Dear International Student Applicant,

Thank you for your interest in Victor Valley College. Please find enclosed the Admission Requirements for F1 Students, the F1 Visa Student Agreement with Victor Valley College, the International Student Application, Visa Information, the Financial Statement and the Health Questionnaire.

Please submit all required forms, transcripts and test results at least 2 months before your anticipated first semester of attendance. A deposit of US$100 is required with your application materials. This deposit will be credited toward your first semester’s tuition when you complete enrollment. The deposit is non-refundable if enrollment is not completed.

Again, thank you for your interest in Victor Valley College.

Sincerely,

Greta Moon

Greta Moon
Director, Admissions and Records
INTERNATIONAL STUDENTS
Application Procedures

Admission checklist for International Students

Please print in ink or type and mail to:
Victor Valley College
Admissions and Records
18422 Bear Valley Rd
Victorville, CA 92395

☐ Complete application. Please sign and date.
☐ Official TOEFL score report:
  (minimum score - 500 paper based test, 173 computer based, 61 internet based)
☐ Official transcripts (high school, university, college) with official English translation.
  Foreign Evaluation Services:
  American Education Research Corporation – www.aerc-eval.com
  Academic and Professional International Evaluations, Inc. – www.APIR.org
  World Education Services – www.wes.org
☐ Evidence of financial responsibility and sponsor information required. Bank verification
  showing sufficient funds in a bank account to cover total educational and living expenses
  for one year. This amount must be a minimum of $12,500 U.S. dollars. Bank verification
  should be dated within 30 days of your I-20 application.
☐ Health form completed and signed by a physician.
☐ Proof of accident and health insurance is required and must be presented before a student
  may enroll.
☐ $100 deposit, non-refundable. (U.S. dollars). Bank check, international money order/bank
  draft.
Admissions Requirements for F1 Students

- The applicant must possess knowledge of the English language as evidenced by either:
  1. Test of English as a Foreign Language (TOEFL). Minimum scores of 500 (written) or 173 (computer based) is required. Information regarding the TOEFL test and testing centers can be found at www.toefl.org
  2. Victor Valley College English assessment placement test (available only to students currently in the area.)

- The applicant must offer evidence of a degree of academic achievement equivalent to an American high school education. The student must submit a transcript of an official school record accompanied by a certified English translation. Evaluations of foreign transcripts and other admission documents will be based upon the recommendations of World Education Services, the American Association of Collegiate Registrars and Admissions Officers, or other sources.

- The applicant must offer evidence of financial responsibility. Certification of parent, self, or sponsor support required. Official bank statements must be translated into English and represent American currency. A minimum of $12,500 is required for an academic year of study and living expenses.

- It is the responsibility of the International student to find his/her own housing and transportation.

- F1 visa applicants who have attended other American schools or colleges may be considered for admission provided the applicant meets the above requirements and is in status with the United States Immigration and Naturalization Services. Applicants who have completed two or more years of college will be advised to seek admission to an institution offering upper division courses.

- A physician must complete the medical form. Proof of accident and health insurance is required and must be presented before a student may enroll.

- A deposit of $100 is required with the completed application before an I-20 will be issued. This sum will apply toward tuition for the first semester. If, for any reason, the student finds he/she cannot attend Victor Valley College, the $100 deposit shall be deemed a processing cost. **NO REFUND WILL BE MADE.**

- After completion of the listed requirements, the applicant will be considered for admission and will be notified of acceptance or non-acceptance by mail. When accepted, the applicant will be sent an acceptance letter and a form I-20.
Attending on an F1 Visa:

The following regulations govern the admission of F1 student to Victor Valley College:

- The number of F1 students admitted is limited to two percent of the full-time enrollment of the previous semester. F1 students will not be accepted for admission into any program where applications by qualified United States citizens exceed spaces available.

- A limited number of International students may be admitted from the same country during a school year.

- Only persons who qualify for F1 visas are eligible for admission.

- F1 students are required to pay non-United States citizen tuition, enrollment and health fees. It is strongly recommended that F1 students purchase a campus photo identification card.

- F1 students are required to complete a full-time program (12 or more units) each semester of attendance. Failure to do so is reported to the United States Immigration and Naturalization Services, and the student may not be permitted to continue.

- Enrollment of F1 students is limited to a maximum of six semesters.

- The F1 student shall be held to the same scholastic requirements, rules and regulations set by the college and the United States Immigration and Naturalization Services.
F1 Visa Student Agreement with Victor Valley College

Victor Valley College will make every effort to help International students accomplish their academic goals. There are certain regulations that must be followed by all F1 Visa students in order to satisfy conditions set by the Immigration and Customs Enforcement Services (ICE), so we ask that you read and agree to the following requirements and restrictions.

I, ____________________________, in order to be accepted for admission to Victor Valley College, and to remain in lawful attendance during my studies, understand and agree to the following (please initial each item):

1. I am familiar with the Immigration and Customs Enforcement Services (ICE).

2. I know that I am required to be enrolled in and successfully complete at least 12 units of college coursework each semester in order to maintain my lawful F1 status. I am not to withdraw from any classes without the written permission of an International Student Program Designated School Official or International Student Counselor.

