



INTERNATIONAL STUDENT APPLICATION

Application for:

Fall 2019 admission
Deadline: June 1st 2019

Spring 2020 admission
Deadline: November 1st 2019

Name: _____ Date of Birth: _____
Last/Family First Middle Month / Day / Year

Citizen of: _____ Country of birth: _____ U.S. Social Security No: _____ - _____ - _____
(Include only if you already have one)

Male Female Married? Yes No If yes, will spouse accompany you to the United States? _____

Permanent

Foreign Address: _____

Phone Number: _____

Email: _____

Language spoken at home: _____

Official language of your country: _____

Where did you hear about Taft College? _____

LOCAL – UNITED STATES INFORMATION

If you are now in the United States answer the following:

Address: _____ Date of entry into the United States: _____

_____ Type of visa at entry to the U.S.: _____

_____ Type of visa you now hold: _____

_____ Visa Expiration date: _____

Phone Number: _____

If type of Visa has changed since you entered the United States, when did Visa change? _____

If you have an F-1 visa, what Institution issued Immigration Form I-20 to you?

Name: _____ Have you attended that institution? Yes No

Address: _____ Was this for English classes only? Yes No

_____ Number of units completed? _____

Dates attended: _____

Indicate where you want the I-20 sent: Foreign address United States address

EDUCATION

SUMMARY OF YOUR EDUCATIONAL EXPERIENCE

Show High School and College (if applicable)

Date Attended	Name of School	Location (City and Country)	Certificate, Degree or Diploma Received	Graduation Date

Years of formal study of the English language: _____ Give dates: _____

Do you have a high school diploma? Yes No Date of high school graduation: _____

Have you taken the TOEFL? Yes No Date of test: _____ Score on test: _____

**TOEFL SCORES ARE FOR ADMISSION ONLY. Upon arrival, students are required to take an assessment test to determine placement in appropriate courses.

ACADEMIC INTENT

What is your intended field of study (major)? _____

Do you wish to enroll in courses which prepare you for transfer to a 4-year college or university? Yes No

To which 4-year college or university do you plan to transfer? _____

RELEASE OF INFORMATION (OPTIONAL)

I hereby give permission to Taft College to release information concerning my student status to the following person(s):

____ Father: _____ Mother: _____

____ Sponsor: _____ Other: _____

Signature of Student: _____ Date: _____

CERTIFYING STATEMENT

I hereby certify that all information provided on this application is true and correct. I understand the presentation of false information or failure to comply with Taft College admission and registration procedures may result in my dismissal without a refund of fees paid.

Signature of Student: _____ Date: _____

ONLY APPLICATIONS WITH THE **\$100.00** NON-REFUNDABLE ADMISSIONS APPLICATION FEE WILL BE REVIEWED FOR ADMISSION TO TAFT COLLEGE

FINANCIAL ASSURANCE FORM

To be admitted as an F-1 student, documentation must be provided indicating that there are sufficient funds (a minimum of **\$21,672.00** U.S. dollars) available to cover your expenses.

		Off-Campus Housing	On-Campus Dorms
Non-resident tuition fee	30 units x \$265 per unit	\$7,950.00	\$7,950.00
Enrollment and related fees	30 units x \$ 46.00 per unit	\$1,380.00	\$1,380.00
Associate Student Body card		\$30.00	\$30.00
Housing (off campus)	\$4,000 per semester	\$8,000.00	0.00
Meals (off campus)		\$700.00	0.00
Housing (on-campus)	\$3,081 per semester (includes meal plan)	0.00	\$6,162.00
Textbooks and supplies		\$500.00	\$500.00
Transportation		\$1,000.00	\$1,000.00
Health insurance		\$510.00	\$510.00
Miscellaneous/personal expenses	\$178.00 a month	\$1,602.00	\$1,602.00
ESTIMATED TOTAL		\$21,672.00	\$19,134.00

The annual total is estimated at **\$21,672.00**. **ALL NON-RESIDENT TUITION AND ENROLLMENT FEES ARE DUE AT REGISTRATION.** International students must be full time students carrying a minimum of 12 units each semester. Students must complete 30 units per year in order to graduate in two years. Freshman students under the age of 21 may be required to live in the dorms and participate in the meal program. ****Enrollment fees are subject to change***

Please show the amount of funds available to attend Taft College. Consider exchange rates and report the funds in terms of U.S. dollars. **FUNDS MUST BE EQUAL OR MORE THAN THE ESTIMATED TOTAL OF \$21,672.00**

	First Year
Source: a. From Family.....	\$ _____
b. From Own Savings.....	\$ _____
c. From Government.....	\$ _____
d. From Sponsor (Name & Address).....	\$ _____

e. From Scholarship [not Taft College] (Name)....	\$ _____
f. From Other Source (Name).....	\$ _____
Total.....	\$ _____

Do you have finances to pay for your travel to and from the United States? Yes No

Certification by representative of bank or financial agency Certification by parent or sponsor

Our records indicate the information furnished by the applicant I certify that I will be responsible for financial support is an accurate statement of financial resources available of the applicant. of him/her for use during study in the United States.

Signature _____	Signature _____
Title, Organization _____	Relation _____
Address _____	Address _____
Date _____	Phone Number _____
Date _____	Phone Number _____

I certify that all information on this form is correct; I understand that any falsification or withholding of information in completing the financial assurance form shall be grounds for dismissal.

Signature of Student _____ Date _____

MEDICAL INSURANCE AFFIDAVIT

All international students are required to purchase medical insurance. Failure to do so may result in dismissal from the college.

PLEASE CHOOSE ONE OF THE FOLLOWING:

___ I hereby submit the attached evidence of my health and medical insurance. This insurance will cover the usual and normal costs that might incur due to accident and or illness while in attendance at Taft College.

Name of Insurance Carrier: _____

Policy Number of Identification: _____

Policy Expiration Date: _____

Address of Insurance Carrier: _____

(Please attach a copy of your medical card or policy)

___ I hereby agree to purchase health and medical insurance before the end of the second week of classes and maintain medical coverage during my entire period of attendance at Taft College. I will present evidence of continuous coverage to the Admissions Office.

Student's name – please print

Student's signature

Date

INTERNATIONAL CHECKLIST OF REQUIRED MATERIALS

I HAVE
COMPLETED AND SUBMITTED THE FOLLOWING:

All forms, information, documentation and fees must be submitted before your application will be evaluated. All documentation must be submitted in English. Please check each one off when completed and return checklist with the required forms.

- INTERNATIONAL STUDENT APPLICATION
- \$100.00 APPLICATION FEE (PAYABLE TO TAFT COLLEGE) *NON-REFUNDABLE
- RESIDENCE HALL (DORM) APPLICATION
- \$150.00 RESIDENCE HALL SECURITY DEPOSIT (PAYABLE TO TAFT COLLEGE)
*Dorms are available on a first come, first served basis. Please contact dorm supervisor for availability.
- HIGH SCHOOL TRANSCRIPT (INDICATING DATE OF GRADUATION AND GPA)
- OFFICAL COLLEGE TRANSCRIPTS (IF APPLICABLE)
- FINANCIAL ASSURANCE FORM (MUST ATTACH VERIFICATION OF FUNDS AVAILABLE)
- PROOF OF IMMUNIZATIONS
- PROOF OF ENGLISH PROFICIENCY (FOR NON-ENGLISH NATIVE SPEAKERS)
 - OFFICIAL TOEFL SCORE REPORT REQUIRED
- MEDICAL INSURANCE AFFIDAVIT
- PROOF OF HEALTH INSURANCE
- OR
- I WILL PURCHASE INSURANCE UPON ARRIVAL