

FOR OFFICE USE ONLY

Applicant: \_\_\_\_\_

S#: \_\_\_\_\_

User ID: \_\_\_\_\_

DOB: \_\_\_\_\_ (mm/dd/yyyy)



## INTERNATIONAL STUDENT APPLICATION PACKET

All documents listed in the checklist below must be included with the completed application, including all signatures required, and mailed to:

International Student Services  
College of the Siskiyous  
800 College Ave.  
Weed, CA 96067, USA

### Checklist for Completed Application

- Clearly typed or printed information.
- Answered all items on all forms.
- Enclosed check or money order for \$100.00 (U.S. Dollars and drafts are not accepted). There is an option to pay with credit card. The I-20 will not be sent until the International Student Application-Processing Fee is paid in full.
- 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. Official documents must be translated to English and currency reported in US Dollars.
- Health insurance must be purchased prior to arrival at COS.
- COVID-19 Vaccination is required prior to travel to the U.S. Submission of your vaccine record will be required after registration and prior to arrival. Do not send your vaccine record to us by e-mail. Instructions on how to submit your record will be sent at a later date. Note: Students are responsible for their own COVID-19 testing and testing arrangements for travel to and from the U.S.



# International Student Application

(For students seeking an I-20 for an F-1 Visa to attend College of the Siskiyous.)  
Note: Please type in your information, print, sign, and submit to international@siskiyous.edu.

## Applicant Information

**Name as it appears on your passport:**

\_\_\_\_\_  
Last or Surname First Name Middle Name

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Male  Female  
(Optional) dd/mm/yyyy

**Telephone No.:** \_\_\_\_\_  Single  Married  
(Please include country code if outside the U.S.)

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

**Country of Birth:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Spouse:** (If they are accompanying you to the U.S.)

\_\_\_\_\_  
Last or Surname First Name Middle Name

Home Country – Permanent Address	US Current Address (if available)
Number & Street Name	Number & Street Name
City	City
State/Province/Prefecture	State /Zip Code
Country Postal Code	

## Program Admissions Information

**Semester Applying for:**  Fall  Spring Year \_\_\_\_\_

**Educational Goal:**  Associate Degree  Associate Degree & Transfer  Transfer Only

**Major:** \_\_\_\_\_

**Educational Status:**

- First Time U.S. student (Have never taken college/university coursework.)
- U.S. Transfer Student (Courses taken at another college/university in the United States.)

## English Proficiency (Check all that apply)

- English is my country's primary/official language (Must show English courses completed in school transcripts.)
- I have completed the TOEFL (Must submit proof of scores from the Test of English as a Foreign Language found at [ETS.org](https://ets.org).)  
A minimum verification of English proficiency with a score of 60 (Internet-based) on the (TOEFL) is required.
- I have attended a U.S. College/University, High School, or English Language Program  
(Check any that apply below. Must submit letter of completion or transcript, and for an English Language Program, a catalog description of English courses taken. Transcripts/Course Completion records will be reviewed/evaluated on a case-by-case basis.)
  - KAPLAN
  - 2+ years in US high school English
  - U.S. College/University Transfer Level English

## Educational History

### Secondary (High School):

Name	City/State/Province/Country	Year Graduated
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**College(s)/University(ies):** (Please submit your transcripts to be evaluated through International Education Research Foundation at [IERF.org](https://ierf.org). Transcripts must be translated to English.)

Name	City/State/Province/Country	Attendance Dates
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Name	City/State/Province/Country	Attendance Dates
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Do you have a Bachelor's Degree  Yes  No

## Emergency Contact Information

List any family member or friend in the U.S. to contact in case of an emergency:

Last or Surname	First Name	Telephone Number
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Street Address (include apartment number if applicable)	City
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List a family member in your **home country** to contact in case of an emergency:

Last or Surname	First Name	Telephone Number
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Number and Street Name	City
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State/Province/Prefecture	Country	Postal Code
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## 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.

\_\_\_\_\_ I understand that proof of HEALTH INSURANCE IS REQUIRED at the time of arrival and check-in  
(Initials) with the Designated School Official (DSO) prior to the start of classes.

## Statement of Financial Responsibility, Certification, and Acknowledgement

U.S. visa regulations require that you have adequate funds for your studies. Please provide (in U.S. dollars) all associated bank statements or certified letters from your financial institution, not more than six months old, which lists funds available of the required amount or more (in English).

If any of the following is incomplete or you do not meet the financial requirements, your application will not be processed.

### Estimated Expenses

Tuition rates are established by the California State Legislature and may change each year. The following estimated figures are based on the 2021-2022 year and are estimates only.

The following estimated expenses are based on an **academic year**, 2 semesters (fall and spring), and does not include short-term sessions such as winter or summer.

\$9,072 Tuition and Fees (based on 12 units per semester) <http://www.siskiyous.edu/admissions/tuition.htm>

\$8,700 Room and Board (based on [Estimated Cost of Attendance](#) for non-residents living on campus.

\$1,228 Books, Supplies, and Misc. Expenses

\$19,000 Total estimated expenses, not including health insurance or personal care expenses.

I, \_\_\_\_\_ **affirm the following:**

(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 to 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 above.

Source of Funds (List all sources below. See instructions concerning bank statements above.)	Amount
<input type="checkbox"/> <b>Personal or family funds from abroad</b> <hr/> Name of responsible party <hr/> Address <hr/> Signature of account holder	\$ _____ (USD)
<input type="checkbox"/> <b>Sponsor (person outside of family)</b> <hr/> Name of responsible party <hr/> Address <hr/> Signature of account holder	\$ _____ (USD)

Source of Funds (Continued)	Amount
<input type="checkbox"/> <b>Scholarship, embassy, etc.</b> <hr/> Name of source The organization or embassy providing the scholarship must send an official letter of sponsorship, including the amount of your scholarship in U.S. Dollars.	\$ _____ (USD)
<b>Certification and Acknowledgement</b> 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 acknowledge and understand that admission to, or enrollment at College of the Siskiyous may be denied if any information is found to be incomplete or inaccurate. 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.  <b>Signature</b> _____	

**How did you hear about College of the Siskiyous?** (Check all that apply)

- A friend or family member
- I attended an Educational Fair: City \_\_\_\_\_
- Study in the States ([www.studyinthestates.dhs.gov](http://www.studyinthestates.dhs.gov))
- My own research
- Social Media or College of the Siskiyous website
- Other \_\_\_\_\_