UTP | UFIN | Veterinary Technology* | VET | (BLANK) |
| Foreign Language (AA) | UTP | UFL | TECHNICAL CERTIFICATE | | <u> </u> |
| Geography (AS, AA) | UTP | UGEG | Accelerated Advanced EMT | AAEM | (BLANK) |
| History (AS, AA) | UTP | UHST | Advanced Emergency Medical Tech | AEMT | (BLANK) |
| Imaging Sciences (AS) | UTP | UIMS | Business | BUSC | (BLANK) |
| Information Systems (AS) | UTP | UIS | Emergency Medical Technician | BEMT | (BLANK) |
| International Affairs (AA) | UTP | UIA | Computed Tomography | сото | (BLANK) |
| Management (AS) | UTP | UMNG | Computer Networking | CNTC | (BLANK) |
| Marketing (AS) | UTP | UMKT | | | (== · · · · · |
| Mass Communication (AS, AA) | UTP | UMC | Film Crew Technology | FCT | (BLANK) |
| Mathematics (AS) | UTP | UMTH | 17 | TIME | (DI ANIII) |
| N | TIME | TIME | Hospitality & Tourism Management | HTM | (BLANK) |
| Nutrition and Food Sciences (AS) | UTP | UNFS | Paramedic Table 1 | EMTC | (BLANK) |
| Philosophy (AS, AA) Physical Education (AS) | UTP UTP | UPHL UPED | Web Design Mobile Technology | WDMT | (BLANK) |
| Physical Education (AS) Physics (AS) | UTP | UPHY | *Consist Admission Descriptor | | |
| Political Science (AS, AA) | UTP | UPS | *Special Admission Requirements | + | |
| Pre-Clinical Lab Sciences (AS) | UTP | UPCL | | | |
| Pre-Dental Hygiene (AS) | UTP | UPDH | | | |
| Pre-Health Professions (Dentistry, Medicine, Optometry, | UTP | UPHP | NON DEGREE (NO MAJOR) | | |
| Pharmacy, and Veterinary Medicine) (AS) | UIF | OFFIF | NON DEGREE (NO MAJOR) | | |
| Pre-Occupational Therapy (AS) | UTP | UPOT | Special Undergraduate | NONE | |
| Pre-Physical Therapy (AS) | UTP | UPPT | Adult Special | NONE | |
| Psychology (AS, AA) | UTP | UPSY | Audit | NONE | |
| Social Work (AS, AA) | UTP | USW | Transient | NONE | |
| Sociology (AS, AA) | UTP | USOC | Dual Enrollment | NONE | |
| Speech Communication (AS, AA) | UTP | USPC | Academically Talented/Gifted | NONE | |
| Special Education (AS) | UTP | USED | Juneary ratement, once | | |
| 1 · F · · · · — · · · · · · · · · · · · · | | | | 1 | |
| Sports and Leisure Mgmt (AS) | UTP | USLM | | | l |
| Sports and Leisure Mgmt (AS) Theatre Arts (AS. AA) | UTP UTP | USLM UTHA | | | |
| Theatre Arts (AS, AA) | UTP UTP | USLM UTHA | UNIVERSITY PARALLEL (AS, AA, AST) | | |
| | | | ` ' ' ' | GUPD | AHM |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) | UTP | UTHA | Pre Allied Health Science Med Lab Tech | GUPD | AHM AHN |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) | UTP GUPD | UTHA PGD | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing | GUPD | AHN |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) | UTP GUPD GUPD | PGD PHUM | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech | GUPD GUPD | AHN AHRA |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) | GUPD GUPD GUPD | PGD PHUM (BLANK) | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech Pre Allied Health Science Respiratory Care | GUPD GUPD GUPD | AHN AHRA AHRE |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) Public Relations (AS, AA) | GUPD GUPD GUPD GUPD | PGD PHUM (BLANK) PPRL | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech | GUPD GUPD | AHN AHRA |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) Public Relations (AS, AA) Early Childhood Education PreK-3 (AST) | GUPD GUPD GUPD GUPD GUPD UTPT | PGD PHUM (BLANK) PPRL UPK3 | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech Pre Allied Health Science Respiratory Care | GUPD GUPD GUPD | AHN AHRA AHRE |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) Public Relations (AS, AA) Early Childhood Education PreK-3 (AST) Elementary Education K-5 (AST) | GUPD GUPD GUPD GUPD GUPD UTPT UTPT | PGD PHUM (BLANK) PPRL UPK3 UEK5 | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech Pre Allied Health Science Respiratory Care | GUPD GUPD GUPD | AHN AHRA AHRE |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) Public Relations (AS, AA) Early Childhood Education PreK-3 (AST) Elementary Education K-5 (AST) Secondary Education MATH (AST) | GUPD GUPD GUPD GUPD GUPD UTPT UTPT | PGD PHUM (BLANK) PPRL UPK3 UEK5 USEM | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech Pre Allied Health Science Respiratory Care | GUPD GUPD GUPD | AHN AHRA AHRE |
| Theatre Arts (AS, AA) UNIVERSITY PARALLEL (AS, AA, AST) Graphic Design (AS, AA) Humanities (AS, AA) No Emphasis (AS, AA) Public Relations (AS, AA) Early Childhood Education PreK-3 (AST) Elementary Education K-5 (AST) | GUPD GUPD GUPD GUPD GUPD UTPT UTPT | PGD PHUM (BLANK) PPRL UPK3 UEK5 | Pre Allied Health Science Med Lab Tech Pre Allied Health Science Nursing Pre Allied Health Science Rad Tech Pre Allied Health Science Respiratory Care | GUPD GUPD GUPD | AHN AHRA AHRE |



