

Below are items needed to ensure that your International Student application is complete. Submit only **ORIGINAL** documents;
NO COPIES, FAXES, OR EMAILS WILL BE ACCEPTED.



BEFORE MAILING YOUR APPLICATION REVIEW THE FOLLOWING

- International Student Application Form (2 pages) w/Passport Photo attached
- Financial Statement
- Health Examination Report
- Application Fee Payment Form
- Transfer Clearance Form (if transferring from a US school)
- Copy of biographical passport page
- Copy of visa **for students currently in the United States**
- Official TOEFL Scores Requested from ETS **send to San Diego Mesa College (school code 4735)**
- Official High School Transcripts showing proof of graduation (translated)
- Official US College or University Transcripts (if applicable)
- Translated Foreign College or University Transcripts
- If accepted, I will attend the **4-day mandatory orientation on January 8 to January 11.**
- Mail all **original and complete** forms to the following address:
San Diego Mesa College, International Admissions, 7250 Mesa College Drive, San Diego, CA 92111-4998
- ARRANGE I-20 DELIVERY:**
 - Students outside of the US must follow the mandatory express mailing instructions. (You will receive a tracking number for your acceptance packet which includes your I-20)
 - Students in the US also have the option to receive a tracking number by using the express mail option below your I-20 will be mailed via standard US mail without a tracking number.

EXPRESS MAILING INSTRUCTIONS:

Your I-20 will be sent through express mail at your expense to guarantee delivery with a tracking number. You must use a credit card (Visa, American Express, MasterCard, or Discover, only) to pay for the express mail service.

Please follow these instructions to complete the process:

1. Sign up on the [University Express Mail Services website](https://study.eshipglobal.com/) at <https://study.eshipglobal.com/> to have your I-20 sent to you. All communication regarding the mailing will be sent from the eShipGlobal service.
 - On the website, create an account using:
 - ✓ the applicant's name
 - ✓ applicant's date of birth
 - ✓ address line 1 for mailing address for receiving I-20
 - ✓ phone number
 - ✓ credit card information
 - *Please pay close attention to the information submitted. Errors in the credit card information or submitting an incorrect or incomplete address could delay the mailing of your I-20.
2. Once you purchase the express mail service, the Mesa College International Student Office will automatically be notified and will schedule a time for your I-20 to be mailed to you. As stated on the [eShipGlobal website](#), you will receive your I-20 in five business days.

ATTACH
PASSPORT
SIZED PHOTO
HERE

PLEASE TYPE INFORMATION ON THIS FORM: FALL SEMESTER SPRING SEMESTER

NAME IN FULL (PASSPORT NAME):

SURNAME/PRIMARY/LAST NAME _____ GIVEN/FIRST NAME _____ MIDDLE NAME _____

COMPLETE ADDRESS (I-20 will be mailed to this address):

NUMBER _____ STREET _____ CITY _____

PROVINCE/ TERRITORY/STATE _____ POSTAL/ZIP CODE _____ COUNTRY _____

E-MAIL ADDRESS: _____ PHONE NO.: _____
(Please do not list @Hotmail) AREA CODE + NUMBER

ENGLISH PROFICIENCY:

TOEFL TEST DATE AND SCORE: _____ LANGUAGE OF INSTRUCTION: _____

MAJOR/CAREER GOALS TO PURSUE AT MESA COLLEGE:

EDUCATIONAL GOAL:

ASSOCIATE DEGREE ASSOCIATE DEGREE AND TRANSFER FOR BACHELOR'S DEGREE TRANSFER ONLY FOR BACHELOR'S DEGREE

*IF YOU PLAN TO TRANSFER TO ANOTHER COLLEGE AFTER SAN DIEGO MESA COLLEGE, PLEASE INDICATE THE INSTITION(S)/MAJOR(S) YOU ARE CONSIDERING:

COLLEGE/UNIVERSITY _____ MAJOR _____

A. BIOGRAPHICAL DATA

PASSPORT NUMBER: _____ DATE OF BIRTH: _____ GENDER: FEMALE MALE
MONTH/DAY/YEAR

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF BIRTH: _____ NATIVE LANGUAGE: _____

