

International Student Credit Program Application Checklist

<p style="text-align: center;"><u>Credit Program Application Check List</u></p> <p>Submit your application by the deadline posted below. You will be notified of our decision within 7-10 business days of receiving your completed application. If accepted, College of Marin will send you your SEVIS I-20 document and acceptance letter. The I-20 is required to apply for your F-1 Student Visa (https://studyinthestates.dhs.gov). Visa processing times will vary between different embassies and consulates, please allow time to obtain your Visa and make travel arrangements (http://usembassy.state.gov).</p> <p><u>Deadlines to apply for the 2020 and 2021 Academic Year:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> New Students <ul style="list-style-type: none"> ○ July 16th for the Fall 2020 semester ○ November 13th for the Spring 2021 semester <input type="checkbox"/> Transfer Students <ul style="list-style-type: none"> ○ August 3rd for the Fall 2020 Semester ○ January 8th for the Spring 2021 semester <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Copy of your Passport (Bio-page) <input type="checkbox"/> Official English Proficiency Requirement (see #5) <input type="checkbox"/> Official Bank Letter and International Student Financial Affidavit Form (see #2) <input type="checkbox"/> Official High School or College/University Transcript (#4)-only if under 18 <input type="checkbox"/> \$50 Application Fee (see #3) <input type="checkbox"/> Optional International Delivery (fees may vary) <input type="checkbox"/> Additional documents for transfer-in applicants (see #1) <p>If you are under 18 years old, please include the following:</p> <ol style="list-style-type: none"> a. Copy of high school diploma in English b. Completed Minor Consent Form 	<p><u>(#1) If you are transferring to College of Marin, please submit:</u></p> <ul style="list-style-type: none"> • Copy of your F-1 Visa (or Change of Status Approval Letter) • Copy of your I-94 (https://i94.cbp.dhs.gov) • Copies of all previous I-20's (all pages) • College of Marin Transfer In Form <p><u>(#2) Bank Letter and International Student Financial Affidavit Form</u></p> <ul style="list-style-type: none"> • Both must be signed and stamped by the bank official • Must be dated within the last 6 months • Must list at least <u>\$25,555 US Dollars</u>, or equivalent to this amount in other currency (currency must be listed) • Must be in English or translated into English • Please complete the International Student Financial Affidavit Form. Failure to do so will delay the application process. <p><u>(#3) \$50 Application Fee</u></p> <ul style="list-style-type: none"> • Application fees are non-refundable and must accompany your completed application package in the form of "Money Order" or "Bank Cashier's Check" made out to "College of Marin". <p><u>(#4) Official High School or College/University Transcript</u></p> <ul style="list-style-type: none"> • Official Transcript must show what classes the applicant took and what grades/marks the applicant received <p>Official Transcript must be in English or translated into English. Please only provide if you are under 18 years old.</p> <p><u>(#5) English Proficiency Requirement</u></p> <p>Applicants must have a minimum score of:</p> <ul style="list-style-type: none"> • TOEFL IBT 61 or 500 written test • IELTS 6.0 • ELS Level 109 • COM IEP Level 3
<p><u>Please submit your completed application package to:</u></p> <p style="text-align: center;">College Of Marin Enrollment Services Office 835 College Ave Kentfield, CA 94904, U.S.A.</p> <p><u>Completed applications may be submitted electronically to:</u></p> <p style="text-align: center;">Joan Paulino: jpaulino@marin.edu 415-457-8811 ext. 7713 Last Names (A-L)</p> <p style="text-align: center;">Or</p> <p style="text-align: center;">Marixa Barnett: mbarnett@marin.edu 415-457-8811 ext. 7705 Last Names (M-Z)</p>	<p><u>Important Information:</u></p> <ul style="list-style-type: none"> • Health Insurance <ul style="list-style-type: none"> ○ COM requires F-1 students to purchase health insurance prior to the start of each semester. • Attendance Regulations: <ul style="list-style-type: none"> ○ International students are required to attend school full time and complete a minimum of 12 units each semester. • Employment Regulations: <ul style="list-style-type: none"> ○ International students are allowed to work on campus only, 20 hours a week. Off campus employment is not allowed without permissions from the DSO • Tuberculosis Test: <ul style="list-style-type: none"> ○ International Students are required to obtain a Tuberculosis Test clearance from our campus health center upon arrival • Housing: <ul style="list-style-type: none"> ○ College of Marin does not provide student housing.

International Student Admissions Application Form

<input type="checkbox"/> <u>New Student</u>	<input type="checkbox"/> <u>Transfer Student</u>	<input type="checkbox"/> <u>Change of Status</u>	<u>(J1 to F1)</u>
<input type="checkbox"/> <u>Fall 2020</u>	<u>August 22 to December 18</u>	<input type="checkbox"/> <u>Spring 2021</u>	<u>January 23 to May 28</u>

Credit Program:

Student Information (please print clearly)