| APPLICANT | INFORMATION | | | | |
|----------------------------|---|---|--|--|---|
| *Social Secu | rity Number: | Da | te of Birth: | | _ |
| Full Legal Na | me: | | | | |
| Permanent A | ddress: | | First | Middle | Maiden/Former name |
| Numbe | er/Street/Apt # | City | State | Zip Code | County |
| () | | () | | () | |
| Home Pho | one | Business Phone | 200 | Cell P | Phone |
| Personal Ema | ail Address: | | | | |
| Emergency C | ontact: | | | ()_ | |
| | Nan | ne | Relationship | Ph | one number |
| GENDER, CIT | TIZENSHIP, ETHNIC | ORIGIN | | | |
| Gender: | Citizenship: | | Ethnic | Origin: | |
| ☐ Male ☐ Female | □ U.S. Citizen□ Permanent Res□ Foreign Citizen, | | ☐ Yes □ | □ No | be Hispanic/Latino/Spanish origin |
| | Visa type | or registration card | | be yourself: | or o |
| | 35.5 | ust present visa or registration | card Americ | can Indian or African American Hawaiian or Other | |
| RESIDENCY | | | | | |
| | you lived in Tenness | e resident just by his/her mere ee continuously for the past to, how long have you live | 12 months? | Yes 🗆 No | smonths |
| Are yo | ong have you lived a ou currently employed | t the permanent address list d in Tennessee? \(\sim\) No \(\sim\) | ed?year I Yes (I full-time | smon e or \square part-tin | ths ne) |
| CLASSIFICA | TION | | | | |
| | Area of Study | Student Classification | | | Term you plan to enroll |
| • | (see opposite page) | ☐ First-Time College Stude | | • | □ Fall (August) |
| Major (Concentration (| | ☐ Transfer☐ Transient (one term only)☐ Readmission☐ | □ Academical □ Adult Special □ Audit | | ☐ Spring (January) ☐ Summer (May/July) |
| | | | | | Year 20 |



| SELECTIVE SERVICE | | | |
|--|---|--|--|
| | | | |
| All male U.S. citizens and non-citiz Selective Service prior to registerir including females, non-immigrant a | ng for classes at Columbia Sta | te. This does not apply to t | hose exempt by federal law |
| | ı have registered with Selectiv n 26 or older □ Yes □ No | | |
| a ram not you to a ram | 120 01 01001 2 100 2 110 | <u> </u> | |
| PREVIOUS SCHOOL INFORMATI | ON | | |
| Last HIGH SCHOOL Attended: | **** | | |
| Last HIGH SCHOOL Attended: | Name of School | City | State |
| Mark only one: ☐ I am still currently enrolled in the | a above named high school or | ad expect to graduate in the | month/year |
| ☐ I graduated from the above nam | ed high school in the year | Diploma Type | e monunyear |
| ☐ I graduated from the above nam☐ I did not graduate from high sch | ool but received my GED in th | ne year GED S | Score |
| ☐ I did not graduate from high sch | ool and do NOT have a GED. | | |
| | | | |
| List below all COLLEGES (including from the school and did not earn collection) | ng Columbia State) in which your redit. Do not list colleges to | ou have registered for coun which you have only app | ses even if you withdrew <i>lied</i> . |
| Name of Institution | City and State | Dates of Attendance | Degrees received (if any) |
| | | | |
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| IMPORTANT INFORMATION | | | |
| Have either of your parents grad | _ | | |
| I understand that withholding information re or subject to dismissal. With this in mind, I | quested on this application or giving certify that the information I have prov | faise information may make me in vided is correct and complete. | eligible for admission to the College |
| I understand that acceptance as a degree placement test or ACT scores. If not receiv Grades and transcripts of credits will be with | ed by Columbia State prior to my initia | al registration, acceptance is pend | ling receipt of these documents. |
| If you are accepted as a student at this ins requirement of admission that you agree to external entity, you hereby agree for results expressed intent that institutions regularly complete placement tests, your scores and ed confidentially as required by law. | take any tests deemed necessary by s of such tests to be released to the in evaluate and improve instruction at all | the institution. Any instances who estitution. This requirement is to co levels. If you are under 21 years | ere tests are administered by an omply with the legislature's of age and are required by policy to |
| Student's Signature | | Date | |
| *In accordance with the Privacy Act of 1974, plea Number will not be disclosed to individuals or age | se be advised that the requested disclosur | e of your Social Security Number is vo | luntary and optional. Your Social Security |
| OFFICE USE ONLY: | | | |
| Application Entry: ID: | Date | | |
| Application Fee Payment: Check Na | me Number | Cash Credit Car | d COSCC-SA-03-03-08 |



MEDICAL REQUIREMENTS

The following requirements must be met before your file can be reviewed for admission. Please have this form filled out correctly and completely. Be sure to read the instructions carefully to avoid having to re-submit the form and delaying the processing of your admission file.

CERTIFICATE OF FREEDOM FROM TUBERCULOSIS

(Submit within thirty (30) days from the first day of classes.)

| This is to certify that | | | | [| Date of Birth | | |
|--|---|----------------|--------------------------------|-------------|---------------|----------------------|-----------------------|
| Social Se | Social Security or ID NUMBER | | | | xamined by me | e and found to be fr | ee from tuberculosis. |
| METHO | OF VERIFICATION | ON (use one of | the two methods | listed) | | | |
| A. TB SK | (IN TEST | Date | | Туре | | Result | |
| Note: If skin test is negative, no chest XRAY is req If skin test is positive, the chest XRAY is req | | | | | complete Par | t B | |
| B. CHES | TXRAY | Date | | Result | | | |
| | | | TWO DOSES OI R VACCINE) AN | | | | |
| Please cl | heck the appropriate | e line: | Month/Year | | Month/Year | | |
| I | mmunized with MM | IR | 1st | | WOILIN Tear | | |
| li di | mmunized with Vari | icolla | 151 | _ 2110 _ | | | |
| " | minunized with van | icelia | 1st | 2nd | | | |
| | Had disease, conf by medical record | | MR | _ Varicella | | | |
| | Has laboratory coi immunity (MMR or | | | _ Varicella | | | |
| | Medically contraindicated because of medical condition (i.e. allergy to vaccine, pregnancy, etc.) Must list reason | | | | | | |
| | | | HEALTH (Please print un | CARE PROV | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| Phone | | | | | | | |
| Signature | e | | | Date | | | |

