



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

FINANCIAL ASSURANCE FORM

To be admitted as an F-1 Student, documentation must be provided indicating that there are sufficient funds (a minimum of **\$24,520.00** 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 \$307.00	\$9,210.00	\$9,210.00
Enrollment and related fees	30 units x \$46.00 per unit	\$1,380.00	\$1,380.00
Associate Student Body card	Cost per academic year	\$30.00	\$30.00
Housing (Off-Campus)	\$4,000.00 per semester	\$8,000.00	\$0.00
Meals (Off-Campus)	\$700.00 per month	\$1,400.00	\$0.00
Housing (On-Campus) plus meals	\$3,324.00 per semester	\$0.00	\$6,648.00
Textbooks and Supplies	\$500.00 per semester	\$500.00	\$500.00
Transportation	Cost per semester	\$1,000.00	\$350.00
Health Insurance	\$500.00 per semester	\$1,000.00	\$1,000.00
Miscellaneous/Personal Expense	Cost per month	\$2,000.00	\$2,000.00
Estimated Total:		\$24,520.00	\$21,118.00

The annual total is estimated at **\$24,520.00**. 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 \$24,520.00**



Admissions and Records

International Student Application

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 \$25,520.00**

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:
