



INTERNATIONAL STUDENT

Application Checklist

Must be completed and returned with application
Please read this form carefully – All boxes need to be checked off

NAME _____ COUNTRY OF CITIZENSHIP _____

MAJOR WHILE STUDYING IN US _____ IN COUNTRY (US) OR IN HOME COUNTRY? (Circle one)

1. _____ Application form (circle semester applying for): **FALL** **SPRING** Year _____
2. _____ Application fee of \$100.00 U.S. Dollars made out to "West Valley College". **THIS FEE MUST BE INCLUDED IN YOUR APPLICATION PACKET FOR WVC TO REVIEW YOUR FILE**
3. _____ Confidential financial statement (attached to application). Student should have financial resources of **\$16,500/one academic year. Bank statements should be in US Dollar equivalents.**
4. _____ An original bank statement on letterhead (**bank statement to be current within 1 month of application**). **Bank statements over 3 months old will not be reviewed.**
5. _____ High school **or** university transcripts. **English translations required** – official transcripts req. if attending U.S. school or University. (Must be in a sealed envelope when from US College or school).
6. _____ Transfer status letter (enclosed in application packet). Only send if transferring from a US school, college, or university **IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20**
7. _____ Official copy of TOEFL/STEP Eiken score. If test has not been taken, date test will be taken on _____ TOEFL/STEP Eiken score _____ Date taken _____ Is English your primary spoken/written language? _____ TOEFL/STEP Eiken waiver request? Yes/ No Explain _____
8. _____ VISA and I-94 copy. State current visa status _____ **IN COUNTRY APPLICANTS ONLY**
9. _____ I-20 copy (front and back). **IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20**
10. _____ Copy of Passport page showing student's full legal name, date of birth & passport expiration date.
11. _____ **Medical insurance is required.** Health insurance plan info provided at orientation once accepted to WVC. **If you do not have insurance, check the box**
12. _____ Proof of medical and immunization clearance-**see attached medical checklist** (attach copy of medical tests and records). **Medical immunization clearance is required for I-20 issuance.**
13. _____ Handwritten statement of purpose/intent – why do you want to study in the United States?
14. _____ Current passport size photograph of prospective student for file (passport size photo)

For office use only – do not write below this line

Sara Patterson, PDSO _____ Dr. Wanda Wong, DSO/Counselor _____ Gail Barta, ESL Dept _____ Terry Eppley _____

Comments? _____ / _____ / _____

Issue SEVIS I-20 to student _____ yes _____ no. F or M visa? If **NO**, rejection letter sent on: date _____ by _____

Admissions:

SHAP Application _____ by _____ I-20 done _____ by _____ I-20 mailed on date _____ by _____

Copies: student file _____ I-20 mailed local _____ I-20 mailed international _____ Holds? _____

Special instructions or delivery information: _____

FOR PDSO: COS required? Yes / No - Current visa _____ SEVIS RELEASE DATE: _____ FROM: _____



INTERNATIONAL STUDENT

Confidential Financial Statement

Required for all applicants

STUDENT'S NAME: _____ DATE: _____
(Family Name, Given Name)

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP: _____

The amount of **\$16,500 US Dollars** is the minimum needed to cover college/living expenses while studying in the United States **for one academic school year- 9 months** (a Fall and Spring semester ONLY – please note that winter and summer session are not included since they are not full time required semesters).

SOURCE OF INCOME WHILE STUDYING IN THE US:

1. **Family** **(give name(s) of person/people responsible and their relationship to you)

Name _____ Relationship _____

Name _____ Relationship _____

2. **Sponsor** **(give name of person/people responsible:

Name _____ email: _____

Name _____

3. **Personal savings**** _____

4. **Scholarship**** _____ (Example: CSN) Explain: _____

5. **Other**** _____ Please explain: _____

****Financial/Bank Statement or letter of scholarship award must accompany all applications. Bank statements need to be on original letterhead, US Dollars noted – NO COPIES!**

Students who are supported by family members or sponsors must have the responsible party sign the statement below. A notarized Immigration form I-134 may be filed for US based family members that act as sponsors as well as non-related sponsors.

