

ELIGIBILITY:

You must be at least 18 years of age by the first day of the semester, **AND** you must have completed at least one year of English studies. **PLEASE NOTE:** students who will NOT be 18 years of age by the first day of the semester must have their parent and/or legal guardian sign a “Parent/Legal Guardian Authorization” form available by contacting Paulette Foster, DSO-International Students (contact information on page two)

APPLICATION DEADLINE for International Students (F-1visa):

- **SPRING:** Completed application will be accepted **SEPTEMBER** through **NOVEMBER 15** of each year.
- **FALL:** Completed application will be accepted **MARCH** through **JULY 15** of each year.
- **Students submitting incomplete applications or after the application deadline will not be considered.**
- **Please be advised, notification of admissions (including receiving the I-20 form) may take up to 20 working days to process after the completed application is received.**

APPLICATION PROCESS:

1. Complete Page 1 and 2 of this application form.

2. Complete the “Official Certification of Personal or Family Funds” Page 3 showing proof for one semester of \$ **\$11,988** (fall) **\$12,172** (spring) or **\$24,158** for two semesters of study. This is the estimated cost of living in the U.S. for the period of study including medical insurance for the student only. Additional funds must be added for all dependents on F-2 visas. ***The original form must be signed and stamped by a bank official and will not be accepted if dated more than 6 months prior to the beginning of the semester of application.*** (All fees are subject to change)

3. TRANSFER STUDENTS ONLY (transferring from another school **in the US**) Complete the **“Transfer Form” Page 4**. Please Note: The College of Marin will be unable to complete the admissions process until the current school releases your student file in SEVIS. (Student and Exchange Visitor Information System)

4. Submit a copy of your current Passport biographical pages (surname, given name, date of birth etc.) with the completed application

5. Submit the application fee of \$50 for one or \$100 for two semesters with the **original copies of pages 1, 2 and 3 (FAX COPIES NOT ACCEPTED) and Page 4** if applicable and **copy of Passport** biographical pages. **Please note:** the application fee is non-refundable and non-transferable.

6. Acceptance Information: Eligible students will receive (by **regular U.S. mail delivery**) an acceptance packet from the Admissions Office which will include the I-20 A/B student visa, information about submitting payments for both registration and medical insurance fees. The packet will also include information about the required \$100 SEVIS I-901 fee that ALL students are required to pay prior to entering the U.S on an F-1 visa. Students will also be mailed information about testing during the first week of school from the Intensive English Program.

7. Students receiving an acceptance packet must submit the registration form with the tuition fee payment for one semester AND the medical insurance (non refundable) fee prior to the first day of classes. Fees may be paid by MasterCard/Visa, money order, cashier’s check or cash (in person only). ***TUITION REFUND** requests will not be accepted after the second week of the term. ***There is a \$10.00 service fee charged for tuition refunds.*** The medical insurance fee is **non-refundable**.

ATTENDANCE REQUIREMENTS AND REFUND POLICY: Students enrolled in the Intensive English Program are required to **attend all classes** unless a student is ill or has a verified personal emergency. Students are also required to speak English in classes and to keep up with the course work and homework. Students who fail to meet these requirements may be asked to leave the program or will not be permitted to attend subsequent semesters. Students on an F-1 (student) visa must complete at least one full term at College of Marin before transferring to another school. I understand the deadline to request a refund for *tuition fees will not be accepted after the second week of the term. (The medical insurance fee is **non-refundable**)

Signature _____ Date _____
Student must sign personally

*** ESTIMATE OF MINIMUM COST**

FEES FOR ONE SEMESTER

Application Fee:	\$ 50
**Tuition:	\$ 2,953(<i>fall</i>) \$ 3,137(<i>spring</i>)
(Subject to change)	
Room & Board: (on shared basis)	\$ 6,836.50
Transportation:	\$ 540
Personal: (miscellaneous)	\$ 1,408.50
Books, Supplies & Field Trips:	\$ 200

TOTAL COST **\$11,988 - \$12,172**
(Subject to change)

