

College of the Siskiyous International Student Application

Please submit application to:

College of the Siskiyous
Enrollment Services / Attn: M. Witherell
800 College Avenue
Weed, California, USA 96094

Please type or print clearly in English.

Last or Family Name

First Name

Middle Initial

Current Address:

Street address

City/State

Zip Code

Country

Telephone Number: _____

(Please include country code if outside the U.S.)

E-Mail Address: _____

(Providing an e-mail address allows us to communicate quickly with you)

Permanent Home Country Address (if different from above):

Number and Street

City/State

Zip 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** **Summer** **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
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College(s)/University(ies):

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

Have you taken the TOEFL exam? Yes No

Current TOEFL score: _____ Test date: _____

****Please provide ORIGINAL TOEFL score to our Enrollment Services Office.**

How long have you studied English? _____

Highest Level Achieved at Language School:

ALA: _____ ELS: _____

ASPECT: _____ 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
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Street Address (include apartment number if applicable)

City	State	Zip
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List family member in your home country to contact in case of an emergency:

Last or Family Name	First name	Telephone number and country code
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Street Address

City	State/Province	Country	Postal Code
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Medical Insurance

All international students are required to purchase medical insurance each semester.

All international students are required to purchase their health insurance through a College of the Siskiyous selected health insurance services provider. The health insurance is approximately \$900 per year (2010-2011 rate and subject to change and age determination). International students will also have the option of purchasing dental insurance.

PAYMENT FOR HEALTH INSURANCE IS REQUIRED AT THE TIME OF
REGISTRATION.

College of the Siskiyous Enrollment Services 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 Student Services Office and complete a monthly check-in form.
- ◆ Agree to purchase medical insurance each semester from COS selected provider. *(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 further 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 Enrollment Services Office.

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

Applicant's Signature: _____ Date: ___/___/___

Please mail all completed paperwork to:
College of the Siskiyous
Enrollment Services Office / Attn: M. Witherell
800 College Avenue
Weed, California USA 96094

Thank you for your interest in College of the Siskiyou!

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 Siskiyou.
- 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
<p>• Personal or family funds from abroad.</p> <p>Name of responsible party: _____</p> <p>Address: _____</p> <p>Name of Institution where funds are held _____</p>	<p>\$ _____</p>
<p>• Sponsor (person outside of family).</p> <p>Name of responsible party: _____</p> <p>Address: _____</p>	<p>\$ _____</p>
<p>• Scholarship, embassy, etc.</p> <p>Provide name and source. ***Contact your educational advisor. They must send an official letter of sponsorship to our Enrollment Services Office</p>	<p>\$ _____</p>

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** ___/___/___

Parent/Sponsor Signature _____ **Date** ___/___/___
 (required if responsible for payment of all fees or bank statement is in their name.)

Estimated Expenses

Tuition rates are established by the California State Legislature and may change each year. The following estimated figures are for the 2011-2012 year and **are estimates only**.

Academic Year (2 semesters)

Tuition and fees (based on 15 units per semester) \$7470

Health Insurance is approximately \$900 per year (2010-2011 rate)

Room and Board (7 day plan/annual contract) \$8,485

Books, Supplies, Misc. Expenses \$4,026

Total \$20,881 (estimated expenses)

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

Before you submit your application for admission, be sure you have done the following:

- 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 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 the Statement of Financial Responsibility.
- Health insurance must be purchased through our selected provider, upon arrival at COS.
- Signed the Application.