

International Student Intensive English Program Application

Thank you for applying to the College of Marin Intensive English Program (IEP). IEP has four flexible start dates each semester to help students begin their studies as soon as possible. If you have any questions about this application, please contact the International Education Office for assistance.

Fall 2020 and Spring 2021 Tuition and Enrollment Schedule				
Enrollment Period	# of Weeks	Tuition Fee	Classes Begin	Classes End
FALL 1	16	\$3,990	August 24	December 10
FALL 2	12	\$3,249	September 21	December 10
FALL 3	8	\$2,166	October 19	December 10
FALL 4	4	\$1,117	November 16	December 10
SPRING 1	16	\$3,990	January 25	May 20
SPRING 2	12	\$3,249	February 22	May 20
SPRING 3	8	\$2,166	March 29	May 20
SPRING 4	4	\$1,117	April 26	May 20

Cost of attendance and dates are subject to change at any time

Please submit your completed application in one of the following ways:

1. Email

Scan and email your completed application and supporting documents in PDF or JPEG format to: **international@marin.edu**

2. Mail or In-Person

Mail or deliver your completed application and supporting documents to the following address: **College of Marin
International Education Office
835 College Avenue, SS 234
Kentfield, CA 94904 USA**

Application Checklist

- Completed and signed application
- Completed Guarantee of Financial Support form and supporting documents
- Copy of your passport and any current U.S. visa/status documents
- \$100 application fee payable by credit card, money order, or check
- Additional documents may be requested

If you are a **transfer student**, please include the following:

- Copy of your current I-20
- Transfer Form (to be completed after acceptance to IEP)

If you are **under 18 years old**, please include the following:

- Completed Minor Consent Form

Application And Acceptance Process

Additional documents may be requested to complete your application. If accepted, a SEVIS form I-20 and Letter of Acceptance will be issued to you in your Welcome Packet. The SEVIS form I-20 is an important document that must be presented when applying for an F-1 Student Visa and upon entering the United States. Visa processing times vary significantly, so allow enough time to obtain a visa and make travel arrangements. You must arrive at College of Marin by the Report Date listed on the I-20 form.

Change of Status Students

Students who currently hold J-1 status must apply for F-1 status a minimum of 30 days before their current program end date. This process may take several months, so advanced planning is necessary. Please be advised that a Change of Status denial will require that the applicant leave the United States immediately or apply for reinstatement. Tuition and health insurance refunds may not be available.

Tuition and Estimated Expenses

Tuition at IEP must be paid in full by the first day of classes. College of Marin requires that each student has sufficient funds to cover the total estimated cost of living and studying while attending IEP. The estimated amount includes living expenses, tuition, medical insurance, and other costs. The actual cost of living may be higher or lower depending on the student. In most cases, similar documentation will be required when applying for an F-1 visa or Change of Status.

Estimated Student Expenses for One Academic Year	
Tuition	\$7,980
Living Expenses (Housing and Meals)	\$13,000
Fees and Miscellaneous	\$2,920
Estimated Cost of Medical Insurance	\$1,500
Total Expenses	\$25,400

*Fees include Application Fee and Student ID & Transportation Fee. An additional \$5000 is required for each F-2 dependent.

College of Marin requires applicants to show a minimum of **\$25,400 USD** for one academic year of study. This estimate is based on participation in two semesters of academic study and does not include living expenses during the summer. If friends or family living in the area will provide free housing and meals for the duration of your studies at IEP, documentation of **\$12,400 USD** will be accepted.

Bank Document Submission Guidelines

- **Acceptable documents/accounts:** Checking or savings account statements or a bank's letter of financial guarantee with an official bank stamp. All accounts must be "liquid" so that funds can be withdrawn at any time.
- **Unacceptable documents/accounts:** Business accounts, insurance policies, certificates of deposit, investments, and shared accounts.
- **Documents must:**
 - Clearly show account holder's name, date, total available funds, and type of currency
 - Be clear and easy to read
 - Dated within the last 6 months
- Copies/scans of bank documents will be accepted when applying to IEP. Originals will be required at the time of your visa interview.
- You may have more than one sponsor providing financial support as long as the total is equal to the amount required.
- Each sponsor must submit a College of Marin Guarantee of Financial Support/Housing & Meals Form.
- Additional information or documents may be requested.