<p>1a. Name (as it appears on your passport)</p> <p>Last (Family): _____</p> <p>First (Given): _____</p> <p>Middle: _____</p> <p>2a. Date of Birth: _____ / _____ / _____</p> <p align="center">Month Day Year</p> <p>4a. Country of Birth: _____</p> <p>5. Email Address: _____</p> <p>6a. Complete address in your home country:</p> <p>Street Address: _____</p> <p>_____</p> <p>City: _____ State/Province: _____</p> <p>Postal/Zip Code: _____ Country: _____</p> <p>Home Country Phone Number: _____</p> <p>6b. Complete local Address in the U.S.: (if you are presently in the U.S.)</p> <p>Street Address: _____</p> <p>_____</p> <p>City: _____ State/Province: _____</p> <p>Postal/Zip Code: _____ U.S. Phone Number: _____</p> <p>6c. Please choose your delivery method: If selecting option A please fill in the information below.</p> <p><input type="checkbox"/> A. Free Regular Air mail or Local Mail (2 to 4 business weeks for delivery to international addresses)</p> <p><input type="checkbox"/> Pick Up in Person (In country option only)</p> <p>Name of Receiver: _____</p> <p>Delivery Street Address: _____</p> <p>_____</p> <p>City: _____ State/Province: _____</p> <p>Postal/Zip Code: _____ Country: _____</p> <p>Phone Number of Receiver: _____</p>	<p>1b. Name of your spouse (if they accompanied you on F2 status)</p> <p>Last (Family): _____</p> <p>First (Given): _____</p> <p>Middle: _____</p> <p>2b. Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4b. Country of Citizenship: _____</p>
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F1 International Student Financial Information

All students studying on an F1 VISA must show evidence of sufficient funds to cover a full year of expenses at College of Marin.

Acceptable Evidence

Certified copy and recent (within 60 days) bank account balance statements indicating required funds in United States Dollars. The funds must be “liquid” (such as a checking or savings account), such that monies could be withdrawn at any time.

*Business accounts, insurance policies, certificates of deposit, investments, and shared accounts among family members **are not** accepted.*

Estimated Costs of Attendance for Fall & Spring 2020-2021

Non-resident tuition (12 units per semester)	\$9,055.00
Health Insurance (student’s responsibility, estimated annual cost)	\$1,500.00
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Total Tuition and Fees for 2 Terms	\$10,555.00
Estimated Cost of Living for 12 months	\$15,000.00
Total Estimated Cost for 12 months	<hr/> \$25,550

This does not include the costs of books and supplies, TB test, transportation costs, or other expenses. You may want to budget accordingly for extra costs (eating out at restaurants, traveling, shopping, etc.) **Please add \$5,000 for each dependent.*

Please note that these figures are the current estimates. Costs may actually be greater due to inflation and other cost increases. Financial documentation need only show the minimum amount listed for “Total Estimated Cost for 12 months.”

F1 International Student Financial Affidavit

Name:

Family/Last Name

Given/First Name

Middle Name

Source(s) of Support

- I will pay for school with my personal funds. *(Complete Section A)*
- I will be sponsored by another individual, i.e. parents, family member, other sponsor *from my home country. (Complete Section A)*
- I will be sponsored by another individual who is a *legal permanent resident or U.S. citizen. (Complete Section A & B)*
- I will be sponsored by the government of my home country *(Complete Section A)*

Section A:

I certify that I have the financial resources to cover all expenses named in this document while I am studying in the United States I understand that failure to include any information, including the official financial documents, will hinder processing of my application and issuance of the I-20. I understand that the inclusion of any false information concerning financial support could result in the termination of my SEVIS record and revocation of my F1 VISA.

Applicant Signature

Date

Sponsor Name

Signature

Date

Section B:

Only complete this section if you are being sponsored by a legal permanent resident or United States Citizen.

I certify that I have read and fully understand the financial requirements of sponsorship. I further certify that I have the financial resources to cover all expenses of the student named in this document while s/he is in the United States. I understand that failure to include any information, including the official financial documents, will hinder processing of the student's application and issuance of the I-20. I understand that the inclusion of any false information concerning financial support could result in the termination of the student's SEVIS record.

Name(s) of Sponsor(s): _____

Sponsor Phone Number (_____) _____ - _____

Sponsor Address: _____

I will be providing (check box below): NOTE: If housing & meals are provided to the student at no cost, the minimum financial support amount required is \$10,555 USD.

Financial Support

Housing & Meals

Sponsor Signature

Date

International Student Transfer-In Form

Transfer students must have their previous school complete this form.

SEVIS NAME: College of Marin-College of Marin. Code: SFR21400609000

To the international student advisor: Please complete the following form and return it to our office to facilitate the student's transfer to College of Marin. **Please Do Not Transfer the student prior to receiving an Acceptance Letter from COM.** Thank you for your help.

STUDENT'S NAME: _____

Has the student been entered into SEVIS? YES NO

SEVIS ID#: _____ SEVIS RELEASE DATE: _____

The above named student:

- Is taking a full-time course of study at this school and
Their expected date of completion of his/her studies is: _____
- Was registered as a full-time student at this school from: _____ to _____
- Did not complete their course of study and their attendance was terminated on (date): _____
- Never attended this school.

To the best of your knowledge, has the above named student met all obligations to the Immigration and Naturalization Service?
 Yes No

If no, please explain: _____

COMMENTS: _____

Name of institution: _____

Address: _____

Telephone Number: () _____ Email: _____

Designated School Official (Please Print): _____

Signature of Designated School Official: _____	Name	Title
_____	Signature	Date

Please Send Completed Form To:
Joan Paulino or Marixa Barnett
Office of Enrollment Services
835 College Avenue
Kentfield, CA 94904

Fax: 415.460.0773
Email: jpaulino@marin.edu
mbarnett@marin.edu

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 *initial* 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: _____