COMPLETE HOME COUNTRY ADDRESS: _____
NUMBER _____ STREET _____ CITY _____

PROVINCE/ TERRITORY/STATE _____ POSTAL/ZIP CODE _____ COUNTRY _____ HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

MARTIAL STATUS: SINGLE *MARRIED

***IF ANY DEPENDENTS WILL BE TRAVELING WITH YOU TO THE UNITED STATES YOU MUST ATTACH A COPY OF THEIR PASSPORT(S).
PLEASE LIST THEIR NAME, RELATIONSHIP (SPOUSE OR CHILD), COUNTRY OF BIRTH AND COUNTRY OF CITIZENSHIP BELOW:**

B. FOR STUDENTS ALREADY IN THE UNITED STATES

DATE OF THE LAST ENTRY INTO THE UNITED STATES: _____ VISA TYPE (B, E, F1, F2, ETC.): _____ EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

DID YOU CHANGE YOUR VISA TYPE? NO YES, WHEN WAS IT APPROVED BY DHS: _____
MONTH/DAY/YEAR

I-94 NUMBER: _____ REFER TO CBP.GOV WEBSITE I-94 EXPIRATION DATE: _____
MONTH/DAY/YEAR OR D/S

LIST INSTITUTIONS THAT ISSUED YOU AN I-20: _____

DID YOU ATTEND AN INSTITUTION ON AN F1 VISA? YES NO DATES ATTENDED: _____

IF YOU HAVE A SOCIAL SECURITY NUMBER, PLEASE PROVIDE: _____

DO YOU PLAN TO TRAVEL OUTSIDE OF THE UNITED STATES AND USE THE MESA I-20 TO RE-ENTER? YES NO
IF NO, ARE YOU REQUESTING WE ISSUE YOU A CHANGE OF STATUS I-20? YES NO

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Please list your most recent or current attendance first and end with secondary/high school.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGES ATTENDED

ATTENDANCE DATES: FROM Month/Year	TO Month/Year	NAME OF SCHOOLS AND COUNTRY	GRADES OR LEVELS	CERTIFICATES OR UNITS/DIPLOMA/DEGREES RECEIVED	GRADES RECEIVED OR GPA
CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ TO _____					
_____ TO _____					
_____ TO _____					
_____ TO _____					

CERTIFICATION AND RELEASE OF INFORMATION

Please provide names of anyone you wish to authorize to obtain information about you, your application or your enrollment status.

NAME LAST NAME, FIRST NAME	RELATIONSHIP PARENT/SIBLING/FRIEND/ETC	PHONE NUMBER AREA CODE, FOLLOWED BY NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ADMISSIONS INFORMATION IN ITS ENTIRETY.

I declare under penalty of perjury that all information provided refers specifically to me and is true and correct. I understand that falsification or withholding information requested on this form shall constitute grounds for dismissal.

If accepted, I will attend the **4-day mandatory orientation (approx. three weeks before the start of the semester).**

NAME OF APPLICANT: _____ PLEASE PRINT SIGNATURE OF APPLICANT: _____ DATE: _____ MONTH/DAY/YEAR

You must submit proof that you have sufficient financial support while you are attending San Diego Mesa College. The estimates we provide are based on the applicant being single with no dependents. If you have dependents, please have \$9,000 per spouse or child needing to be on your I-20.

TOTAL APPROXIMATE COST: \$18,000.00 PER YEAR (including incidentals)

*In US dollars, please show the minimum amount \$18,000.00 of readily available funds for the year.

FINANCIAL STATEMENT CERTIFICATION

I CERTIFY THAT I WILL BE RESPONSIBLE FOR THE FINANCIAL SUPPORT OF THE APPLICANT AS SHOWN IN THE STATEMENT BELOW.

Name (PLEASE PRINT)	Signature	Relationship to Applicant	Source (Personal savings, family, sponsor or government)	Total amount in U.S. dollars.

SELECT A OR B

(ATTACH ADDITIONAL FORMS IF MORE THAN ONE SOURCE)

A. BANK CERTIFICATION (BANK OFFICIAL ONLY)

I certify that I have read the information given by the applicant on this form. It is true and accurate and the funds are available as indicated.