Important Information

- **Refund Policy:** IEP tuition refunds will not be granted after the first 5 days of the program.
- **Attendance Regulations:** Full-time attendance at the Intensive English Program is 20 hours per week. International students are required to attend school full-time and must attend 90% of each enrollment period to remain enrolled in the program.
- **Health Insurance:** COM requires all F-1 students to purchase health insurance prior to the start of each semester. While purchasing a medical insurance plan is mandatory, College of Marin offers students the opportunity to purchase an insurance plan that best fits their individual needs.
- **Tuberculosis Test (TB):** Accepted students are required to submit a tuberculosis clearance to the Student Health Center upon arrival. If students test positive for TB, they will need to have a chest x-ray and receive clearance from a doctor. Additional information will be provided in your Welcome Packet.
- **Housing:** The International Education Office is happy to provide information about off-campus student housing, homestay programs, and some best practices when looking for local apartments or rooms for rent. Please note that College of Marin does not provide any on-campus student housing.

Discrimination Disclaimer

The College of Marin does not discriminate on the basis of race, religious creed, color, national origin, ancestry, ethnic group identification, physical disability, mental disability, medical condition, genetic condition, marital status, sex, gender, gender identity, gender expression, genetic information or sexual orientation in any of its policies, procedures or practices; nor does the District discriminate against any employees or applicants for employment on the basis of their age. This non-discrimination policy covers admission, access and treatment in District programs and activities—including but not limited to academic admissions, financial aid, educational services and athletics, and application for District employment.

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Application Type:

New Student Transfer Student Change of Status (J1 to F1)

Program Start:

Fall 1 Fall 2 Fall 3 Fall 4 Spring 1 Spring 2 Spring 3 Spring 4

Student Information (please print clearly)

<p>1. Name (as it appears on your passport)</p> <p>Last (Family): _____</p> <p>First (Given): _____</p> <p>Middle: _____</p>	<p>2. Date of Birth: / /</p> <p align="center">Month Day Year</p>
	<p>3. Are you under 18 years old? Yes No</p>
<p>4. Are you applying for an F2 Dependant visa for your spouse and/or child? Yes No</p>	
<p>5. Country of Birth: _____</p>	<p>6. Country of Citizenship: _____</p>
<p>7. Email Address: (must be gmail, hotmail, yahoo, or other US-based host)</p> <p>_____</p>	
<p>8. Complete address in your home country:</p> <p>Street Address: _____</p> <p>City: _____ State/Province: _____</p> <p>Postal/Zip Code: _____ Country: _____</p> <p>Home Country Phone Number: _____</p>	
<p>9. Complete local Address in the U.S.: (if you are presently in the U.S. or know your future address)</p> <p>Street Address: _____</p> <p>City: _____ State/Province: _____</p> <p>Postal/Zip Code: _____ U.S. Phone Number: _____</p>	

Education Information:

<p>1. Have you studied English for one year or more?*</p> <p><i>*(Level 1 at IEP starts from a high beginner level. Applicants are not required to provide proof of English proficiency, however a minimum of 1 (one) year of English study is highly recommended.)</i></p>	<p>Yes</p>	<p>No</p>
<p>2. Do you plan to transfer to the College of Marin Academic Credit Program after completion of IEP?</p>	<p>Yes</p>	<p>No</p>
<p>2a. If yes, what is your intended major (program of study)? _____</p>		

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Current Status: (if you are currently in the U.S. only):

<p>1. Are you applying for a Change of Status to F1 from inside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Do you currently have F1 status? <input type="checkbox"/> Yes (go the question #3) <input type="checkbox"/> No (go to question #4)</p>
<p>3. If you currently have F1 status:</p> <p>a. Is your I-20 currently in good status? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____</p> <p>b. Which school are you currently attending? _____</p> <p>c. When did your program begin at your current school? _____</p> <p>d. What is your program end date? _____</p> <p>e. What is your SEVIS I-20 number? _____</p> <p>f. List the name of your DSO or contact person at your current school: _____</p> <p>g. List contact information of your DOS or contact person at your current school:</p> <p style="padding-left: 20px;">i. Phone: _____</p> <p style="padding-left: 20px;">ii. Email: _____</p>	
<p>4. If you do not currently have F1 status, please list your current visa or status type: _____</p>	

Emergency Contact Information:

<p><i>This information will remain on file for the duration of your enrollment. If a change occurs, please report it to the International Education Office immediately.</i></p>	
<p>1. Emergency Contact Person: _____</p>	<p>2. Languages Spoken: _____</p>
<p>3. Address: _____</p>	
<p>4. Telephone Number: _____</p>	<p>5. Mobile Number: _____</p>
<p>6. E-Mail: _____</p>	<p>7. Relation to Applicant: _____</p>

General Information:

<p>1. How did you hear about COM?</p>	<p><input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Current/Formers COM Students</p> <p><input type="checkbox"/> Agents <input type="checkbox"/> Fair <input type="checkbox"/> Other</p>	
<p>2. Are you currently working with an advising agency or agent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>2b. If yes, please list the following information:</p>		
<p>a. Name of Agency/Company: _____</p>		
<p>b. Name of Agent/Advisor: _____</p>		
<p>c. Please list the following information for your Agent/Agency:</p>		
<p style="padding-left: 20px;">1. Contact Email: _____</p>		
<p style="padding-left: 20px;">2. Phone number: _____</p>		

