



A COMPLETED INTERNATIONAL STUDENT APPLICATION PACKET WILL  
CONSIST OF ORIGINALS AND COPIES OF ALL DOCUMENTS.

\_\_1. APPLICATION FOR INTERNATIONAL STUDENT ADMISSION (ATTACHED)

\_\_2. TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL)

The TOEFL requirement may be waived for Dallas County Community College District schools offering Intensive English Programs. Intensive English Programs are offered at Brookhaven, Mountain View, and Richland Colleges.

TOEFL Requirements	College Level (minimum score)	Intensive English Program
Computer Based	197 or higher	Recommended to have at least 117 or higher
Paper Based	530 or higher	Recommended to have at least 430 or higher
Internet Based	71 or higher	Recommended to have at least 39 or higher

Original TOEFL results **MUST** be submitted. A PHOTOCOPY WILL NOT BE ACCEPTED. The institution code number for all colleges with in Dallas County Community College District are listed below.

Brookhaven College	6070	Mountain View College	6438
Cedar Valley College		North Lake College	6519
Eastfield College	6201	Richland College	6607
El Centro College	6199		

The departmental code for all the DCCCD colleges is 00.

\_\_3. OFFICIAL COLLEGE TRANSCRIPTS from each college or university attended inside the United States. A **GPA** of **2.0** or higher is required for all transfer work. Transfer coursework completed outside of the United States will require a course by course credential evaluation from a DCCCD approved evaluation service.

\_\_4. EVIDENCE OF SUFFICIENT SUPPORT FOR THE ACADEMIC YEAR. United States Citizenship and Immigration Services (USCIS) regulations require non-immigrant students to verify that they will have the necessary funds available to pay for all educational and living expenses as an F-1 student. Please see the **Dallas County Community College District International Student Financial Information Worksheet** for a list of sponsors and sources and other required documentation.

\_\_5. MEDICAL FORM: See attachment of Medical/Immunization Record Form.

\_\_6. INTERNATIONAL TRANSFER STUDENTS must provide copies of :

- Passport, valid for at least six (6) months. (Identification and expiration date pages.)
- Visa
- I-94 (Front and back)
- I-20 (Pages 1 and 3)
- **Transfer Clearance Form** from the school last authorized to attend in the United States.

**New students** outside the United States must submit copies of these documents upon arrival at the college.

Original documents must be presented by both transfer and new students for verification.

**HEALTH INSURANCE IS STRONGLY RECOMMENDED**  
Insurance brochures are available.



**Semester you plan to enroll:**  
 Fall (Aug. – Dec.) \_\_\_\_\_ (yyyy)  
 Spring (Jan. - May) \_\_\_\_\_ (yyyy)  
 Summer (Jun. – Jul) \_\_\_\_\_ (yyyy)

**APPLICATION FOR INTERNATIONAL STUDENT ADMISSION**  
 (PLEASE PRINT)

1. \_\_\_\_\_  
                     Family Name                                      First Name                                      Middle Name  
 Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_                      Gender: Male\_\_\_\_ Female\_\_\_\_  
 Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

2. Home Country Address (Required)  
 Address: \_\_\_\_\_  
                     \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

3. U.S. Address (Required if currently in the United States)  
 Address: \_\_\_\_\_  
                     \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Major/Field of Study (Required) \_\_\_\_\_

5. Dependent Information(*Please Print*). Dependent is defined as spouse or child of F1 status holder.

Family Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student

6. If you want a friend or relative to discuss your file or to pick up your I-20, please provide the following:

Name: \_\_\_\_\_

Relationship (i.e. uncle, friend, etc): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

7. Name of Family Member or emergency contact in Home Country: \_\_\_\_\_

Relationship (e.g. uncle, friend): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Country telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Does this person speak English? \_\_\_\_ Yes \_\_\_\_ No If no, what language? \_\_\_\_\_

8. Are you currently in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

If yes, state your current immigration status (F1, J1, etc) \_\_\_\_\_, and enclose copies of your immigration documents (I-94, I-20, I-797, etc).

9. Where do you want your I-20 sent? (Please note that the DCCCD does not send documents by courier service)

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT! Please read before signing.**

**Health Insurance** is strongly recommended. Upon arrival, you may request a brochure with insurance policy information from the International Office.

**Permission for Emergency Treatment:** In the event of an emergency illness, accident, or injury I hereby grant permission for the DCCCD staff to give first aid and/or to call an ambulance to have me transported to a hospital at my expense.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dallas County  
Community College District

## TUBERCULOSIS/IMMUNIZATION RECORD FORM

(Please Print)

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Tuberculosis testing:

- **International transfer students** must provide with their application official written medical proof of freedom from tuberculosis through either a negative Mantoux tuberculin skin test or chest X-ray that was given inside the United States within the last one (1) year.
- **Out-of Country students** must undergo testing for freedom from tuberculosis upon arrival in the United States before test assessments are taken and registration in classes is allowed.

The DCCCD does recommend that all prospective students have adequate immunization for bacterial meningitis, diphtheria, rubeola, rubella, mumps, tetanus and poliomyelitis. (see Texas Department of Health's Recommended Adult Immunization Schedule in the DCCCD Catalog.)

My dated signature certifies that I have read the above requirements and recommendations and understand what will be expected of me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TRANSFER/CONCURRENT CLEARANCE FORM**

**This portion is to be filled out by the student.**

Student's Name \_\_\_\_\_  
Last First Middle

SEVIS I-20 ID# \_\_\_\_\_

DCCCD School you are transferring to: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

International Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

I give permission to my present school to release the information requested on this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**This portion is to be filled out by the International Student Advisor.**

**Concurrent Enrollment:**

Student is in good standing and has permission to be concurrently enrolled at DCCCD for the following semester only:

Circle One: Fall Spring Summer Year: 20\_\_\_\_

**Transfer:**

SEVIS record to be released upon proof of acceptance. Anticipated release date: \_\_\_\_\_

Please mark all statements that are true about this student:

- Student is currently in good standing and is eligible to transfer.
- The student has cleared all financial obligations with our institution
- Student is out of status
- Student is on academic probation
- Student is on suspension/dismissal. Reason: \_\_\_\_\_
- Student is on OPT. Expiration date: \_\_\_\_\_

\_\_\_\_\_  
Signature of DSO

\_\_\_\_\_  
Name and Title of DSO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and address of institution

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email