3. I understand that if I drop below 12 units during any academic semester, without prior permission from an International Student Program Designated School Official or International Student Counselor, that I will be considered out-of-status with the U.S. Immigration and Customs Enforcement. I will remain out-of-status until I appear before an immigration officer for a decision on my case. I also understand that my visa may be canceled if reinstatement is not approved.

4. I will meet with a counselor at least once per semester. I will follow the program of study recommended and will attend classes regularly as required by Victor Valley College.

5. I understand that I must notify the International Student Program Designated School official when I am finishing my studies at Victor Valley College or when I choose to transfer to another school or university.

6. I am fully aware of the expenses which will be incurred while living in the United States and attending Victor Valley College. I have the necessary financial resources to pay for my classes upon registration and to complete my course of study. I accept the responsibility to secure housing and dependable transportation.

7. I understand that I am only allowed to register for one online class each semester. I also understand that classes taken for “credit by exam” cannot be applied toward the 12 units required for full-time enrollment.

8. I understand that I must maintain the minimum of a 2.0 grade point average. Failure to do so will place me on academic probation, and I understand that if my grade point average falls below 2.0 in the subsequent semester, I will be academically dismissed from Victor Valley College.

9. I understand that if I have academic transcripts from my previous university evaluated by a credential evaluation agency, Victor Valley College reserves the right to determine which of these classes will be accepted for the Associate Degree.

10. I understand that by law, I must notify the International Student Program Designated School Official within 10 days if I change my address or if any other changes occur which might affect my lawful status as an F1 student. I understand that failure to do so may result in fines or imprisonment at the discretion of the U.S. Immigration and Customs Enforcement Services.

Please sign below to indicate that you understand and agree to comply with these requirements.

____________________________  ____________________________
Signature  Date
International Student Application (For F-1 Visa)

Date: ____________________________  *Information required to process your application

Indicate Semester Start Date:  
☐ Summer 20____  ☐ Fall 20____  
☐ Winter 20____  ☐ Spring 20____

*Name ____________________________  (Last Name / First / Middle – As it appears on your passport)

*Date of Birth ____________________________  *Male ________  *Female ________

*Country of Birth ____________________________

*Country of Citizenship ____________________________  *Country Passport Issued ____________________________

*Foreign Address ____________________________  Address in the U.S. ____________________________

_________________________  ____________________________  ____________________________

_________________________  ____________________________  ____________________________

_________________________  ____________________________  ____________________________

Telephone Number ____________________________  Telephone Number ____________________________

Fax ____________________________  Fax ____________________________

E-mail ____________________________  E-mail ____________________________

Please keep us informed of any change in your address(es).

Applying as a ________ Freshman (first year student – directly from secondary level, high school education).

_______ Transfer (student who has completed some college or university education).

*Major Course of Study: ____________________________

*EDUCATIONAL BACKGROUND

Please list all schools attended. Begin with secondary/high school and end with your current or most recent school.

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<th>Name of School</th>
<th>City, Country</th>
<th>Dates of Attendance From (mo/yr)</th>
<th>Dates of Attendance To (mo/yr)</th>
<th>Language Of Instruction</th>
<th>Examinations, Certificates, Diplomas</th>
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Native (First) Language ____________________________

Indicate your TOEFL score or when you plan to take the test (a minimum TOEFL score of 500 – or 173 computer based test – is an admission requirement.) Please submit an official TOEFL score:

_________________________  TOEFL Date ____________________________  TOEFL Scores ____________________________

(Month/Year)
VISA INFORMATION

*Information required to process your application.

Are you currently in the United States? □ Yes □ No

If yes, what is your current status? (i.e. F-1, B-1/B-2, H-1, J-1)

__________

If F-1, what institution issued your I-20?

__________

What institution are you now attending?

__________

If on a tourist visa (B-1/B-2) what is your date of entry and expiration date of I-94? __________________________

(Please submit copies of both sides of your I-94.)

Have you ever applied for an extension? □ Yes □ No

*Passport Number __________________________ *Passport Expiration Date __________________________

Have you applied for permanent residence (green card)? □ Yes □ No

Do you plan to travel outside the U.S. prior to the beginning of the semester? □ Yes □ No

If yes, please indicate date of travel: __________________________

Address where the form I-20 should be mailed:

__________

__________

__________

__________

Father’s Name __________________________ Occupation __________________________

Address __________________________

__________

Mother’s Name __________________________ Occupation __________________________

Address __________________________

IMPORTANT RELEASE OF INFORMATION

□ I do not wish to have information released.

□ I hereby give permission to Victor Valley College to release information concerning my student status to the following person(s):

Father: __________________________
Mother: __________________________
Guardian: __________________________
Sponsor: __________________________

Student Signature __________________________ Date __________________________

I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to Victor Valley College, I hereby agree to abide by all of the rules and regulations set forth by the College.

