International Student Application and Information Packet

MANY CULTURES | ONE DESTINATION

Las Positas College

in Livermore, California
ADMISSION

Thank you for your interest in Las Positas College. To attend Las Positas College, you must submit a number of documents in order to be considered for admission to the International Student Program. Attached is a checklist of all necessary forms to be submitted. Once the college has received the required documents, you will promptly be advised of your admission status. If you are accepted to Las Positas College, a Certificate of Eligibility for Non-Immigrant Student Status (I-20) will be issued to you along with a letter of acceptance to Las Positas College.

APPLICATION DEADLINES

We accept applications on an ongoing basis and recommend you apply early to allow time for the visa interview process. These are our recommended deadlines:

Fall Semester
- July 1 for out of country applicants
- August 1 for applicants in the U.S.

Spring Semester
- December 1 for out of country applicants
- January 1 for applicants in the U.S.

TUITION

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>International student tuition</td>
<td>$215 per unit X 12 units</td>
<td>$2,580</td>
</tr>
<tr>
<td>Enrollment fee</td>
<td>$36 per unit X 12 units</td>
<td>$432</td>
</tr>
<tr>
<td>Various Term fees</td>
<td>Due once each semester</td>
<td>$23</td>
</tr>
<tr>
<td>Total Cost for 12 Units of Coursework</td>
<td></td>
<td>$3,035</td>
</tr>
</tbody>
</table>

Fees are subject to change at any time.

CONTACT INFORMATION

INTERNATIONAL STUDENT PROGRAM STAFF

Sean Day
International Admissions Specialist
Phone: (925) 424-1540
Email: sday@laspositascollege.edu

Cindy Balero
International Student Program Coordinator
Phone: (925) 424-1548
Email: cbalero@laspositascollege.edu

Sylvia Rodriguez
Dean of Enrollment Services

Gilberto Victoria
International Student Counselor

Fax: (925) 424-1877
Website: www.laspositascollege.edu/international
CHECKLIST OF REQUIRED MATERIALS

All forms, information, and documentation must be submitted before your application can be evaluated. Please use this checklist to verify that the following forms are being submitted along with your application. Thank you.

☐ Las Positas College Application for Admission (you may complete this form online at www.laspositascollege.edu/international)

☐ $100.00 Non-Refundable Application Fee (payable by cash, check, or money order, or credit/debit card using the “Application Fee Payment by Credit/Debit Card Form”)

☐ International Student Supplemental Application (pages 3-4)

☐ TOEFL score (45+ iBT, 450+ PBT or 133+ CBT) or IELTS score (4.5+ band) STEP Elken Test score (grade 2A or higher) or iTEP score (level 4 or higher). Not required for ESL program.

☐ Certificate of Financial Responsibility indicating Self or Sponsor’s Support (page 5)

☐ Bank Certification (at least $17,010 and dated within 3 months) (page 6)

☐ Test of Tuberculosis (If not done by a physician before arrival, test can be done at the Las Positas Student Health Center within 2 weeks of arrival in the U.S.) (page 7)

☐ Proof of Medical Insurance (before or within 2 weeks of arrival in the U.S.) (page 8)

☐ Read carefully and sign the attached Student Contract. (page 9)

☐ Statement of Purpose Essay (page 10)

☐ High School/University Transcripts (translated into English)

☐ Identification Photographs (2 passport-size)

Students transferring from another U.S. school must also provide the following:

☐ Transfer Verification Form from previous school
☐ Official Transcript from previous school
☐ Copy of prior I-20, passport biographic page, visa and I-94

Mail completed application to:

Las Positas College
International Student Program
3000 Campus Hill Drive
Livermore, California 94551 U.S.A.
INTERNATIONAL STUDENT APPLICATION

The following information is required for issuance of the I-20AB/ID document and must be correct. Please type or print legibly in ink. Complete all sections of this application and return it with all other required documents.

Name: _________________________       ___________________       ___________________
(as it appears on passport)     Last (Family)                                        First                                                    Middle

Date of Birth: _____/_____/_____
 Male   Female

Country of Birth: ___________________________ Country of Citizenship: _______________________

I am applying for the following semester:   □ Fall   □ Spring Year 20__

Do you have any dependents accompanying you to the U.S.?  □ Yes   □ No
If yes, please provide your dependents’ full name(s), birth date, gender, relationship, country of birth, and country of citizenship on a separate page.

How did you hear about Las Positas College?________________________________

Have you attended Las Positas College before?  □ Yes □ No
If yes, what is your Las Positas College Student ID#?  W_____________

PERMANENT (HOME COUNTRY) ADDRESS (Required)

Address: ___________________________________________________
___________________________________________________
City:________________________________
State/Province:_______________________
Postal Code:_________________________
Country:____________________________
Telephone: (___)_____________     Fax: (___)_____________    E-mail: ________________________

MAILING ADDRESS (IF DIFFERENT) This is where your acceptance package will be sent.