Acknowledgement:

<p><i>I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to College of Marin, I hereby agree to abide by all the rules and regulations set forth by then College.</i></p>	
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Date</p>

College of Marin Guarantee of Financial Support/Housing & Meals

The College of Marin is required by law to verify that sufficient funding is available for each student. It is possible for one sponsor to provide both financial support as well as housing and meals. If multiple sponsors are necessary, a separate form is required for each sponsor. Both the sponsor and the applicant must sign this form. The minimum total amount required for the first academic year is **\$25,400 USD**. If housing and meals are provided to the student at **no cost**, the minimum amount required is **\$12,400 USD**. Please add an additional \$5,000 per F-2 dependent. Actual expense may be different than the projected amounts. **Please attach bank documents verifying the financial support listed below. Multiple accounts may be submitted by the applicant and/or sponsor.**

Applicant Information	Applicant's Name:
	Applicant's Country:
	<input type="checkbox"/> I am sponsoring myself. I will provide my own bank documents. <input type="checkbox"/> My sponsor will provide funding. See below.
Sponsor will provide	Sponsor's Name:
	Address:
	Relationship to applicant:
	Sponsor's email or phone number (+ country code):
Financial Support Information: Indicate here how much and for how long funds will be provided to support the applicant named above. Attach original documentation from your bank. Please note the following: <ol style="list-style-type: none"> 1. Bank documents must be recently issued within the last six (6) months. 2. Bank documents must clearly indicate the type of currency. 3. The sponsor's name must appear on the bank documents and must match the name on this form. 	
\$ USD Per Year	Source of Funds (please describe) Example: Bank of America- Savings Account
Sponsor's Statement of Guaranteed Funding: I certify that funding in the amount indicated here will be available to support the applicant named above during his/her program at the College of Marin. I am providing bank documents to verify funding. Signature of Sponsor _____ Date _____	
Sponsor's Guarantee of Housing & Meals: I certify that I will provide housing and meals at no cost to the applicant named above during his/her program at the College of Marin. Signature _____ Date _____	
Applicant's Signature: Signature _____ Date _____	

International Student Parent/Guardian Form

College of Marin (COM) welcomes all international students to apply. To be considered for admissions at College of Marin, the age requirement for the applicant is 18 years or older. If the applicant is under the age of 18, the applicant must be a high school graduate. The parent/guardian of the applicant must complete this form which authorizes the applicant’s participation in courses offered by College or Marin and authorizes the employees of College of Marin to obtain for the minor any immunizations, medical and/or dental treatments deemed necessary.

The Parent/Legal Guardian must also provide COM with the information of a guardian who is living in the U.S. and will be responsible for the applicant’s personal well-being and legal matters during his/her study at COM. Please complete this form and return along with a copy of your child’s high school diploma (and an official English translation if the original diploma is not in English) together with the application package to our office. Failure to provide a legal U.S. guardian and proof of high school completion or equivalent will result in the denial of your child’s admissions to the Academic Program at COM.

Section 1: Student Information (Please legibly PRINT all information requested)				
Name: _____				
(As it appears on your passport)	Last Name/Family Name/Surname	First Name/Given Name	Middle Name	
Email Address: _____			Date of Birth (MM/DD/YYYY): _____	
Section 2: U.S. Guardian Information (Please attach a copy of U.S. legal I.D. or Passport)				
Name: _____				
(As it appears on your passport)	Last Name/Family Name/Surname	First Name/Given Name	Middle Name	
U.S. Address: _____				
(Address)	(Street)	(City)	(State)	(Zip Code)
Email Address: _____		Relationship to Applicant: _____		
Date of Birth (MM/DD/YYYY): _____		Home Phone #: _____	Cell Phone #: _____	
Section 3: Parent/Guardian Acknowledgement (Please <i>initial</i> each line to acknowledge your understanding)				
_____	I understand that College of Marin (COM) strongly recommends that minor student live either with family or family friends or under the supervision of a host family until they turn 18.			
_____	I understand that the College has no legal responsibility for the care or wellbeing of the minor student wherever he or she chooses to live while in the U.S. attending COM			
_____	I authorized my child’s participation in courses offered by COM and understand that my child is required to comply with the rules and regulation of COM			
_____	I understand that in the even that my child requires medical attention, I authorize the College of Marin’s Public Safety and Student Health Departments to make decisions for my child on my behalf.			

“I state that the information I am providing on this form is true.”

Parent/Guardian’s Name: _____ Date of Birth (MM/YY/YYYY): _____

Signature: _____ Date: _____ Relationship to Applicant: _____