FEES FOR TWO SEMESTERS

Application Fee:	\$ 100
**Tuition:	\$ 6,088
(Subject to change)	
Room & Board: (on shared basis)	\$13,673
Transportation:	\$ 1,080
Personal: (miscellaneous)	\$ 2,817
Books, Supplies & Field Trips	\$ 400

TOTAL COST **\$24,158**
(Subject to change)

**Tuition cost includes non-refundable medical insurance. All international students attending the Intensive English Program are required to purchase the medical insurance recommended by the College. There are no medical insurance waivers due to having another medical policy (see medical insurance rate schedule attached). Optional medical and/or dental insurance for dependents are available at additional cost to student. 8/11

Type or print with ink. All questions must be completed (in English) before any admissions action can be taken.

I am applying for one semester: ___ spring 2012 OR \$50.00 non refundable/transferrable application fee for one semester

I am applying for two semesters: ___ spring 2012 AND fall 2012 \$100.00 non refundable/transferrable application fee for two semesters

Legal (Family/Last) Name (on Passport): _____ First Name _____

Birth date (month/day/year): ____/____/____ Male: _____ Female: _____

*please note, if not 18 yrs of age by first day of semester, "Parent/Legal Guardian Authorization" form must accompany application – contact Paulette Foster – DSO International Students (see contact information below)

Country of Birth: _____ Country of Citizenship: _____

Foreign Address & Phone: _____

U.S. Address & Phone: _____

Phone Number: _____

U.S. Phone Number: _____

Email address: _____

Please print clearly

Address to mail I-20: _____

For more information, contact Paulette Foster – DSO International Students Telephone: (415) 883-2211 ext.8114 E-mail: paulette.foster@marin.edu www.marincommunity.org

DEPENDENTS:

Will your legal dependents be accompanying you during your stay in the U.S. as an international student? [] Yes [] No If yes, attach a separate sheet listing all the following dependent information: 1) Family Name, 2) First Name, 3) Date of Birth (M/D/Y), 4) Country of Birth, 5) Country of Citizenship, 6) Gender, 7) Relationship.

NOTE: This information will serve as the dependent’s eligibility documentation for visa issuance purposes and for entering the U.S. as a dependent of a student. The financial form total dollar amount must also be adjusted to verify funds are available for both you and your dependents.

EDUCATION RECORD:

Did you graduate from high school, secondary school, lycee or gymnasium? Yes _____ No _____ How many years have you studied English? [] 1 yr [] 2-4 yrs [] 5 + yrs Have you attended a school in the U.S.? Yes ___ No ___ If yes, list school, location and dates of attendance.

Table with 3 columns: Name of School, Location, Dates Attended. Includes rows for school name, location, and attendance dates (M/D/Y).

ANSWER ONLY IF YOU ARE CURRENTLY IN THE U.S. Are you attending a school in the U.S. now? Yes _____ No _____ If yes, name of school: _____ Date you will finish: _____ M/D/Y

What type of visa do you have? _____ Admission Number (I-94) _____ Date of Entry _____ Port of Entry _____ Expiration Date _____ M/D/Y

Have you submitted a request to U.S. Immigration to extend your stay on your current visa? Yes ___ No ___ If yes, what is the current status of the extension? _____ If the extension was approved, how long was it extended? _____ M/D/Y

If you requested a change of visa status, what type of visa are you requesting? _____ What is the current status? _____ visa type

I certify under the penalty of perjury that I have provided complete and accurate responses to the items on this application. I further certify (swear) that all official documents submitted in support of this application are authentic and unaltered records that pertain to me.

Applicant’s personal signature

Date

Medical Insurance Rate Schedule 2011-2012
Tentative rate schedule
(All rates are subject to change)

Annual	8/1/11 – 7/31/12	\$1,088
Fall	8/1/11 – 12/31/11	\$ 453
Spring/Summer	1/1/12 – 7/31/12	\$ 637
Spouse	Monthly	\$ 251
Dependent (1 or 2 child)	Monthly	\$ 87
Dependent Children	Monthly	\$ 245 (3 or more)