Address:__________________________________________________
__________________________________________________
City:_____________________________________
State:___________________________________
Postal Code:______________________________
Country:_________________________________
Telephone:  (___)___________________     Fax:  (___)____________________

U.S. RESIDENCY INFORMATION

Are you currently in the United States?  □ Yes   □ No
If yes, what is your type of Visa? ________________________
Visa Status Expiration Date: ______________________
When did you arrive in the United States?  _______/_____/_______
Month     Day         Year

U.S. Address (If known)________________________________________
________________________________________
City:____________________________________
State:___________________________________
Postal Code:______________________________
U.S. Phone: (___)___________________     U.S. Fax: (___)__________________
ENGLISH LANGUAGE PROFICIENCY

Las Positas College will accept TOEFL scores of 450 PBT, 133 CBT or 45 iBT and above, a IELTS score of 4.5 and higher, an iTEP with a minimum score of Level 4 or a completed STEP Eiken Test with a minimum score of Grade 2A. A TOEFL score or other English language proficiency test is not required for students enrolling in our English as a Second Language (ESL) program. If you do not have an English language proficiency score, you will be conditionally accepted to LPC. Full acceptance into the College is dependent on your assessing into one of our 6 levels of ESL.

Have you taken an English language proficiency exam?  ☐ Yes  ☐ No
If yes, which test did you take?  ☐ TOEFL  ☐ IELTS  ☐ iTEP  ☐ STEP Eiken
Your score: _____________________   Date test was taken: _______________

Please submit your English proficiency score to Las Positas College. Our TOEFL Institution Code is 6507.

Upon arrival at the College, all International students will be tested for English proficiency in order to be placed in the appropriate level of courses. English as a Second Language (ESL) instruction will be mandatory for students whose test score demonstrates a need for additional English language preparation.

TRANSFER STUDENT INFORMATION

Are you currently enrolled in an English language program, high school, college, or university in the United States?  ☐ Yes  ☐ No

If yes, what is the name of your school?____________________________________

What is your last date of attendance at your current school? ____________________

Do you plan to travel outside the U.S. before attending Las Positas College?  ☐ Yes  ☐ No

Transfer students should submit the Transfer Verification Form available at: www.laspositascollege/international

ACADEMIC INTENT

What is your intended field of study (major)? ______________________________________ (Selecting a major is necessary in order to prepare the I-20 form)

What is your educational goal at Las Positas College?

☐ Associate degree (2 yr. degree)
☐ Transfer to a 4 year college to earn a Bachelor’s degree (4 yr. degree)

CERTIFYING STATEMENT

I hereby certify that all information provided on this application is true and correct. I understand the presentation of false information or failure to comply with Las Positas College’s admission and registration procedures may result in my dismissal without refund of any fees paid.

Name (print) _______________________________________________________________

_____________________________  __________________________
Signature                      Date
CERTIFICATE OF FINANCIAL RESPONSIBILITY

Should you be accepted as a student at Las Positas College, you are required to have the official of a bank or financial institution verify that you or your sponsor have a minimum of $17,010.00 available for your first academic year (9 months). Additional funds will be necessary if you are traveling with dependents. We estimate the minimum costs of housing, meals, and incidentals to be $500 per month for a spouse, and $300 per month per each child. The funds do not have to be held in a U.S. bank or in U.S. currency. This office is able to calculate the currency conversion.

SPONSOR’S AFFIDAVIT

The person who is financially responsible for the applicant must sign this section. If you are responsible for yourself, sign the statement yourself. (A student with a sponsor in the U.S. may also need their sponsor to complete I-134 Affidavit of Support in order to apply for their student visa. This form is available at the US Citizenship and Immigration Services website at www.uscis.gov)

As sponsor, I agree to guarantee all normal expenses for the school year. These expenses include tuition, room and board, books, supplies and transportation to and from the campus and the student’s residence. I have read the information regarding the cost of tuition and living expenses for the period of study at Las Positas College. I certify that these funds are available, and I accept full responsibility for these expenses.

Name of person financially responsible: ________________________________
Relationship to student: ________________________________
Signature: (Required) ________________________________
Date: ________________________________
BANK CERTIFICATION

Please have an official of your or your sponsor’s bank complete the following. A copy of the student's or sponsor's bank statement dated with the past 3 months (90 days) is also acceptable. Please request 2 copies of verification of funds. Submit 1 copy to Las Positas College. Keep 1 copy for your visa appointment and U.S. Immigration.