Student Signature __________________________ Date __________________________

Mail to:

Victor Valley College, Admissions & Records, 18422 Bear Valley Road, Victorville, CA 92395 USA
Telephone: (760) 245-4271 ext. 2373 Fax: (760) 843-7707 Internet: http://www.vvc.edu
INTERNATIONAL STUDENT FINANCIAL STATEMENT

Applicant’s Name: __________________________  Family Name  First Name  Middle

Birth date: ______ / ______ / ______

I am applying for: _____ Summer _____ Fall _____ Winter _____ Spring  Year: ______

Signature of Applicant: __________________________  Date: __________

PERSONAL* OR FAMILY SPONSOR INFORMATION

Name of Applicant’s Sponsor: __________________________  Family Name  First Name  Middle

Victor Valley College requires F-1 visa students to show a minimum support of U.S. $12,500 per year (add at least $1000 for a spouse and $500 for each child.)

By signing this affidavit of support, I will be financially responsible for the applicant indicated above for tuition, fees, living expenses, and other relevant expenses in the amount of $___________ per year.

SIGNATURE OF SPONSOR: __________________________  Date: __________

Relationship to Applicant: __________________________  Phone Number: __________

Note: Applicants with several sponsors must have each sponsor complete the International Student Financial Statement.

*PERSONAL FUNDS: If you are funding your education using your own resources, please have your bank provide verification of your personal account.

BANK VERIFICATION

THIS FORM WILL NOT BE ACCEPTED UNLESS THIS SECTION IS COMPLETELY FILLED OUT AND BEARS THE STAMP OF THE BANK OR AGENCY.

I certify that the above-named sponsor (or applicant) has the minimum equivalent of U.S. $12,500 on deposit with our institution. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Bank (or agency) __________________________

Address: __________________________

Telephone Number: __________________________

Bank Official Name and Title: __________________________

Signature: __________________________  Date: __________

Type of Account: ____Checking  ____Savings  ____Cert. of Deposit  ____Other

Date Account Opened: __________________________
VICTOR VALLEY COLLEGE HEALTH QUESTIONNAIRE
International Student

NAME_______________________________________________ DATE_______________________

Last   First   Middle
Male____  Female___  Height_____  Weight_____  Birth Date___

EMERGENCY CARE: In case of emergency, school officials are authorized to provide what they
deee to be appropriate emergency care and licensed physicians and
hospitals to provide treatment as needed.

Student’s Signature (if over 21 years old)   Parent or Guardian Signature (if under 21 years old)

MEDICAL HISTORY (to be filled out by applicant):
IF YOU HAVE EVER HAD ANY OF THE FOLLOWING CONDITIONS CHECK “YES” AND GIVE DATES
Frequent headaches    ______YES____    Repeated abdominal pain    ______YES____
Hearing difficulty    ______YES____    Digestive or stomach problems    ______YES____
Rheumatism or rheumatic fever    ______YES____    Hernia (rupture)    ______YES____
Disease of heart    ______YES____    Arthritis or joint difficulty    ______YES____
Shortness of breath    ______YES____    Dizziness or fainting    ______YES____
Persistent cough    ______YES____    Epilepsy or convulsions    ______YES____
Disease of lungs or chest pain    ______YES____    High blood pressure    ______YES____
Operations or severe injuries (specify)    ______YES____    Kidney or bladder trouble    ______YES____
Diabetes    ______YES____
Other (specify)    ______YES____

Give year of most recent test, vaccination, or immunization:
Diphtheria: 19___  Smallpox: 19___  Tetanus: 19___  Rubella: 19___  Measles: 19___
Rubeola Measles: 19___  Poliomyelitis: type___  number___  last date____

Do you have a vision problem?    YES___  NO___
If yes, give nature of difficulty

Do you have a hearing loss?    YES___  NO___
If yes, severity

Do you have a speech defect?    YES___  NO___
If yes, give nature

Have you ever been treated for a nervous, mental, or emotional problem?    YES___  NO___
If yes, give approximate dates    Nature of problem

I certify to the best of my knowledge the information shown above is correct.

________________________________________
Student’s Signature

PHYSICIAN’S REPORT OF MEDICAL EXAMINATION

Height _____  Weight_____  Dental Caries______  Thyroid______
Nutritional Status ______  Gums______  Chest______
Skin ______  Disease of Ears______  Lungs______
Nose and Throat ______  Hearing______  Abdomen______
Disease of Eyes ______  Heart______  Hernia______
Vision R20/____  L20/____  Pulse Rate______  Back______
Corrected Vision R20/____  L20/____  Blood Pressure______  Extremities______
Tuberculin test or chest x-ray:  Results (May be submitted to the college as a separate report)

Dose this student have any condition which would prevent participation in regular physical education?
YES______  NO______

Remarks on significant abnormalities found

Is the applicant receiving treatment for defects noted?

Is the applicant under medical supervision?

What is the applicant’s mental attitude?

Date of Examination___________  Signature of Physician___________
Address_______________________  City_______________________  State or Country_______________________