



International Student Application

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 off each box when the task is completed and return checklist with the required forms.

<input type="checkbox"/>	INTERNATIONAL STUDENT APPLICATION
<input type="checkbox"/>	\$100.00 APPLICATION FEE (PAYABLE TO TAFT COLLEGE) * NON-REFUNDABLE
<input type="checkbox"/>	RESIDENCE HALL (DORM) APPLICATION
<input type="checkbox"/>	\$150.00 RESIDENCE HALL SECURITY DEPOSIT (PAYABLE TO TAFT COLLEGE)
<input type="checkbox"/>	HIGH SCHOOL TRANSCRIPT (INDICATING DATE OF GRADUATION AND GPA)
<input type="checkbox"/>	OFFICIAL COLLEGE TRANSCRIPTS (IF APPLICABLE)
<input type="checkbox"/>	FINANCIAL ASSURANCE FORM (MUST ATTACH VERIFICATION OF FUNDS AVAILABLE)
<input type="checkbox"/>	PROOF OF IMMUNIZATIONS
<input type="checkbox"/>	PROOF OF ENGLISH PROFICIENCY (FOR NON-ENGLISH NATIVE SPEAKERS)
<input type="checkbox"/>	OFFICIAL TOEFL SCORE REPORT INCLUDED
<input type="checkbox"/>	MEDICAL INSURANCE AFFIDAVIT
<input type="checkbox"/>	PROOF OF HEALTH INSURANCE
	OR
<input type="checkbox"/>	I WILL PURCHASE INSURANCE UPON ARRIVAL



Admissions and Records

International Student Application

APPLICATION TERM:

- Fall 2020 Admission (Deadline: June 1st, 2020)
 Spring 2021 Admission (Deadline: November 1st, 2020)

STUDENT DEMOGRAPHICS (Taft College Student ID Number: _____)

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

Citizen of: _____ Country of Birth: _____ U.S. Security No: _____
Include only if you already have one

Gender: Male Female Other

Married: Yes No If Yes, will your spouse accompany you to the U.S.?: _____

Permanent Foreign Address: _____

Phone Number: _____

Email: _____

Language spoken at home: _____ Official language of your country?: _____

LOCAL—UNITED STATES INFORMATION

If you are currently in the United States, please provide the following:

Address: _____

Phone Number: _____

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: _____

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

Name: _____

Address: _____

Have you attended that institution? Yes No 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



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SUMMARY OF EDUCATIONAL EXPERIENCE (cont.)

Year of formal study of the English language: _____ Give Dates: _____

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

Have you taken the TOEFL?: (Yes or 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? _____

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..... Name: _____

Mother.... Name: _____

Sponsor... Name: _____

Other..... Name: _____

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 Admissions and Registration procedure 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.**



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FINANCIAL ASSURANCE FORM

To be admitted as an F-1 Student, documentation must be provided indicating that there are sufficient funds (a minimum of **\$22,422.00** U.S. dollars) available to cover your expenses.

		<u>Off-Campus Housing</u>	<u>On-Campus Housing</u>
Non-resident tuition fee	30 Units X \$290.00	\$8,700.00	\$8,700.00
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)	\$4,000.00 per semester	\$8,000.00	\$0.00
Meals (Off-Campus)		\$700.00	\$0.00
Housing (On-Campus)	\$3,081 per semester	\$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 Expense	\$178.00 a month	\$1,602.00	\$1,602.00
Estimated Total:		\$22,422.00	\$19,884.00

The annual total is estimated at **\$22,422.00**. ALL NON-RESIDENT TUITION AND ENROLLMENT FEES ARE DUE AT REGISTRATION. International students must be full time students carrying a minimum of 12 units per 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 TO OR GREATER THAN THE ESTIMATED TOTAL OF \$22,422.00**



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FINANCIAL ASSURANCE FORM (cont.)

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 TO OR GREATER THAN THE ESTIMATED TOTAL OF \$22,422.00**

First Year

- Source: A. From Family..... \$ _____
- B. From Own Savings..... \$ _____
- C. From Government..... \$ _____
- D. From Sponsor..... \$ _____

Sponsor Name

Sponsor Address

- E. From Scholarship (not Taft College)..... \$ _____

Scholarship Name

- F. From Other Sources..... \$ _____

Other Sources Name

Total: _____

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



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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.

Students Name: (PLEASE PRINT)

Students Signature:

Date:
