INTERNATIONAL STUDENT APPLICATION PACKET

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AFFIRMATIVE ACTION STATEMENT

Cape Cod Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964 and other applicable statutes and College policies. Cape Cod Community College prohibits sexual harassment, including sexual violence. Inquiries or complaints regarding the Americans with Disabilities Act, the Rehabilitation Act and related statutes and regulations shall be directed to the College’s Affirmative Action Officer, at the number and address below. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College’s Affirmative Action Officer and Title IX Coordinator, Associate Vice President, Human Resources, P. Paul Alexander, located in the Nickerson Administration Building, (508)362-2131 x4307, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education’s Office for Civil Rights.
# ESTIMATED BUDGET FOR INTERNATIONAL STUDENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, Fees, Books and Supplies (Academic Year)</td>
<td>$13,204.00</td>
</tr>
<tr>
<td>Based on the legal requirement that international students must be full-time students with 12 credits in the fall and spring semesters.</td>
<td></td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$12,500.00</td>
</tr>
<tr>
<td>Assumes you are sharing an apartment with other students and includes basic utilities, transportation, food and recreational allowance.</td>
<td></td>
</tr>
<tr>
<td>Health and Medical Insurance</td>
<td>$2,390.00</td>
</tr>
<tr>
<td>All international students are required to participate in a comprehensive health insurance plan. It is a basic policy that covers you if you are sick or if you need emergency medical services. If you have health insurance from another source, you can waive this fee by showing proof.</td>
<td></td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$28,094.00</strong></td>
</tr>
</tbody>
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Cape Cod Community College
Admissions Office
2240 Iyannough Road
West Barnstable, MA 02668
774.330.4311
ADMISSIONS DOCUMENT CHECKLIST

Use this checklist to make sure you have submitted a complete application to Cape Cod Community College. The following items are to be submitted in one packet.

2. Official high school diploma or foreign equivalent, submitted as originals or certified copies. If documents are not in English, an official English translation must be submitted along with your documents.
   a. You must submit an evaluation by the Center for Educational documentation (CED) www.cedevaluations.com or World Education Services (WES) www.wes.org upon request.
3. If English is not your first language, you are required to provide proof of your English Proficiency:
   a. You must provide TOEFL scores sent directly from ETS (CCCD code: 3289)
   b. Minimum scores: 68 (IBT), 520 (written), 190 (computer)
4. If you are in the United States, you are not required to submit a TOEFL score, but you must:
   a. Score 68 or above on the Cape Cod Community College basic assessment test in English or
   b. Have completed an English Composition I course at a US college or university.
5. Copy of your passport, your current I-20, as well as any previous I-20s issued to you.
6. Copy of your current visa and I-94 card, as well as any extensions or previous changes of visa status since your last entry into the United States.
7. *An official financial statement showing sufficient funds in a bank account to cover total educational and living expenses for one year. The amount must be a minimum or $28,094 US dollars.
8. *If you receive financial support from a sponsor, a notarized Affidavit of Support Form must be completed and submitted stating that the sponsor will be responsible for your educational and living expenses for the duration of your studies at Cape Cod Community College. Your sponsor’s official bank statement, dated within 6 months, must also be submitted.
9. Completed Physicians Immunization Verification Form; you are required to have the following vaccinations: Hepatitis B, Two doses of MMR, Varicella, Tdap, Meningococcal
10. Completed International Student Transfer Report, if you are transferring from another institution to Cape Cod Community College.

*All deferred students must submit new and up-to-date documentation for 7 and 8 (see above).

Send your packet to:

Cape Cod Community College
Admissions Office
2240 Iyannough Road
West Barnstable, MA 02668
Phone: 774.330.4311
FAX: 508.375.4089
EMAIL: admiss@capecod.edu
How to apply for a student visa in your country:

1. After you are accepted, Cape Cod Community College will provide you with an I-20 form that indicates that you are eligible for a student visa.
2. Pay SEVIS fee. Visit: www.FMJfee.com
3. Schedule an appointment with the U.S. Embassy.
4. Go to a United States Embassy or Consulate to apply for a student (F-1) visa.

Make sure you have all the required documentation for your visa interview, including your Affidavit of Support, your sponsor’s official financial statement, the I-20 and the acceptance letter from Cape Cod Community College, and your valid passport.

For more information on obtaining your student visa, review the Study in the States website: www.studyinthestates.dhs.gov

For additional information and to find a Visa Advising Center near you to assist you, visit the EducationUSA website: www.educationusa.info

Application deadlines for international students:

<table>
<thead>
<tr>
<th></th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students outside the US</td>
<td>June 1</td>
<td>December 1</td>
</tr>
</tbody>
</table>
INTERNATIONAL STUDENT APPLICATION
FOR ADMISSIONS

Please refer to the Admissions Checklist for mailing instructions. Please use black or blue ink.