I, the undersigned, agree to act as sponsor for _____, an applicant for
(Student's name)

Admission to West Valley College. As a sponsor, I guarantee all expenses such as the student's education, books, room and board, supplies, transportation, insurance, and personal expenses. I also understand that the above student **will not be eligible to work off campus during his/her first academic school year at West Valley College per Department of Homeland Security regulations. Work on campus is NOT guaranteed.**

Name of Family Member OR Sponsor: _____
(Print Name)

Signature: _____ Date: _____

Home Country Address: _____

Home Country Phone /Fax # including country code: _____

Family member or Sponsor E-mail: _____



INTERNATIONAL STUDENT

Instruction Sheet – Read Carefully

West Valley College International Student Admissions
14000 Fruitvale Avenue, Saratoga, CA 95070-5698

For your application to be considered for acceptance by the International Student Selection Committee, you will need to make sure that you follow instructions and submit a **COMPLETE PACKAGE** – otherwise you will not be considered for admission to West Valley College.

The following must be on file by the deadline for your application to be reviewed and considered for admission:

1. A West Valley College Application for Admission (make sure that you sign it) and \$100 application fee.
2. Application checklist (please make sure that each item is checked off or if it is non-applicable list N/A)
3. An **official TOEFL or STEP Eiken score** – **please do not submit a copy** (500 score on paper test or 173 on computer version, 61 Internet based test or Pre-1 level on STEP Eiken test - a TOEFL test older than 2 years from date taken is considered invalid).
4. **OFFICIAL** Transcripts from your high school, language school and/or college (university) must accompany your application. An English translation is required if they are not in English.
5. If you have attended a Language School, College or University in the USA, you must submit a Transfer/Status letter (enclosed in your application packet) to confirm your status and your ability to transfer. This letter must be filled out/signed by a school DSO/PDSO. If applying from outside the USA, this requirement does not apply to you (N/A).
6. An original bank statement, on official bank letterhead must accompany your confidential financial statement (enclosed in your application packet). The bank statement should be current to within one month of your application. **Applications with bank statements older than 3 months will not be reviewed. A United States dollar equivalent must accompany your bank statement, if submitted from a foreign bank source. Failure to follow these instructions will delay review of your application.**
7. Completed Medical/Immunization record. Tuberculosis test must be negative and within 60 days of application. **If presenting a positive Mantoux Tuberculosis test, a physician cleared chest x-ray report (do not send us your x-ray picture just the report) will be required.** All immunizations must be current. Medical forms from previous colleges may be used for admission and must be signed by a physician/doctor and stamped official.
8. **IN COUNTRY APPLICANTS:** Submit copies verifying your current visa status, including I-94, visa page and passport picture page showing passport expiration date. B visitor visa students must change status to F-1 **BEFORE** they will be allowed to attend West Valley College per USA Immigration requirements. Please contact PDSO, Sara Patterson at (408) 741-2694 or email: sara_patterson@westvalley.edu if you have questions regarding any of the above information.



West Valley College Transfer Eligibility/Status Letter

In Country Applicants ONLY

This letter is to confirm whether your student is eligible to transfer to another US based school in the SEVIS system. Students fill out Part 1 – Advisors/PDSO/DSO please fill out Part 2.

Part 1. This portion is to be filled out by the student **ONLY** if attending a USA based school, college or university:

**Student's name _____

Current Address _____

Street name and number _____

City _____ State _____ Zip code _____

Telephone _____ E-mail _____

I give permission for my present school to release the information requested on this form (must be signed).

Signature _____ Date _____

Part 2. *TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR/COUNSELOR/PDSO/DSO:**

Please fill out the following areas and check all that apply to your student.

Admission number _____

SEVIS ID # (if available) _____

Current I-20 End Date _____

1. Is this student currently attending the school that s/he was last authorized by the ICE to attend? Yes No

- Student did not report to this school
- Student reported to this school, but did not complete registration or attend classes.
- Student is currently enrolled in a full-time program, and has been enrolled since _____
- Student began studying in this program on _____ and completed the course of study on _____
- Student did not complete the course of study. His/her last day of attendance was _____
- Student is in reinstatement or change of status proceedings, the WAC number, if known, is _____
- Other _____

2. Has this student cleared all financial obligations with your institution? Yes No

If no, please explain on the reverse side.