Non-immigrant applicants must have and maintain medical and hospitalization insurance as a condition of admission and continued enrollment at Columbia State. If adequate coverage is not otherwise provided, then automatic enrollment in the Tennessee Board of Regents (TBR) recommended insurance plan will be required, and the cost of the coverage will be added to registration fees. Enrollment shall take place no later than at the time of class registration. Minimum requirements for coverage are specified on the insurance form provided by the Office of Admissions.



This application form is to be completed by all non-U.S. citizens who wish to study at Columbia State Community College. All information except for the signature should be typed or printed clearly. Complete all requested information.

| GENERAL INFORMATION (Please enter your name exactly as it appears on your PASSPORT) | | | | | | |
|---|-----------------------------------|---|--|--|--|--|
| Family Name | First Name | Middle Name | Native Language | | | |
| Date of Birth (Day/Month/Year) | Gender Male Female | U.S. Social Security Number (if applicable) | Email Address | | | |
| Citizenship | City and Country of Birth | Country of Residence | If Permanent Resident of U.S. Alien Registration Number. (Attach copy of both sides of resident alien card) | | | |
| Permanent Home Address: Number/Street | City | State/Province | Postal Code | | | |
| Country | Since: month/year | Telephone: | Fax: | | | |
| Mailing Address: Valid dates: from to | City | State/Province | Postal Code | | | |
| Country | Since: month/year | Telephone: | Fax: | | | |
| Father's Name | Occupation | Street Address | City | | | |
| State/Province | Postal Code | Country | Since: month/year | | | |
| Telephone: | Fax: | | | | | |
| Mother's Name | Occupation: | Street Address: | City | | | |
| State/Province | Postal Code | Country | Since: month/year | | | |
| Telephone: | Fax: | | | | | |
| Emergency Contact Name | Emergency Contact Relationship | Emergency Contact Telephone | Address | | | |



SUMMARY OF EDUCATIONAL EXPERIENCE

List all schools you have attended or are currently attending, beginning with primary school. Include all dates attended, type of school and school name, location, certificates, degrees, and/or diplomas earned, and the language of instruction.

IF YOU ARE CURRENTLY ATTENDING SCHOOL, PLEASE INCLUDE TRANSCRIPTS SHOWING WORK IN PROGRESS

| Year in School | From (month/year) | To (month/year) | Age | Type of School | Location | Certificate, Degree, or Diploma Earned | Language of Instruction |
|----------------|----------------------|--------------------|-----|----------------|----------|---|----------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 14 | | | | | | | |
| 15 | | | | | | | |

PERSONAL STATEMENT

Write a brief statement on a separate piece of paper describing your family, educational background, work experience, special interest, and reasons for wanting to attend Columbia State and your plans after returning to your country. This statement must be written by you personally, in English, without assistance from others.

ATTACH YOUR STATEMENT TO THE APPLICATION FORM.

| TESTS TAKEN: Have tests scores sent directly to |
|---|
| Columbia State by the testing Agency, Columbia |
| State School Codes are 1081 (TOEFL and SAT) |
| and 3953 (ACT) |

| TEST | Date Taken or Scheduled | Score |
|-------|----------------------------|-------|
| TOEFL | | |
| ACT | | |
| SAT 1 | | |

APPLICANT'S DECLARATION

I understand that withholding information requested in the application or by giving false information may make me ineligible for admission to, or continuation in Columbia State Community College. With this in mind, I certify that the above statements are correct and complete. Further, if I am admitted to Columbia State, I agree to abide by the rules and regulations of the college. My permission is given to the college to obtain additional information pertinent to my social and academic record at other schools. (Notice:) If you are accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is the requirement of admission that you agree to take any tests deemed necessary by the institution. The purpose of this requirement is to comply with the legislature's expressed intent that the institutions regularly evaluate and improve instruction at all levels.