DATE OF APPLICATION: ____________________________

LAST NAME/FAMILY NAME __________________________ FIRST NAME __________________________ MIDDLE NAME (if any) __________________________

SEMESTER YOU PLAN TO START AT Cape Cod Community College [ ] Fall (September) [ ] Spring (January)

ARE YOU CURRENTLY IN THE US? [ ] YES [ ] NO

IF YOU ARE IN THE US, LIST THE TYPE OF VISA STAMPED IN YOUR PASSPORT: __________________________

VISA ISSUE DATE: __________________________ VISA EXPIRATION DATE: __________________________

I-94 ARRIVAL DATE: __________________________ 1-94 EXPIRATION DATE: __________________________

LIST HIGH SCHOOL YOU HAVE ATTENDED/GRADUATED:

_________________________________________ __________________________
NAME OF HIGH SCHOOL YEAR STARTED YEAR GRADUATED

LIST ANY COLLEGES AND/OR POST HIGH SCHOOL INSTITUTIONS YOU HAVE ATTENDED:

_________________________________________ __________________________ __________________________
Name of College State Country

_________________________________________ __________________________ __________________________
Name of College State Country

Highest degree earned: [ ] High School or equivalent [ ] Associates degree [ ] Bachelor’s degree

Please check one:

[ ] First time enrolling at any college for credit [ ] Transferring from another college or university

[ ] Applying to General Studies to complete prerequisites

[ ] Returning to CCCC from an absence, non-graduate, or degree program? [ ] Yes [ ] No

Are you requesting transfer credit? [ ] Yes [ ] No

To which program are you applying? (See academic programs sheet): __________________________

Do you plan to transfer to a four-year college? [ ] Yes [ ] No

I certify that all information stated on this application is accurate and complete.

_________________________________________ __________________________
Student’s signature Date
Please refer to the Admissions Checklist for mailing instructions. Please use black or blue ink.

Please also include a copy of your passport, and birth certificate or marriage certificate (required for dependents) with this form. A current bank statement, providing evidence of a minimum of USD $28,089 per year to support your study must be attached to the Affidavit of Support Form. The I-20 form will only be issued after the International Student Services Office has received all required documents. If you have dependents who will apply for F-2 visas, please provide their names, date of birth, and relationship to you on a separate sheet. An additional USD $5,000 per year per dependent must be included in your bank statement.

DATE OF APPLICATION: ___________________________ DATE OF BIRTH: ___________________________

Month Day Year

LAST NAME/FAMILY NAME ___________________ FIRST NAME ___________________ MIDDLE NAME (if any) ___________________

HOME COUNTRY ADDRESS (REQUIRED)

STREET ___________________ APARTMENT # ___________________

CITY/STATE/COUNTRY/POSTAL CODE ___________________

TELEPHONE ___________________

EMAIL ADDRESS ___________________

GENDER: ☐ FEMALE ☐ MALE

COUNTRY OF CITIZENSHIP: ___________________

COUNTRY OF BIRTH: ___________________

WHERE SHOULD WE SEND THE I-20? ☐ HOME COUNTRY ☐ US ADDRESS ☐ WILL PICK UP

SEMESTER YOU PLAN TO START AT CAPE COD COMMUNITY COLLEGE: ☐ FALL (September) ☐ SPRING (January)

ACADEMIC PROGRAM OF STUDY: ___________________

STUDENTS CURRENTLY IN THE U.S. MUST ANSWER THE FOLLOWING QUESTIONS:

IF YOU CURRENTLY HOLD A VISA TO BE IN THE US, WHAT TYPE OF VISA DO YOU HOLD? ___________________

EXPIRATION DATE OF VISA? ___________________
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>NAME (PLEASE PRINT):</strong></td>
<td><strong>STUDENT ID#: ______________________</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>LAST NAME/FAMILY NAME</strong></td>
<td><strong>FIRST NAME</strong></td>
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<td></td>
<td><strong>MIDDLE NAME (if any)</strong></td>
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<td></td>
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<tr>
<td><strong>EMERGENCY CONTACT (in your home country):</strong></td>
<td><strong>EMERGENCY CONTACT (in the United States):</strong></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NAME</strong></td>
<td><strong>NAME</strong></td>
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<tr>
<td><strong>STREET</strong></td>
<td><strong>STREET</strong></td>
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<tr>
<td><strong>APARTMENT #</strong></td>
<td><strong>APARTMENT #</strong></td>
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<td></td>
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<tr>
<td><strong>CITY/STATE/COUNTRY/POSTAL CODE</strong></td>
<td><strong>CITY/STATE/COUNTRY/POSTAL CODE</strong></td>
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<tr>
<td><strong>TELEPHONE</strong></td>
<td><strong>TELEPHONE</strong></td>
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<td></td>
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<tr>
<td><strong>MOBILE PHONE</strong></td>
<td><strong>MOBILE PHONE</strong></td>
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<tr>
<td><strong>EMAIL ADDRESS</strong></td>
<td><strong>EMAIL ADDRESS</strong></td>
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<td></td>
<td></td>
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<tr>
<td><strong>HOME COUNTRY ADDRESS:</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>STREET ADDRESS</strong></td>
<td><strong>APARTMENT #</strong></td>
</tr>
<tr>
<td><strong>CITY</strong></td>
<td><strong>STATE</strong></td>
</tr>
<tr>
<td><strong>COUNTRY</strong></td>
<td><strong>POSTAL CODE</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an immigration situation we should be aware of?</td>
<td>☐ Yes        ☐ No</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any medical conditions we should be aware of?</td>
<td>☐ Yes        ☐ No</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
</tbody>
</table>
Please refer to the Admissions Checklist for mailing instructions.

