



SOLANO COMMUNITY COLLEGE

International Student Program

4000 Suisun Valley Road

Fairfield, CA 94584

Phone: 00 + 1 + (707) 863-7823

Fax: 00 + 1 + (707) 646-2053

Dear Student:

We appreciate your interest in the International Student Program at Solano Community College.

Completed application packets are evaluated as they are received, on a first come, first served basis. It is to your advantage to complete the packet before **June 1** for the Fall semester and **November 1** for the Spring semester. All application packets must include:

1. Completed International Student Application form (Form #1)
2. Sponsor/Bank Statement of Financial Information (Form #2)
3. Health Questionnaire (Form #3)
4. Transcripts (High School, University, College)
5. TOEFL score report (minimum score 500 for paper test, 133 for computer based test), or an IELTS score of 6.0.

As indicated above, please send the completed application packet to the Admissions Office at the address above, or you can send them by fax to 707-646-2053. **KEEP COPIES OF ALL DOCUMENTS.** Your completed packet will be evaluated when it is received. Return every page of this packet to Admissions.

PLEASE REMEMBER THAT OUR RECEIPT OF YOUR APPLICATION PACKET DOES NOT ENSURE YOUR ACCEPTANCE INTO SOLANO COMMUNITY COLLEGE. We will notify you when you have been accepted.

Applicants accepted for the Fall/Spring semester are **REQUIRED** to attend a campus orientation, and take an English assessment test. Throughout the year, there are counselors available to help you with your individual concerns.

Thank you for your interest in Solano Community College and we look forward to hearing from you.

INTERNATIONAL STUDENT APPLICATION

FORM #1

For admission beginning: FALL Semester _____ (deadline, **June 1**)
SPRING Semester _____ (deadline, **November 1**)

Mr. Mrs. Miss _____
(Circle one) Family/Last First Middle

Present Address _____ Email _____

City _____ Province _____ Postal Code _____

Citizen of _____ Country of Birth _____

US Address _____

City _____ State _____ Postal Code _____

Date of Birth _____ Married? Yes _____ No _____ Will spouse accompany you to the U.S.? _____
(MM/DD/YYYY)

Official language of your country _____

Have you taken the TOEFL (Test of English as a Foreign language)? - recommended score of 500 (paper test) or 133 (computer based test) for admittance.

Date: _____ Score: _____

INTENDED MAJOR AREA OF STUDY AT SOLANO COMMUNITY COLLEGE _____

LIST ALL EDUCATIONAL EXPERIENCE

<u>University, if applicable</u>	<u>City</u>	<u>Major Field of Study</u>	<u>Dates Attended</u>

<u>High School</u>	<u>City</u>	<u>Major Field of Study</u>	<u>Dates Attended</u>

<u>Grammar/Elementary School</u>	<u>Dates Attended</u>

<u>Degree, Certificate, Diplomas, Titles</u>	<u>Date Awarded/Expected</u>	<u>Percentage/Rank/Average</u>

STATEMENT OF FINANCIAL INFORMATION

FORM #2

An applicant must present evidence of financial resources to defray costs during the period of attendance at Solano Community College. Costs are estimated at \$21,185.00 annually, which includes tuition, fees, books, supplies, health insurance, living, and miscellaneous expenses.. Please show the amount of funds available to you in each of the two years you expect to attend this College. Consider exchange and currency regulations and report the funds in terms of U.S. dollars. Please attach supplementary documents as necessary.

SOURCES:	First Year	Second Year
From Family	_____	_____
From own savings	_____	_____
From government	_____	_____
From sponsor	_____	_____
Name _____		
Address _____		
From scholarship	_____	_____
Name _____		
From other source	_____	_____
Name _____		
Total:	_____	_____

Certification by representative of a bank or other financial agency

Our records indicate the information furnished above by the applicant is an accurate statement of financial resources available to him or her for use during study in the United States.

Signature _____ Date _____

Title, Organization _____

Address, Telephone _____

Certification by parent or sponsor, (if applicable)

I certify that I will be responsible for financial support of the applicant as shown in the financial statements above.

Signature _____ Date _____

Relation _____

Address, Telephone _____

I certify that all information on this application is correct and I understand that any falsification or withholding of information in completing this application shall constitute grounds for dismissal.

Signature of Applicant _____ **Date** _____

Information regarding the possible exemption of nonresident tuition fees is outlined on the next page.

HEALTH QUESTIONNAIRE
THIS SECTION TO BE COMPLETED BY APPLICANT

Name: _____ Date: _____
 Last First Middle Maiden

Male _____ Female _____ Height _____ Weight _____ Birthdate: _____

EMERGENCY CARE: In case of emergency, school officials are authorized to provide what they deem to be appropriate emergency care and licensed physicians and hospitals to provide treatment as needed.

Applicant's Signature (if over 21): _____

Parent or Guardian's Signature (if applicant is under 21): _____

Have you had, or do you have any of the following. If yes, give dates.

Allergy (severe) _____	Epilepsy _____	Thyroid Trouble _____
Anemia _____	Hepatitis _____	Heart Trouble _____ (any restrictions?) _____
Asthma _____	Malaria _____	Polio _____ (any residual?) _____
Blackouts _____	Measles _____	Rheumatic Fever _____ (any restriction?) _____
Diabetes _____	Meningitis _____	Urinary Infections _____
Encephalitis _____	Mononucleosis _____	Tuberculosis _____

Regular medication: _____

Explain special health problems: _____

Exposure to Tuberculosis? Yes _____ No _____. If yes, give date and nature of exposure: _____

Date of last chest x-ray _____ Result: Positive – Diseased _____ Negative – Clear _____

Give dates and types of operations or injuries: _____

Visual Problem? Yes _____ No _____ Nature _____

Hearing Loss? Yes _____ No _____ Severity _____

Speech Defect? Yes _____ No _____ Nature _____

Nervous, Mental, or Emotional Problem? Yes _____ No _____ If yes, date of treatment _____

Nature of problem _____

I certify to the best of my knowledge the information shown above is correct.

Applicant's Signature _____ **Date:** _____

International Student Policies and Recommendations

All international students will attend an orientation at the beginning of each term of enrollment. There are specific rules and regulations that are unique to F1 Visa students that will be discussed at the orientation.

All international students must enroll in 12 units (full time) to meet the regulations of the Department of Homeland Security as monitored by the Student and Exchange Visitor Information System (SEVIS). Failure to maintain a full course of study may lead to college dismissal and deportation from the United States.

All international students must provide evidence of an active health and accident insurance policy before they register for the semester.

All international students must prove that they are financially able to support themselves while in the United States. **Enrollment fees must be paid in full at the time of registration.**

All international students must set up a campus email account. Communication from campus offices, faculty and staff is conducted through this email system.

Learn more about studying in the United States as an international student. Visit:
<http://www.internationalstudent.com/>