

Below are the items needed in order to ensure that your International Student application is completed. Submit your complete application, including all required documents in a single PDF file via email to SDMesaIS@sdccd.edu OR in person. Complete applications are reviewed first by the committee in order received. **Class availability may be limited for any applications submitted after April 15, 2026. We strongly encourage all interested applicants to submit their materials by this date. The final deadline for Fall 2026 applications is June 01, 2026. please allow up to five weeks after the published deadline for the International Student Admissions team to review your application before reaching out for an update.**

BEFORE E-MAILING YOUR APPLICATION, CONFIRM YOUR SUBMISSION IS COMPLETE BY REVIEWING THE FOLLOWING CHECKLIST:

- International Student Application Form (2 pages w/passport photo attached)
- Personal Academic Statement
- Financial Statement (Supplemental documentation submitted must be dated within the past 90 days)
- Health Examination Report (Official form with 6 month recency)
- Transfer Clearance Form (Completed by current International Student Advisor/ DSO)

IN ADDITION TO THE APPLICATION PACKET ABOVE, INCLUDE THE FOLLOWING SUPPLEMENTAL DOCUMENTATION:

- Copy of biographical passport page
- Copy of F-1 visa **OR** Copy of F-1 visa Change of Status Notice of Action approval letter (For transfer or Change Of Status applicants only)
- Copy of most recent I-94 (If currently in the US)
- Copy of official TOEFL, IELTS or Duolingo English test score results (If Applicable)
- Copy of official high school transcripts showing proof of graduation; must be officially translated to English if in another language
- Copy of official U.S. college or university transcripts (If Applicable)
- Comprehensive evaluation of foreign college or university transcripts (If Applicable)
- COVID-19 vaccination documentation

- I confirm that I have thoroughly reviewed my international student application and that it is complete. I am prepared to submit the full application as a single PDF to SDMesaIS@sdccd.edu or submit it in person to the San Diego Mesa College International Admissions Office
- I understand that only admitted students will be issued a Form I-20 and acknowledge that incomplete applications are subject to denial.
- If accepted, I understand that my class schedule for my first semester will be curated and set by the International Student Advisor based off of my academic plan and submitted transcripts.
- If accepted, **I will attend the in-person 4-day mandatory orientation from August 3rd - August 6th.** I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my F-1 status.



**International Student Program
Student Application**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717



PLEASE WRITE PREFERRED NAME BELOW:

PREFERRED NAME

TYPE OR PRINT IN BLUE OR BLACK INK ONLY

FALL SEMESTER SPRING SEMESTER

YEAR

NAME IN FULL (AS IT APPEARS ON PASSPORT):

SURNAME/PRIMARY/LAST NAME

GIVEN/FIRST NAME

MIDDLE NAME

CURRENT U.S. CONTACT INFORMATION (IF AVAILABLE):

STREET NUMBER

STREET NAME

CITY

STATE

ZIP CODE

UNITED STATES U.S. PHONE NO.: ()

COUNTRY

AREA CODE + NUMBER

EMAIL ADDRESS: _____

ENGLISH PROFICIENCY: WHAT IS YOUR LANGUAGE OF INSTRUCTION? ENGLISH IF NOT ENGLISH, PROVIDE THE SCORE/
GRADE FOR ONE OF THE FOLLOWING: TOEFL IELTS DUOLINGO U.S. ENGLISH COMPOSITION COURSE

IMPORTANT: IF YOU SELECT ENGLISH AS THE LANGUAGE OF INSTRUCTION, IT MUST HAVE BEEN THE PRIMARY LANGUAGE USED THROUGHOUT YOUR ENTIRE HIGH SCHOOL EDUCATION --- NOT JUST FOR ONE OR TWO CLASSES. SCORE/GRADE DATE COMPLETED

EDUCATIONAL GOAL/MAJOR: _____

ASSOCIATE DEGREE ASSOCIATE DEGREE & 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 COLLEGES/UNIVERSITIES YOU ARE CONSIDERING FOR:

BIOGRAPHICAL INFORMATION

DATE OF BIRTH: _____ CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____
MONTH/DATE/YEAR

COUNTRY OF CITIZENSHIP: _____ GENDER: FEMALE MALE

PASSPORT NUMBER: _____ HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

COMPLETE HOME COUNTRY ADDRESS: _____
STREET NUMBER STREET NAME CITY

PROVINCE/TERRITORY/STATE

POSTAL/ZIP CODE

COUNTRY

MARITAL STATUS: SINGLE
 MARRIED *COMPLETE BELOW AND SEE ADDITIONAL REQUIREMENTS ON THE FINANCIAL STATEMENT FORM

*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 HERE:

HOW WILL YOU BE OBTAINING YOUR F-1 VISA?