Total available funds: (must be greater than $17,010.00)_____________
Name of Account holder:__________________________________________
Name of bank:____________________________________________________
Bank location: (city and country)____________________________________
Name of bank official: (please print)__________________________________
Title of bank official:____________________________________________
Bank official’s signature:___________________________________________
Date: (must be within 90 days of application date)____________________

official bank seal/stamp
TUBERCULOSIS TEST
(to be completed and signed by Physician)

TUBERCULOSIS (TB) TEST

Medical Examination of: __________________________________________

Name of Applicant

Date of TB skin test (must be dated within 1 year of application date): ______________________

Result of TB test: Positive □ Negative □

If TB test is positive, x-ray is required.

Date of x-ray: ______________________________________

Results of x-ray: Positive □ Negative □

It is strongly recommended that students provide proof of the following Immunizations:

Measles, Mumps, and Rubella _____

Hepatitis B _____

Physician’s Signature ___________________________ Date ___________________________

Physician’s Name (please print) ___________________________ Telephone Number ___________________________

Address – Street

City, State and Zip

State License Number

Return this form with application, or mail to:

Las Positas College
International Student Program
3000 Campus Hill Drive
Livermore, California 94551 U.S.A.
MEDICAL INSURANCE AFFIDAVIT

All international students are required to purchase medical insurance. Coverage must include repatriation and medical evacuation. FAILURE TO DO SO MAY RESULT IN DISMISSAL FROM THE COLLEGE.

☐ I hereby submit the attached evidence of health and medical insurance which I have purchased. This insurance will cover the usual and normal costs that might incur due to accident and/or illness while in attendance at Las Positas College.

Name of Insurance Carrier: ____________________________________________

Policy Number or Identification: _______________________________________

Policy Expiration Date: _______________________________________________

Address of Insurance Carrier: _________________________________________

(Please attach a copy of your medical card or policy)

If you do not have your medical insurance yet, check the box below:

☐ 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 Las Positas College. I will present evidence of continuous coverage to the International Student Program.

_____________________________________
student’s name – please print

_____________________________________
student’s signature
Las Positas College
International Student Application

Las Positas College
INTERNATIONAL STUDENT AGREEMENT

If I am admitted as a student at Las Positas College:

• I must attend the 3-day International Student Orientation.

• I must enroll in the 1 unit PSCN 28 course in my first semester.

• If I am admitted without submitting the required score of an English Proficiency Test such as the TOEFL, I understand that I will be admitted to the ESL program and I must enroll in the courses programmed for me by the International Student Counselor.

• I must enroll in, attend and complete (no “W” withdrawals) at least 12 units (full-time) of class at Las Positas College each Fall and Spring semester (Summer optional).

• I must not enroll in more than 1 class or 3 units of a distance education (online) course per semester as part of my full-time course load.

• I must have a current Student Educational Plan (SEP) on file and meet with the International Student Counselor once a semester.

• I will maintain a cumulative grade point average (GPA) of 2.0 “C”.

• I will take an assessment test to demonstrate my proficiency in the use of the English language and will enroll in any classes suggested by the College to improve my English proficiency.

• My beginning math classes will be determined by a placement examination.

• I must pay all tuition and fees each semester at the time of registration according to College regulations.

• I must be covered by an acceptable medical insurance policy and provide the International Student Program office with proof of insurance within 10 working days of the beginning of the semester.

• I must provide proof of being free from active Tuberculosis (TB) by submitting results of a TB test within 10 working days of the beginning of the semester.

• I must limit on campus employment to no more than 20 hours per week while school is in session in accordance with U.S. Department of Homeland Security (DHS) regulations.

• I may not work off-campus without authorization from the U.S. Department of Homeland Security (DHS).

• I must notify the International Student Program Office of any changes in address within 10 days in accordance with U.S. Department of Homeland Security (DHS) regulations. The Office will then update my SEVIS record.

I understand that failure to comply with any of the Las Positas College regulations may result in a hold placed on my student records or dismissal from the College. I acknowledge that it is my responsibility to understand and follow the DHS F-1 student regulations. I also understand that if I fail to meet the DHS regulations as they pertain to maintaining my F-1 student visa status, Las Positas College is obligated to notify the U.S. Immigration and Customs Enforcement (ICE) branch of DHS via updating my SEVIS record. I understand that this could result in deportation from and future exclusion to the United States.

________________________________   _______________________
Signature                                                                  Date
STATEMENT OF PURPOSE ESSAY

Please write a brief statement in your own handwriting, describing:
A) your reasons for wanting to study in the United States,
B) your future academic and career goals, and
C) how you became interested in Las Positas College.
Use additional sheets of paper if necessary.
Las Positas College
International Student Program
3000 Campus Hill Drive
Livermore, California 94551 U.S.A.
www.laspositascollege.edu/international