Any scores will be treated confidentially as required by law.

| Applicant's signature: | | Date: |
|------------------------|--|-------|
| | | |
| | | |



| Do you intend to bring your spouse | e and/or any dependent children wit | th you to the U.S.? | | | | | |
|---|-------------------------------------|---------------------------|---------------------------------|--|--|--|--|
| Yes No (If yes, please list all dependents that will be applying for F-2 visas) | | | | | | | |
| GENERAL INFORMATION (pleas | se enter names exactly as they ap | ppear on the passport) | | | | | |
| Relationship: | | | | | | | |
| Family Name | First Name | Middle Name | Date of Birth Month/Day/Year | | | | |
| Gender Male Female | Citizenship | City and Country of Birth | Country of Residency | | | | |
| Deletionalia. | | | | | | | |
| Relationship: | | | | | | | |
| Family Name | First Name | Middle Name | Date of Birth Month/Day/Year | | | | |
| Gender Male Female | Citizenship | City and Country of Birth | Country of Residency | | | | |

Attach a separate document with additional dependent information.



FINANCIAL INFORMATION FOR APPLICANTS REQUESTING F-1 (STUDENT) VISAS ONLY

IMPORTANT: All international applicants must prove that they have sufficient funds to cover all tuition, fees and living expenses while a student at Columbia State Community College. Students requesting F-1 student visa status must return this application to the Office of Admissions.

U.S. visa regulations require that certification of admission be based upon both academic acceptance and satisfactory evidence of adequate funds to meet the expenses involved in the student's proposed program of study. You should complete all requested information and submit documentary evidence of the amount of financial support that will be available to you from personal resources or other sources. Statements or letters from banks and from the persons or sponsoring organization(s) that will be providing funds for your educational and living expenses at Columbia State should be sent to the Office of Admissions well in advance of the date of intended enrollment. Affidavits of support are not acceptable documentation. All applicants must show adequate funds on deposit for at least one year of study. Students should not expect to reply on earnings from part-time on-campus employment.

REQUIRED FINANCIAL DOCUMENTS FROM SPONSORS AND BANKS MUST:

- Be written in English or in the original language and accompanied by an official English translation
- Show all monetary amounts in local currency and conversions into U.S. dollars (\$)
- Include sponsor and applicant's full names as they appear on the application
- Be original letters with original hand-signed signatures in ink with original stamps and notarized

COLUMBIA STATE COMMUNITY COLLEGE ESTIMATED STUDENT ACADEMIC FEES (2023-2024)

Tuition and Fees for academic year (9 months):

Out-of-StateTuition & Fees \$18,356 TOTAL \$18.356

Living expenses for 12 months:

Books/Supplies/Insurance \$ 1,200 <u>Living expenses</u> \$ 18,052 TOTAL \$ 19.252

Total 9 month tuition + 12 month living expenses: \$37,608

All tuition/fee amounts and living expenses are ESTIMATES. Amounts typically increase each year. Expenses do not include tuition/fees for the optional summer term. Transportation to/from Columbia State is not included.

SOURCE OF FINANCIAL SUPPORT AND FINANCIAL INFORMATION:

Check each type of sponsor and complete all of the information requested. Send financial institution verification letters and the sponsor's letter of intent to the Office of Admissions.

| | l P | ers' | onal | Resc | urces |
|--|-----|------|------|------|-------|
|--|-----|------|------|------|-------|

Provide notarized letter from bank to verify average minimum amount on deposit is \$37,608.

□ Personal Sponsors (Relative / Friend / Employer)

Provide notarized letter from sponsor to verify intent to cover expenses **and** notarized letter from sponsor's bank to verify average minimum amount on deposit is \$37,608.

□ Other Sources of Sponsorship: include notarized letter of intent and qualifying document.

THE SPONSOR'S LETTER OF INTENT AND THE FINANCIAL VERIFICATION FORM SHOULD BE COMPLETED WITH ALL DOCUMENTARY EVIDENCE, BANK STATEMENTS, ETC. AND RETURNED TO:



must not work without permission.