International students and their sponsors must provide evidence of sufficient funds available to financially support two semesters of study at Cape Cod Community College. This affidavit must be signed by the sponsor, authorized by a bank official or individual authorized to certify documents, and stamped or sealed by a notary public (not the bank official/authorizing individual). An original letter with an official signature on bank letterhead must also be submitted. The letter should verify a current account balance with a minimum of USD $28,094 and indicate whether the account is in good standing.

PLEASE PRINT

I, __________________________ who reside at __________________________ Address

Being duly sworn, depose and say that it is my intent to support __________________________ Student name

In the amount of $ __________________________ (USD, United States dollar) who resides at __________________________ Student address (home country)

and comes to the United States to study at Cape Cod Community College and resides at __________________________ (Student’s U.S. address, if known)

I have enclosed proof of this funding in the form of an original statement or letter from a bank, dated within the past six months, showing funds in USD. I further certify that these funds are readily accessible for use in the United States.

Sponsor’s signature __________________________ Date: __________________________

Please note that Cape Cod Community College requires an original bank statement or letter from a bank. If you need to retain an original copy, please request multiple original copies from your bank or sponsor.

Signature and statement signed and sworn before me:

________________________________________

Signature of Notary Public, bank official

________________________________________

Address, location

________________________________________

Date

Stamp or seal required
F-1 student, you have been admitted to the United States for “Duration of Status.” You are permitted to stay in the United States as long as you maintain your F-1 status by fulfilling the requirements of being an F-1 student. If you won’t comply with the rules outlined below, you will lose F-1 status.

U.S. Citizenship and Immigration Services (USCIS) requires that you must follow the regulations listed below in order to maintain your student status:

- Enroll and maintain a minimum of 12 credits every Fall and Spring semester. F-1 students may enroll only for one distant learning class per semester. If you fall below 12 credits, you will lose your F-1 status and must apply for reinstatement or leave the United States immediately.
- You may withdraw from a class, only after you obtain an approval from the Dean of Enrollment and Advising.
- Maintain satisfactory progress (overall GPA of C or better) towards completing the course of study.
- Report any changes of address, program of study, sponsorship, or name change to the Dean of Enrollment Management and Advising Services within ten business days.
- Maintain a valid passport at all times.
- Work only on campus.
- Apply for a program extension if you cannot complete your degree by the ending date listed on your SEVIS I-20. You must apply for the extension 30 days before the expiration date.

I certify that I have read the above statements about maintaining my F-1 status in the United States. I realize that it is my responsibility to understand and follow regulations pertaining to my legal rights.

________________________________________
Student Signature

________________________________________
Student Name (please print)

________________________________________
Student ID number

________________________________________
Date
Please read this form carefully and sign in the space provided. Then give it to your International Student Advisor at the institution you are currently attending or last attended. The International Student Services Office must receive this form before an I-20 can be issued.

I, ____________________________, grant permission for the information on this form to be released to Cape Cod Community College.

Student name _______________________ Date of Birth __________

This section is for the International Student Advisor at the institution you are currently attending or last attended. Please note that Cape Cod Community College will not accept completed or terminated records.

Please scan this completed document and email to: admis@capecod.edu

I would like my student records to be transferred to:

Cape Cod Community College
2240 Iyannough Road
West Barnstable, MA 02668

SEVIS campus code BOS214F00607000

Date of most recent enrollment: ___________________________

Is the student eligible to continue at your institution? □ YES □ NO

To your knowledge, has the student met all obligations to the Department of Homeland Security? □ YES □ NO

To your knowledge, has the student met all financial obligations to your institution? □ YES □ NO

SEVIS ID number ___________________________

SEVIS Transfer Release Date: ___________________________

International student advisor’s name ____________________________ Title ____________________________

Name of Institution _______________________________________

Mailing Address __________________________________________

Email Address ___________________________________________ Telephone Number ____________________________

Signature ____________________________ Date ____________________________

Additional Comments: ____________________________________________