3. To the best of your knowledge, is this student "in-status" with the DHS? Yes No

If no, please explain on the reverse side.

Signature of School P/DSO-Advisor/Counselor _____ Name & Title _____

School Address _____ Phone Number including area code _____

Date _____ [School Seal]

Please return this form to: West Valley College, Sara W. Patterson, PDSO or Dr. Wanda Wong, DSO International Student Admissions Office, 14000 Fruitvale Avenue, Saratoga, CA 95070-5698

*****Advisors: Please note - Sealed forms are required, sent by you, not the student - Transfer Clearance Forms will not be accepted if unsealed. This form needs to be sent directly from the DSO/PDSO to our college at the above address.**



APPLICATION FOR ADMISSION

Admissions Office
14000 Fruitvale Avenue
Saratoga, California 95070-5698
408-741-2001

Thank you for your interest in **West Valley College**. In selecting our college, you have chosen to attend one of California's finest community colleges. West Valley College students have a long and honored tradition of academic excellence and success.

Your success is our top priority. To help ensure that you succeed in achieving both your academic and career goals, we ask that you complete the following steps as they apply to your needs.

Supervisor of Admissions and Records

Eligibility

To be eligible for admission you must be:

- A. A high school graduate or equivalent, **or**
- B. 18 years of age or older on the day before the first day of the semester for which you are applying, **or**
- C. An elementary or high school student who has permission from your school to attend West Valley.

STEPS FOR ADMISSIONS

1. Submit Application (*everyone*)

- A. Print clearly and complete the entire application. Be sure to sign and date it.
- B. Either mail the application to address above or deliver it in person to the Admissions Office.
- C. If you are not 18 years of age by the day before the first day of the semester for which you are applying, you must furnish proof that you are either a high school graduate or have successfully completed the California High School Proficiency Examination (CHSPE) or earned a General Educational Development Diploma (GED).
- D. If you are enrolled in elementary or high school, you must submit the appropriate Concurrent Enrollment form signed by your principal or counselor along with your application.

2. Complete Assessment (*as needed*)

- A. You should take placement tests if:
 - 1. You are a first-time college student planning to work toward a degree or certificate at this college **or** to transfer to a 4-year college. Assessment should be completed prior to attending orientation.
 - 2. You plan to take an English, ESL, or a reading course where assessment is a prerequisite.
- B. Assessment is not necessary if you can provide the Assessment Office (Counseling Bldg. - Rm 27) with either test scores from another college that clearly identify eligibility, **or** transcripts with a grade of "C" or better in appropriate college courses. Unofficial transcripts or grade reports are acceptable.
- C. Refer to the West Valley College Class Schedule for the assessment sessions offered. For further information, call the Assessment Office at 408-741-2035.

3. Attend Orientation (*as needed*)

Orientation is strongly recommended for all new first-time college students planning to work toward a degree or certificate at West Valley or to transfer to a 4-year college. Refer to the West Valley College Class Schedule for orientation offerings.

4. Clear Prerequisites (*as needed*)

If you have completed a course prerequisite at another college or in high school, you will need to submit a copy of your transcript to the Assessment Office (Counseling Bldg. - Rm 27) prior to your registration date. Unofficial transcripts or grade reports are acceptable.

5. Register for Classes (*everyone*)

The Admissions Office will notify you of your registration date and PIN number when your completed application is submitted. Refer to the West Valley College Class Schedule for registration procedures.

6. Pay Fees (*everyone*)

Payment may be made in person at the Cashier's Window in the Admissions Office or mailed to the address listed in the class schedule.

