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

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

University, if applicable  City  Major Field of Study  Dates Attended

________________________________________________________________________________________

________________________________________________________________________________________

High School  City  Major Field of Study  Dates Attended

________________________________________________________________________________________

________________________________________________________________________________________

Grammar/Elementary School  Dates Attended

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________
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:**

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<th>Second Year</th>
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**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: __________________________

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 ___________

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Speech Defect? Yes _____ No _____ Nature ______________________________

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

Nature of problem ________________________________________________________________
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/](http://www.internationalstudent.com/)