

College of Marin – Office of Enrollment Services 835 College Ave. Kentfield CA. 94904

Phone: (415) 457-8811

www.marin.edu · admissions@marin.edu

International Student Credit Program Application Checklist

Credit Program Application Check List

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 (https://usembassy.gov).

Deadlines to apply for the 2025 and 2026 Academic Year:

New Students

- o July 17th for the Fall 2025 semester
- December 1st for the Spring 2026 semester

Transfer Students

- August 1st for the Fall 2025 semester
- January 2nd for the Spring 2026 semester
- Completed Application Form
 - Copy of your Passport (Bio-page)
- Official English Proficiency Requirement (see #5)
- Official Bank Letter and International Student Financial
- ___ Affidavit Form (see #2)
 - Official High School or College/University Transcript
 - (#4)-only if under 18
- \$50 Application Fee (see #3)
- Additional documents for transfer-in applicants (see #1)

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

- a. Copy of high school diploma in English
- b. Completed Minor Consent Form

Please submit your completed application package to:

College of Marin Enrollment Services Office 835 College Ave Kentfield, CA 94904, U.S.A.

Completed applications may be submitted electronically to:

Joan Paulino: <u>ipaulino@marin.edu</u> (628) 234-7713 Last Names (A-L)

Or

Marixa Barnett: mbarnett@marin.edu
(628) 234-7705

Last Names (M-Z)

(#1) If you are transferring to College of Marin, please submit:

- 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

(#2) Bank Letter and International Student Financial Affidavit Form

- Both must be signed and stamped by the bank official
- Must be dated within the last 6 months
- Must list at least <u>\$32,690 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.

(#3) \$50 Application Fee

 Application fees are non-refundable. Instructions for payment will be provided through email once your application has been reviewed.

(#4) Official High School or College/University Transcript

 Official Transcript must show what classes the applicant took and what grades/marks the applicant received
 Official Transcript must be in English or translated into English.
 Please only provide if you are under 18 years old.

(#5) English Proficiency Requirement

See Guidelines on Page 2.

Important Information:

- Health Insurance
 - COM requires F-1 students to purchase health insurance prior to the start of each semester.
- Attendance Regulations:
 - International students are required to attend school full time and complete a minimum of 12 units each semester.
- Employment Regulations:
 - 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:
 - International Students are required to obtain a Tuberculosis Test clearance. Instructions will be provided on the acceptance letter.
- Housing:
 - College of Marin does not provide student housing.



(#5) English Proficiency Requirement

Students must prove English proficiency. As English Proficiency exams are among the most common, they have been included below.

Credit Program

Minimum score of:

- TOEFL IBT 61 or 500 written test
- IELTS 6.0
- Pearson* 45
- EIKEN* Level 2 (>2150)
- *DUOLINGO* 90+*

Holistic Assessment - Credit Program with Support

Students may be admitted using holistic assessment with scores less than the required minimum but are required to enroll in English as a Second Language support classes. Minimum scores for this program are listed below.

Minimum score of:

- TOEFL IBT 42 or 450 written test
- IELTS 5.0
- Pearson* 42
- EIKEN* Level 1 (>1728)
- *DUOLINGO* 75+*

Holistic Assessment

Any combination of the above, or other, standardized test scores, institutional assessment, demonstrated academic experience, and/or individual student characteristics that provide evidence the student has reasonable chance to succeed based upon their ability to comprehend, read, and write the English language. Contact Enrollment Services for more information.

*Admission is conditional subject to holistic assessment per College of Marin Administrative Procedure 5012.



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International Student Admissions Application Form

	☐ New Student ☐	Transfer Student Change of Status			
Credit Program:	Fall 2025 August 23 to D	ecember 19 Spring 2026 January 17 to May 22			
	Student Infor	mation (please print clearly)			
1a. Name (as it appears on your passport) Last (Family):		1b. Name of your Dependent(s) (if they accompanied you on F2 status) Last (Family):			
First (Given):		First (Given):			
Middle:	_	Middle:			
2a. Date of Birth:		2b. Are you under 18 years old? Yes No			
Month Day	Year				
4a. City and Country of Birth:		4b. Country of Citizenship:			
5. Email Address:					
6a. Complete address i	n your home country:				
Street Address:					
City:		tate/Province:			
Postal/Zip Code:		Country:			
Home Country Phone Number:					
6b. Complete local Address in the U.S.: (if you are presently in the U.S.)					
Street Address:					
City:	s	tate/Province:			
		J.S. Phone Number:			



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International Student Admissions Application

Education Information:

1a. What is your intended major (program of	study) atCOM?	_		
1b. What is your intended education goal at C AA/AS Degree	·· <u> </u>	AA/AS-Transfer		
2a. Full name of last High School attended:				
2b. Full name of Last College / University atter Date of Graduation: Degree Obtained:				
Current Status: (if you are currently in the U.S. only):				
 Are you currently on a F1 visa?				
Acknowledgement:				
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.				
Applicant Signature		Date		
≥ Agent Signature		Date		



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 Cost of Attendance for Fall 2025 & Spring 2026

Non-resident tuition (12 units per semester)	\$1 0 ,69 0 .00
Health Insurance (student's responsibility, estimated annual cost)	\$ 2 ,000.00
Total Tuition and Fees for 2 Semesters	\$1 2, 69 0 .00
Estimated Cost of Living for 12 months	\$20,000.00
Total Estimated Cost for 12 months	\$ 32, 69 0 .00

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."

^{*}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.



F1 International Student Financial Affidavit

	Family/Last Name	Given/First Nam	ne	Middle Name	
		Sourco(s)	of Support		
		Source(s)		•	
☐ I will be sp	• •	·	•	, other sponsor from my home	
☐ I will be sp	•	r individual who is a <i>lega.</i>	l permanent res	sident or U.S. citizen.	
☐ I will be sp	oonsored by the gove	ernment of my home co	untry (Comple	te Section A)	
States I understa processing of my	and that failure to inc y application and issu	clude any information, ir	ncluding the off rstand that the	nis document while I am studying in the ficial financial documents, will hinder inclusion of any false information concocation of my F1 VISA.	
 Applicant Signati	ure	Date			
Sponsor Name		Signature	Da	ate	
I certify that I ha financial resourd understand that student's applica support could re	ve read and fully und ses to cover all exper failure to include an ation and issuance of esult in the terminati	derstand the financial renses of the student name ony information, including	quirements of sed in this docur the official fina that the inclusion	resident or United States Citizen. sponsorship. I further certify that I have ment while s/he is in the United States. ancial documents, will hinder processin on of any false information concerning	l g of the
Name(s) of Spon Sponsor Phone N Sponsor Address	Number (-		
•	• •	elow): NOTE: If housing & support amount require	•		
☐ Financial	Support		☐ Housing & I	Meals	



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International Student Transfer-In Form

Transfer students must have their previous school complete this form.				
SEVIS NAME: College of Marin Code: SFR214F00609000				
To the international student advisor: Please complete the following form and return it to our office to facilitate the student's cransfer 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			
SEVISID#:	SEVIS RELEASE DA	TE:		
The above-named student:				
☐ Is taking a full-time course of study at Their expected date of completion of				
Was registered as a full-time student a	t this school from:	to		
Did not complete their course of study	and their attendance was terminated	l on (date):		
Never attended this school.				
To the best of your knowledge, has the about the land of the land	ove-named student met all obligation	s to the Immigration and Naturalization Service?		
COMMENTS:				
Name of institution:				
Address:		-0		
Telephone Number: ()	Email:			
Designated School Official (Please Print): _				
Signature of Designated School Official:	Name Signature	Title		
Please Send Completed Form To:	Joan Paulino or Marixa Barnett Office of Enrollment Services 835 College Avenue Kentfield, CA 94904	Email: jpaulino@marin.edu mbarnett@marin.edu		



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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 Nar	ne/Family Name/Surname	First Name/Given Name	Mid	dle Name
Email Address:		Date of Birth	n (MM/DD/YYYY:_	
Section 2: U	I.S. Guardian Information (Please	attach a copy of U.S. lega	l I.D. or Passport	
Name:				
(As it appears on your passport) Last Nar	ne/Family Name/Surname	First Name/Given Name	Mid	dle 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 #:		
-	ardian Acknowledgement (Please			_
I understand that College of Marin (COM) strongly recommends that minor student live either with family or family				
	upervision of a host family until th	•		
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.			illi s rubiic Salety
			. "	
	"I state that the information I an	n providing on this form is	true."	
Parent/Guardian's Name:		Date of Birth (MM/YY	/YYYY):	
Signature:	Date:	Relationship to Applic	ant:	