Visit our web site to view the current class schedule.

www.westvalley.edu/wvc



WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

APPLICATION FOR ADMISSION

This application is for:

West Valley College Mission College

Term:

Year

summer

fall

spring

FOR OFFICE USE ONLY	ID #	Res Code	Reg Date	Initials	Date
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PRINT CLEARLY

(NAE)

1. Legal Name (as it appears on your Social Security Card)

Last First Middle

Other names I have used at this College

Last First Middle

2. Mailing Address

Number or PO Box Street Apt. No.

City State Zip Code

County Country

Home address if different from above

Number or PO Box Street Apt. No.

City State Zip Code

3. Phone Home () _____

Business () _____

Cell/Pager () _____

4. Social Security #

5. Birth Date _____ Age _____
Month Day Year

Place of Birth _____
State or Country

6. Predominant Ethnic Background (Enter the letters in the box.)

- | | | |
|-----------------|----------------------------|---------------------------|
| A. Asian | B. African-Amer./Non-White | P. Pacific Islander |
| AC Chinese | F. Filipino | PG Guamanian |
| AI Asian Indian | H. Hispanic | PH Hawaiian |
| AJ Japanese | HM Mexican American | PS Samoan |
| AK Korean | HR Central American | PX Other Pacific Islander |
| AL Laotian | HS South American | W. White |
| AM Cambodian | HX Other Hispanic | X. Unknown |
| AV Vietnamese | N. American Indian | XD Decline to state |
| AX Other Asian | O. Other Non-White | |

7. Gender Male Female

8. (INT) e-mail address _____

9. Program of study you intend to pursue at this college. (SHAP)

AA/AS _____ Transfer _____ Certificate _____ Undecided _____

Major (select from opposite page) _____

10. Admit Status (Enter number in the box.)

- (1) First time college student
- (2) Previously attended another college
- (3) Returning transfer to West Valley-Mission CCD
- (4) Returning to West Valley-Mission CCD
- (5) Continuing
- (6) Concurrent enrollment (Grade K-12)

11. Educational Goals (Enter letter in the box.)

- A Transfer to a 4-year college with associate degree
- B Transfer to a 4-year college without associate degree
- C Associate degree without transfer
- D Associate degree, occupational major
- E Occupational certificate program
- F Formulate career interest
- G Prepare for a new career
- H Update job skills
- I Licensing requirements
- J Personal interest/educational development
- K Improve basic skills
- L Obtain High School diploma/GED
- M Undecided

12. Citizenship/Immigration Status (F₂ FINF)

Are you a United States citizen? Yes No (1)

If NO, indicate your immigration status by checking the appropriate box below and entering the date issued.

- Permanent Resident - Alien # _____ (2)
Date issued _____
- Temporary Resident Date issued _____ (3)
- Refugee/Asylee/Amnesty recipient/Parolee (4)
Date issued _____
- Student visa (F-1 or M-1) Date issued _____ (5)
- Other (specify) _____ (6)
Date issued _____
- Status Unknown (7)

Of which country are you a citizen? (SHAP)

13. Language

Is English your primary spoken language? Yes (E) No

If NO, what is your primary language? _____

14. Residency Status

Have you lived in California for at least the last 2 years?

Yes No

If NO, date of entry _____ (Check the box below.)

Foreign Country Resident Out-of-state Resident

15. Special Services (Check all areas that may be of interest.)

- | | |
|---|--|
| <input type="checkbox"/> Adult Re-Entry (AR) | <input type="checkbox"/> Financial Aid (FA) |
| <input type="checkbox"/> Basic Skills (BS) | <input type="checkbox"/> Health Services (HS) |
| <input type="checkbox"/> Campus Clubs & Organ. (CO) | <input type="checkbox"/> Honors Program (HP) |
| <input type="checkbox"/> Career Planning (CP) | <input type="checkbox"/> Job Placement (EA) |
| <input type="checkbox"/> Child Care (CC) | <input type="checkbox"/> TANF/CALWorks (TW) |
| <input type="checkbox"/> Counseling Services (CS) | <input type="checkbox"/> Testing/Assessment (TA) |
| <input type="checkbox"/> Disabled Student Services (DS) | <input type="checkbox"/> Transfer Services (TR) |
| <input type="checkbox"/> Employment Assistance (EA) | <input type="checkbox"/> Tutorial Services (TI) |
| <input type="checkbox"/> English as a Second Lang. (ES) | <input type="checkbox"/> Veteran Affairs (VA) |
| <input type="checkbox"/> EOPS (EO) | <input type="checkbox"/> Work Experience (WE) |

CONTINUE →

16. Do you plan to apply for Financial Aid? Yes No

17. Do you plan to work while attending college? Yes No

If yes, how many hours per week? _____

18. Student Type Select the highest level of education you have completed and enter the appropriate number/letter in the box.