Student Signature

DECLARATION FOR INTERNATIONAL F-1 VISA STUDENTS

Please complete this form and return it to the Admissions Office with ALL required certification and documentation. This is required before an I-20 can be sent to you. Incomplete information or lack of certification and/or documentation will delay your admission. An I-20 will not be issued until this office receives all necessary documents. All information will be kept strictly confidential. Social Security or ID number Male___ Female_ Per semester: Out-of-State tuition fees are \$9,178 per semester for full-time students. In addition the student should expect to spend approximately \$600 per semester for textbooks and supplies and \$600 for medical insurance. Columbia State does not provide housing for students. Per year: Added costs of travel, clothing, and miscellaneous expenses are estimated at approximately \$18,052 per year. The applicant, should have a total of at least \$37,608 for a full academic year. The above expenses are for two full semesters of school. Though optional, summer session can be attended at extra cost. The above expenses are approximations and actual expenses may be higher depending on each student's personal needs and preferences. The total indicates the average cost per academic year. ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. Each July our governing board increases the amount of fees and tuition. It is the student's responsibility to have his/her financial situation in order before entering the College. The College does not have provisions to accommodate students arriving with insufficient funds. There is no financial aid available for non-immigrant students applying to Columbia State. Students not complying are in jeopardy of invalidating their immigration status and can be deported. SOURCE OF SUPPORT Please indicate below the source(s) and amount of your funding. Official documents certifying that \$37,608 for your first year must be provided before an I-20 will be issued. Personal or family funds___ Your home government ___ International organization What is the exchange rate of your currency to U.S. dollars? (Exchange Restrictions, If there are restrictions in foreign exchange from your country we need proof that you have been granted authorization for exchange. It should specify the period and amount for which it is valid.) I have read the above paragraphs and certify that I will sponsor the above named student and am financially capable to supply the amount of at least \$37,608 in U.S. dollars for his/her education for one academic year at Columbia State Community College. I have attached the required documents that indicate that I can defray the expenses mentioned above. Sponsor Signature Sponsor's Relation to Student (please circle): Father Mother Brother Sister Aunt Uncle Other_ I certify that the total amount of money available to me for the first year at Columbia State is U.S.\$ Furthermore I certify that the information provided above is correct and complete. I also understand that I cannot depend upon working to support myself while a student. I also understand that I must stay enrolled as a full-time student. I understand that I

Date



TRANSFER VERIFICATION FORM

(only applicable if transferring from another U.S. institution)

As part of the application process to Columbia State Community College, please complete Section I, and have your present International Student Advisor complete Section II and return the form to our office. A transfer I-20 cannot be processed without completion of this form.

| , | SECTION II (to be o | completed by | International Stu | ıdent Advisor) | |
|---------------------------------|-----------------------------|-----------------|-------------------|------------------|-----|
| ACADEMIC PROGR | ESS: | | | | |
| Dates of Attendance: | From: | _ to | Degree: | Major: | |
| (Expected) Date of G | raduation: | Is the Student | in good academic | standing? Yes | No_ |
| If no, explain: | | | | | |
| IMMIGRATION STAT | rus : (FOR F-1 AND . | J-1 VISA HOLD | ERS ONLY) | | |
| Visa Type: | Admi | ssion #: | Da | te of Entry: | |
| SEVIS ID#: | I-20 Expirat | tion Date: | SEVIS | RELEASE DATE:_ | |
| Is the student current | ly in status? Yes | No | | | |
| If no, explain: | | | | | |
| PLEASE LIST ANY TOPT / CPT / AT | DATES: | | | - | |
| Please attach any ad | ditional comments | | | | |
| Advisor's Signature:_ | | | Date | : | |
| Advisor's Name: | · | Titl | e: | | |
| Institution Name: | | | | | |
| Address: | | | | | |
| | | | | | |
| | This form must b | e returned to u | s directly by the | college official | |