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 1-20 document and acceptance letter. The 1-20 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 2026 and 2027 Academic Year:

- ☐ New Students
  - **July 16th** for the Fall 2026 semester
  - **December 1st** for the Spring 2027 semester
- ☐ Transfer Students
  - **August 3rd** for the Fall 2026 semester
  - **January 4th** for the Spring 2027 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 applications (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

(#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 60 days. See attached.
- Must list at least ***$33,170 US Dollars,*** 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.

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
jpaulino@marin.edu
(628) 234- 7713

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.

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(#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 must 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 on 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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Credit Program:

☐ New Student ☐ Transfer Student ☐ Change of Status

☐ Fall 2026 August 22 to December 18 ☐ Spring 2027 January 16 to May 21

Student Information (please print clearly)

1a. Name (as it appears on your passport)
Last (Family):

First (Given):

Middle:

1b. Name of your Dependent(s) (if they accompanied you on F2 status)
Last (Family):

First (Given):

Middle:

2a. Date of Birth:

Month Day Year

2b. Are you under 18 years old? ☐ Yes ☐ No

4a. City and Country of Birth:

4b. Country of Citizenship:

5. Email Address:

6a. Complete address in your home country:

Street Address:

City: State/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: State/Province:

Postal/Zip Code: U.S. Phone Number:

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Education Information:

1a. What is your intended major (program of study) at COM?

_____

1b. What is your intended education goal at COM? (Please check one only)

☐ AA/AS Degree ☐ Certificate ☐ AA/AS-Transfer

2a. Full name of last High School attended: _____

Date of Graduation (if applicable): _____

2b. Full name of Last College / University attended: _____

Date of Graduation: _____

Degree Obtained: _____

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

1. Are you currently on a F1 visa? ☐ YES ☐ NO

2. Are you applying for a Change of Status to a F1 visa? ☐ YES ☐ NO

3. If you are not on F1 status, what type of visa are you currently on? _____

Acknowledgment:

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.

x _____ _____

Applicant Signature Date

x _____ _____

Agent Signature Date

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F1 International Student Financial Information

All students studying on an Fl 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 2026 & Spring 2027

Non-resident tuition (12 units per semester)	$11,170.00
Health Insurance (student's responsibility, estimated annual cost)	$2,000.00
Total Tuition and Fees for 2 Semesters	$13,170.00
Estimated Cost of Living for 12 months	$20,000.00
Total Estimated Cost for 12 months	$33,170.00

**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."

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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 1-20. 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 Fl 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 1-20. 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 $13,170.00 USD.

☐ Financial Support ☐ Housing & Meals

_____ _____
Sponsor Signature Date

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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 this 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): _____
Name Title

Signature of Designated School Official: _____
Signature Date

Please Send Completed Form To:

Joan Paulino
Office of Enrollment Services
835 College Avenue
Kentfield, CA 94904

Email: jpaulino@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 applicants 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 of 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 official English translation if 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 Acknowledgment (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 regulations of COM.

_____ I understand that in the event 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/DD/YYYY):_____

Signature:_____ Date:_____ Relationship to Applicant:_____