- Transfer SEVIS record from current school (F-1 Visa already in possession)
- Obtaining initial F-1 visa abroad at a U.S. consulate in my home country
- Changing visa status through USCIS in the U.S.
- Other. Please specify: _____

THE QUESTIONS BELOW ONLY APPLY IF YOU ARE CURRENTLY IN THE U.S.

DATE OF LAST U.S. ENTRY: _____ VISA STATUS (B,E1, E2, F1, F2, J, ETC.): _____ I-94 EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Do not list schools attended prior to high school. Failure to disclose any educational history may lead to disqualification of your application.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGE/UNIVERSITIES ATTENDED

GRADES OR LEVELS	ATTENDANCE DATES		NAME OF SCHOOL AND COUNTRY	TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED	GRADES EARNED OR GPA
	FROM <small>Month/Year</small>	TO <small>Month/Year</small>			
*HIGH SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: COUNTRY:	*MUST SUBMIT PROOF OF GRADUATION/COMPLETION	
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
U.S. COLLEGE/ UNIVERSITY <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: <input type="checkbox"/> FULL-TIME STUDIES <input type="checkbox"/> PART-TIME STUDIES <input type="checkbox"/> F-1 VISA <input type="checkbox"/> OTHER VISA. PLEASE SPECIFY: _____		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: COUNTRY:		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please duplicate this page to report additional schools attended.

*An international student in possession of an associate degree or its equivalent (completion of about 60 semester units), or higher may be determined to be beyond the course offerings of Mesa college and is encouraged to apply to a four-year college or university.

EMERGENCY CONTACTS

Please provide names of anyone you wish to authorize to obtain information about you, your application of your enrollment status, in case of an emergency.

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

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 denial. In the event of a denial, San Diego Mesa College reserves the right to refrain from disclosing information pertaining to your admissions status.

If accepted, I will attend the 4-day mandatory orientation (approximately three weeks before the start of the semester). I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____



**International Student Program
Financial Statement**
7250 Mesa College Drive, San Diego,
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Certify you have available (within the past 90 days) liquid funds in a U.S. or foreign bank account to cover the first year of tuition and expenses at Mesa College in the amount of USD \$47,000. If you are not funding your own studies, obtain signatures of all sponsors who can certify they will cover your expenses. The estimates we provide are based on the applicant being single with no dependents. **Financial statement form will NOT be accepted without appropriate signatures and documentation. Please provide an official Certificate of Balance issued by the bank, for applicant or sponsor listed below. In lieu of Certificate of Balance, attach most recent original bank statement, stamped by a bank official. Business, investment and retirement accounts not accepted.**

**If you have dependents: please add an additional \$9,000 per spouse or child accompanying you to the United States.*

SPONSOR CERTIFICATION:

NAME OF SPONSOR (PLEASE PRINT)	SIGNATURE OF SPONSOR <i>*REQUIRED*</i>	RELATIONSHIP TO APPLICANT	FINANCIAL SOURCE (PERSONAL FUNDS, SPONSOR FUNDS, OR GOVERNMENT FUNDS)	TOTAL FINANCIAL SUPPORT
Total Support in USD: (minimum USD \$47,000)				\$

By printing and signing below, 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: _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

PART A. MEDICAL HISTORY: (TO BE COMPLETED BY STUDENT APPLICANT)

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

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> COVID-19 Vaccination Completed (Attach Proof to Application) |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Stomach Ulcer | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Polio | <input type="checkbox"/> Other Conditions (including but not limited to learning disabilities): _____ | |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Heart Problem (restrictions) | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic Fever | | |
| <input type="checkbox"/> Blackouts | | <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Rubella | | |

Any complications/restrictions due to the above conditions?: NO YES. Explain below: _____

Do you have any conditions that would affect your ability to enroll in a full time course load of study? NO YES. Please list conditions and limitations: _____

Give dates and types of serious operations or injuries: _____

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

Applicant Signature: _____ **Date:** _____

PART B. MEDICAL CERTIFICATION (TO BE COMPLETED BY PRIMARY CARE PROVIDER- PCP)

Current immunizations and tuberculosis clearance with dates specified must be completed and verified by a qualified physician before acceptance to San Diego Mesa College.

- Tetanus (must be within the past nine years) Date: _____
- Measles (rubeola), Mumps, Rubella (must be given after 1970 and after 12 months of age)
Measles (rubeola) Date: _____ Mumps Date: _____ Rubella Date: _____
- Polio Date: _____
- BCG Inoculation Date: _____

If no BCG documentation, Tuberculosis Clearance, dated within the past three months of the physical exam, complete one of the following:

QuantiFERON blood test Date: _____ Result: _____

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 affect the student's ability to perform in an academic setting?

NO YES, Explain: _____

Special Health Problems, including conditions that would limit full-time study: _____

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

STUDENT NAME

Signature of PCP: _____ Date: _____

Name of PCP: _____ (PLEASE PRINT)

Address: _____

E-mail: _____

Phone Number: _____ **PCP Stamp or Business Card →**



