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.
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)

EMAIL __________________________________

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: ________________

10/06/10
INTERNATIONAL STUDENT
Confidential Financial Statement
Required for all applicants

STUDENT'S NAME: _____________________ ___________________________________________ DATE: __________________

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: ___________________________________________________________

10/06/10
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___________ Yes  No

1. Is this student currently attending the school that s/he was last authorized by the ICE to attend? □  □

☐ 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 _____________

☐ Other _____________________________________________________________________________

2. Has this student cleared all financial obligations with your institution? □  □

If no, please explain on the reverse side.

3. To the best of your knowledge, is this student “in-status” with the DHS? □  □

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.****

10/06/10
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

10/06/10
Name: ___________________________ Last (Family) First Middle Suffix

Date of Birth: ____________ Gender: (circle one) Male  Female

Country of Birth: ______________________ Country of Citizenship: _________________

What is your current Visa status? ____________________________

**Issue Reason:**

- [ ] Initial attendance
- [ ] School transfer (former school): ____________________________

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

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 (I-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? ____________________________

**TO ALL APPLICANTS**

Please provide a copy of:

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

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.

10/06/10