- (8) Bachelor's Degree or higher
(7) Associate Degree
(6) Foreign High School Graduate
(5) High School Proficiency Certificate
(4) Received GED or CA Equivalency
(3) Received High School Diploma
(2) Currently Enrolled in Adult School
(1) Concurrently Enrolled (Grade K-12)
(N) Not Graduate/Not High School Enrolled

19. Directory Information Release (Addnl Info F2 BIO)

May your name, address, phone number, class schedule, dates of attendance, and degrees earned be released without your written consent?

Yes No

20. Last high school or K-8 grade school attended (SHAP)

School County State

Graduated? Yes No

If Yes, month and year graduated ___/___/___

If No, anticipated month and year of graduation ___/___/___ or year of last attendance ___

High School GPA _____

21. College you attended most recently (other than this college)

College State

Year of last attendance ___

Highest college degree received Date

College if different from above _____

22. College to which you wish to transfer

UC CSU Private Other

College

City State

23. Parents' highest educational level completed

(Enter the appropriate letter on the line indicated.)

(A) K-12 (B) Some college (C) College graduate

Father Mother

24. What is your family income? (optional)

25. Are you a Single Head of Household? Yes No (optional)

26. How many dependents do you have? (optional)

27. What is the primary reason you decided to enroll at this college?

28. STATEMENT OF LEGAL RESIDENCE

To be completed by students who answered NO to question #14.

Do you intend California to be your permanent residence?

Yes No

Did you file California State Income Tax the last two years?

Yes No

Are you a public school credentialed employee?

Yes No

Are you a seasonal agricultural employee or dependent?

Yes No

Driver's license or ID card

State Date issued

Vehicle registration

State Date issued

Registered to vote Yes No

State Date registered

Other proof of residency in California

List states in which you have lived during the last two years including dates.

State from to

State from to

29. MILITARY AFFILIATION

To be completed by active military persons, dependents, or veterans discharged within the last year.

* Are you an active member of the military? Yes No

* Are you a dependent of an active military person?

Yes No

* When did your tour of duty begin in California?

* What is your state of legal residence on military records?

ACTIVE DUTY MILITARY PERSONS AND/OR DEPENDENTS MUST provide a statement from the Commanding Officer that assignment to California is not for educational purposes including the date of assignment to California. DEPENDENTS must also provide a letter stating that they are a dependent of a military person.

30. TO BE COMPLETED BY ALL STUDENTS

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND INFORMATION SUBMITTED ON BOTH SIDES OF THIS ADMISSION APPLICATION ARE TRUE AND CORRECT. I understand that all materials submitted by me for purposes of admission become the property of the West Valley-Mission Community College District. I also understand that falsification, withholding pertinent data or failure to report changes in residency or educational status may result in District action. Finally, in registering for future terms, I agree to provide true and correct information about any change in my educational status.

Student's Signature

Date



SEVIS I-20 REQUEST FORM

Name: _____

Last (Family)

First

Middle

Suffix

Date of Birth: _____ Gender: Male Female
mm/dd/yy

Country of Birth: _____ Country of Citizenship: _____

What is your current Visa status? _____

Type of I-20 requested

- New I-20 (Never issued I-20 from WVC)
- Replacement I-20 (Self)
- Replacement I-20 (Dependents)

Issue Reason

- Initial attendance
- Initial attendance - Change of status requested (example - From Visitor to Student Visa)
- Continued attendance: Current Session End Date _____ Next Session Start Date _____
(Extension request) mm/dd/yy mm/dd/yy
- School transfer (former school): _____
- Reinstatement requested
- Other reason: _____