Name of Bank: _____

Address of Bank: _____

Bank Official's Name: _____
(PLEASE PRINT)

Bank Official's Title: _____
(PLEASE PRINT)

Bank Official's Signature: _____

Date: _____

PLACE OFFICIAL STAMP/ BANK SEAL HERE

B. An official letter from the bank or most recent bank statement dated within (the last 30 days) is attached to this FINANCIAL STATEMENT.

I certify that I have sufficient financial support as indicated above to pay for my studies while attending San Diego Mesa College.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

Name: _____ Date: _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

A. COMPLETED BY STUDENT

Have you had or do you now have any of the following conditions? If yes, give approximate dates:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV
(Human Immune Deficiency Virus) | <input type="checkbox"/> Depression | <input type="checkbox"/> Malaria | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Allergy (severe) | <input type="checkbox"/> Epilepsy Diabetes | <input type="checkbox"/> Measles (Rebeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Stomach Ulcer |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Problem (restrictions) | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Other conditions (including but not limited to learning disabilities): |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Mononucleosis | _____ |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rubella (German Measles) | |

Any complications/restrictions due to the above conditions:

Do you have any conditions that would affect your ability to enroll in a full time course load of study?

Yes: No: If YES, please list names: _____

Give date and types of serious operation or injuries: _____

Explain special health problems: _____

I understand that falsification or withholding information on the Health Examination report shall constitute grounds for denial of my application.



Applicant Signature: _____ **Date:** _____

B. MEDICAL CERTIFICATION: (COMPLETED BY MEDICAL PHYSICIAN)

Current immunization and tuberculosis clearance with dates specified must be completed and verified before acceptance to San Diego Mesa College.

- Tetanus (must be within the past nine years). Date: _____
- Measles, Rubella (must be given after 1970 and after twelve months of age).
Measles (Rubeola) Date: _____ Rubella Date: _____
- Polio Date: _____ Diphtheria Date: _____
- BCG inoculation Date: _____

If no BCG, Tuberculosis clearance dated within the past three months of the physical exam:

Mantoux skin test Date: _____ Result: _____
(If Mantoux test is positive, chest x-ray is required).

Chest X-ray Date: _____ Result*: _____

*Attach copy of your chest x-ray report. Do not send the x-ray film.

Does student have any conditions which would prevent participation in physical education?

Yes* No *If YES, explain _____

Does student have any conditions which would affect the student's ability to perform in an academic setting?

Yes* No *If YES, explain _____

Special Health Problems: _____

I have examined _____ and I find him/her in good health and able to attend college.

STUDENT NAME

Signature of Physician: _____ Date: _____

Name of Physician: _____

PLEASE PRINT

Address _____

Email: _____

Phone Number: _____ Physician Stamp or Business Card



Dear International Students:

If you are transferring to San Diego Mesa College from another United States School, please have the school you are presently attending or last attended complete this transfer clearance verification. Please submit your completed application materials to San Diego Community College District - **San Diego Mesa College (School Code: SND214F00408000)** or have your school official **Fax to (619) 388-2960**.

**TRANSFER CLEARANCE VERIFICATION TO BE COMPLETED
BY THE DESIGNATED SCHOOL OFFICIAL**

Name of Student (AS IT APPEARS ON YOUR PASSPORT):

LAST NAME FIRST NAME MIDDLE NAME

SEVIS ID#: N ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Name of School: _____

Attendance dates at the school: FROM: _____ TO _____
(MONTH/YEAR) (MONTH/YEAR)

Last date (expected last date) of attendance: _____ SEVIS Release Date: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Did the student maintain full-time status? _____ Number of units completed: _____

Does the student have any financial obligation to your school? _____

List type and dates of all practical training authorized:

Is the student in good academic standing? _____ Is the student welcome to continue at your school? _____

Any comments or concerns about the student? _____

Type of program taken (English Language, Academic, Vocational/Technical, etc.): _____

Major course of study: _____

School Official's Name : _____ SEVIS School Number: _____
(PLEASE PRINT)

School Official's Title: _____ Email Address: _____
(PLEASE PRINT)

School Address: _____
NUMBER STREET CITY

STATE POSTAL/ZIP CODE COUNTRY

APPLY SCHOOL SEAL HERE

School Official's Signature: _____

Date: _____