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.

04/16/12
**INTERNATIONAL STUDENT Application Checklist**

**Must be completed and returned with application**

Please read this form carefully – All boxes need to be checked off

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**NAME________________________________________________________**

**COUNTRY OF CITIZENSHIP_____________________________________**

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

**EMAIL____________________________________________________**

**EMAIL____________________________________________________**

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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 $17,500/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**

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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: __________

04/16/12
STUDENT’S NAME: ____________________________ DATE: ____________________________

(Family Name, Given Name)

COUNTRY OF BIRTH: ______________________ COUNTRY OF CITIZENSHIP: ______________________

The amount of $17,500 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 sessions 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: email:)
   Name ____________________________
   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 ____________________________, an applicant for ____________________________, an applicant for

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: ____________________________________________

04/16/12
Eligibility Confirmation
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? Yes  No
   If not, please explain on the reverse side

2. 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 ________________________________

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 - Forms are required to be sent by you, not the student - This form needs to be sent directly from the DSO/PDSO to our college at the above address. 

04/16/12
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 Izoniazid (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

04/16/12
INternational Student SEVIS 1-20 Request Form

Name: ____________________________________________

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 __________________________

Province/Territory ____________________________ Country __________________________

Postal 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: _______

City, Country of visa issuance: __________________________ Visa expiration date: ___________

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: ___________

* Signature: ____________________________________________

* Email Address: ____________________________________________

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

Bank Statement Verification

$17,500
$2,500 (extra, spouse)
$1,000 (extra, per child)

04/16/12