

**College of the Siskiyou
International Student Application**

Please submit application to:

**College of the Siskiyou
Admissions & Records
800 College Avenue
Weed, California, USA 96094**

Please type or print clearly in English.

Name _____
Last or Family Name First Name Middle Initial

Name of your spouse (If he/she accompanies you to U.S.)

Last or Family Name First Name Middle Initial

Current Address:

Street address

City/State Zip/Postal Code Country

Telephone Number: _____
(Please include country code if outside the U.S.)

E-Mail Address: _____

Permanent Home Country Address (if different from above):

Street address

City/State Zip/Postal Code Country

Telephone Number: _____
(Please include country code if outside the U.S.)

Country of Birth: _____ **Country of Citizenship:** _____

Date of Birth: _____ Male Female Single Married
(mm/dd/yyyy)

U.S. Social Security Number: _____ (If none, leave blank.)

Semester you wish to enroll: Fall Spring **Year:** _____

What is your proposed major? _____

If currently in the U.S., how long have you been here? _____

How did you learn about College of the Siskiyous?

Educational Background

List in order all schools attended. Include any degrees or certificates earned. **You must submit official transcripts from all institutions attended.**

Indicate if you are currently attending a college or university. Also please indicate if the program you attended was a full-time English language program and what levels you have completed to date.

Secondary (High School):

Name	City/State/Province/Country	Year Graduated
------	-----------------------------	----------------

College(s)/University(ies):

Name	City/State/Province/Country	Year Graduated - ESL completed?
------	-----------------------------	---------------------------------

Name	City/State/Province/Country	Year Graduated - ESL completed?
------	-----------------------------	---------------------------------

English Proficiency

Have you taken the TOEFL, IELTS, STEP, or iTEP exam? Yes No

Name of Exam _____ Score: _____ Test date: _____

How long have you studied English? _____

Highest Level Achieved at Language School:

ALA: _____ ELS: _____

Other: _____

Please attach your last grade reports if you attended a language school.

Emergency Information

List any family member or friend in the USA to contact in case of an emergency:

Last or Family Name	First name	Telephone number
---------------------	------------	------------------

Street Address (include apartment number if applicable)

City	State	Zip
------	-------	-----

List a family member in your home country to contact in case of an emergency:

Last or Family Name	First name	Telephone number
---------------------	------------	------------------

Street Address (include apartment number if applicable)

City/State	Zip/Postal Code	Country
------------	-----------------	---------

Medical Insurance

All international students are required to purchase health insurance through a U.S. company. There are many plans specifically designed for F-1 visa students.

PROOF OF HEALTH INSURANCE IS REQUIRED AT THE TIME OF REGISTRATION.

College of the Siskiyous Admissions Office

International Student Agreement

If I am admitted to College of the Siskiyous as an F-1 student, I hereby agree to the following:

- Take the College assessment tests recommended to demonstrate my proficiency in the use of English and/or other areas for class placement.
- Enroll in, attend, and complete a full-time program (a minimum of 12 units) of study each semester and maintain a cumulative GPA of at least 2.0
- Obtain approval of a campus DSO before adding or dropping a class.
- Check in at the beginning of each month with the Admissions Office and complete a monthly check-in form.
- Agree to purchase medical insurance. *(If proof of insurance is not provided before registration, student will not be permitted to register for classes)*
- Be able to maintain myself financially for the period of time needed to complete my education at College of the Siskiyous.
- Keep my visa and I-20 valid at least 6 months ahead of their expiration dates.
- Comply with all requirements of the U.S. Immigration and Naturalization Service and of College of the Siskiyous to be admitted as an international student.

I understand that it is my responsibility to keep the College advised of each change in my address, and should I decide to visit outside the United States for any reason, I must obtain permission and a signature on my I-20 from the College of the Siskiyous Student Life office.

I have read the above conditions and fully understand and agree with them.

Applicant's Signature: _____ **Date:** _____

Statement of Financial Responsibility

U.S. visa regulations require that you have adequate funds for your studies. Please provide (in U.S. dollars) a bank statement, not more than nine months old, which lists funds available (**in English**).

I, _____ affirm that:
 Print your full name

- I will have sufficient funds available to pay all my college and living expenses while studying in the United States.
- I understand that I WILL NOT be eligible receive any financial aid from College of the Siskiyous.
- I will be prepared to pay tuition and fees, medical insurance, and book expenses at my time of registration each semester.

The source of funds and amount **in U.S. dollars** to be received are listed below. The total amount of funds available must be equal or greater than those required in the academic year estimated expense section following this page.

Source of Funds – Please list source/s below:	Amount Available
<input type="checkbox"/> Personal or family funds from abroad. Name of responsible party: _____ Signature: _____ Address: _____ A copy of the bank statement in English showing required funds must be submitted with this application.	\$ _____
<input type="checkbox"/> Sponsor (person outside of family). Name of responsible party: _____ Signature: _____ Address: _____ A copy of the bank statement in English showing required funds must be submitted with this application.	\$ _____
<input type="checkbox"/> Scholarship, embassy, etc. Provide name and source. <i>They must send an official letter of sponsorship including the amount of your scholarship.</i>	\$ _____

I certify that the information I have provided is accurate and complete to the best of my knowledge and that I will have the full amount required for my personal and academic expenses.

Signature: _____ **Date:** _____

Estimated Expenses

Tuition rates are established by the California State Legislature and may change each year. The following estimated figures are for the 2016-17 year and **are estimates only**.

Academic Year (2 semesters)

Tuition and fees (based on 12 units per semester) \$6000

Room and Board (7 day plan/annual contract) \$8000

Books, Supplies, Misc. Expenses \$3000

Total \$17, 000 estimated expenses, not including health insurance.

Certification

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge. Further, I understand that admission to, or enrollment at College of the Siskiyous may be denied if any information is found to be incomplete or inaccurate.

Signature: _____ **Date:** _____

Checklist for Completed Application

*All documents in the checklist below must be included with the application and **mailed**.
Electronic applications and documents are not accepted.*

- Clearly typed or printed all information.**
- Answered all items on all forms.**
- Enclosed check or money order for \$35.00 (U.S. dollars and drafts are not accepted).**
- Submitted official copies of transcripts from all schools (in English).**
- Enclosed photocopy(ies) of current passport.**
- Enclosed photocopy(ies) of all previously issued I-20(s).**
- Enclosed recent tuberculosis test results (within a year and in English).**
- Requested original TOEFL scores to be sent to COS. Copies are not accepted.**
- Completed Statement of Financial Responsibility with bank draft showing available funds.**
- Health insurance must be purchased prior to arrival at COS.**