Foreign address: _____
(required) Address City

Province/Territory

Country

Postal Code

U.S. address: _____
(if applicable) Address

City

State

Zip Code

Education level sought: Transfer Associate Degree Certificate

Major: _____

Is English your primary language of instruction/speaking? Yes No

New Students Only: TOEFL Score: _____ TOEFL Date: _____
mm/dd/yy

Passport #: _____ Issuing country: _____

Passport expiration date: _____ Visa#: _____ Current Visa type: _____
mm/dd/yy

City, Country of visa issuance: _____ Visa expiration date: _____
mm/dd/yy

Admission number (1-94): _____

First Port of Entry: _____ Date of entry: _____
Into USA Into USA mm/dd/yy

In what Visa status did you enter the U.S initially? _____

(over)

(#1- #5 FOR CONTINUING STUDENT USE ONLY)

1. I-20 Extension - To complete coursework toward an AA/AS or Transfer
Are you currently in status? _____

2. I-20 To Apply for Practical Training/OPT
during studies _____ vacation _____ after completion of studies _____

Social Security number: _____ - _____ - _____ *Include a copy of card

Have you applied to Records to graduate? _____ *Submit a copy of Petition to Graduate

3. I-20 Change of Major
Attach a copy of notification from the Admissions that you have changed major

Major: _____

Level of education change: _____ Certificate to Associates _____ Associates to Transfer

4. I-20 Change of Funding
Attach documentation on new funding source. Explain: _____

5. Replace a Lost I-20 or Correct I-20 (circle one)
Specify in space provided what corrections must be made: _____

(NAME CHANGES MUST BE VERIFIED BY PASSPORT)

To All Applicants

Please provide a copy of:

- Photo Page of the Passport
- Visa Page
- I-94 Card (front and back)

<p>Bank Statement Verification</p> <p>\$16,500</p> <p>\$2,500 (extra, spouse)</p> <p>\$1,000 (extra, per child)</p>

<p>Allow 5 working days for preparation of I-20. You must schedule an appointment to meet with the International Student Advisor to process your I-20. Please call Counseling Office at (408) 741-2009.</p>

Print Name: _____ Date: _____
Last First mm/dd/yy

* Signature: _____

* Email Address: _____

* (required)

Failure to provide ALL the above Information will result in a delay in your I-20 request.



International Students

Immunization History Form – Must be completed and signed by your physician (please print)

Name of Student: _____

Birth date: _____ Birth place(country): _____

Home Address(home country): _____

A note to the examining physician: West Valley College is interested in the health and welfare of all of its students and we would like to be aware of any problems our international student population might have. Do you feel that this student has any physical, mental or medical conditions that the College needs to be aware of? **If so, please describe (example: diabetes, asthma etc.):**

Immunizations Records: (include dates)

a) Measles/Mumps/Rubella #1. _____ #2. _____ or Blood Titre: _____ (req. for admission**)

b) Tuberculosis (PPD/Mantoux – must be within 60 days of application) _____ Results:

Negative _____ Positive: _____ mm induration: _____ (req. for admission**)

NOTE: If positive – 10mm, chest x- ray required. Attach physician interpreted results only of chest xray. **DO NOT send chest x- ray.** Has student taken or been prescribed Isoniazid (INH) to prevent or treat tuberculosis? Please provide dates taken: From: _____ To: _____

c) Tetanus/Diphtheria Immunization (within the last 10 years): _____

d) Hepatitis B immunity by:

Hepatitis B vaccine #1. _____ #2. _____ #3. _____ Blood Titre: _____

e) Other Immunizations? Please List: _____

Please Note: Many of the above immunizations are required by UC (University of California) and CSU (California State University) for transferring students. Immunizations may be started in the home country and completed in the US - Some are required for admission** to WVC.

Signed: _____ Medical Registration Number: _____

Print Name: _____ Date: _____

Address: _____ Stamp/Seal: _____

These records and will go to the Health Center. Please return in separate envelope to:
International Student Office, West Valley College, 14000 Fruitvale Ave., Saratoga, CA 95070, USA