

5885 Haven Avenue, CCE 123 Rancho Cucamonga, CA 91737 +1 909-652-6195 international@chaffey.edu

INTERNATIONAL STUDENT APPLICATION CHECKLIST

| kequir | ed for ALL applicants: |
|--------|--|
| | Chaffey College Application (online) www.chaffey.edu/admissions/onlinesvcs.shtml |
| | International Student Application (this PDF form) |
| | High School Transcripts Official transcripts from all secondary schools attended. Non-English transcripts must be translated and submitted with the original language. |
| | Proof of English Proficiency Official test results or evidence of English proficiency. For minimum score and acceptable qualifications: www.chaffey.edu/international |
| | Copy of Passport |
| | Financial Statement Bank statement (dated within the past 6 months) verifying at least \$26,000 USD to fund tuition, fees, and living expenses for 1 year. If being sponsored by an organization, submit sponsorship letter guaranteeing funds. |
| | Tuberculosis (TB) Test and Health Insurance Submit TB test result (dated within the past 6 months) or get tested at Chaffey Student Health Services. Health insurance must be purchased at Chaffey College prior to beginning of the semester. |
| | Non-refundable \$40 USD Application/Activity Fee Pay the fee online at MyChaffey student portal after admission. Instructions will be emailed to student. |
| Stude | Applicants under 18 years old (age 16-17) by the start of classes All of the above, plus: Emergency Contact Information and Internet Usage Form |
| | I-20 Transfer-In Form http://www.chaffey.edu/admissions/Emergency-Internet.pdf |
| | Copy of current I-20, I-94, and visa |
| | Submit application and supporting documents by: |
| | Scan and Email |
| | international@chaffey.edu |

After complete application packet is received and approved by our office, we will generate the admissions letter and I-20 form within 2 weeks. Shipment outside the US is managed by study.eshipglobal.com, and students will be responsible for the shipping fee. Instructions will be emailed to you once the packet is ready.



International Student Application

5885 Haven Avenue, CCE 123 ● Rancho Cucamonga, California 91737, USA ● +1 909 652 6195 ● international@chaffey.edu

| PRINT OR TYPE | | | | |
|---|--|--|--|--|
| 1) This application is for Fall Spring Summer Year | | | | |
| 2) Chaffey ID number: | | | | |
| *You will receive your 7-digit Chaffey ID number a few days after you submit the Chaffey College Online Application: www.chaffey.edu/admissions/onlinesvcs.shtml | | | | |
| 3) I am a: | | | | |
| New student (outside the US) | | | | |
| Transfer student (in the US at a college, high school, or ESL program). Current school: | | | | |
| Returning student to Chaffey College | | | | |
| How did you learn about Chaffey? Internet search Family/Friends Education Agency College Fair Other: | | | | |
| PERSONAL INFORMATION | | | | |
| 4) Last/Family Name (as it appears on your passport): | | | | |
| First/Given Name (as it appears on your passport): | | | | |
| Middle Name: 5) Gender: Male Female | | | | |
| 6) Email: | | | | |
| 7) Date of Birth (mm/dd/yyyy): Country of Citizenship: | | | | |
| 8) Country of Birth: City of Birth: | | | | |
| 9) Primary Language: | | | | |
| 10) Permanent Address in Home Country: | | | | |
| Home Country Phone #: | | | | |
| 11) US Address or US Mailing Address: | | | | |
| LIC Diverse III. | | | | |
| EDUCATION INFORMATION | | | | |
| | | | | |
| 12) Name of High School: Country: | | | | |
| 13) High school graduation date or expected date of graduation (mm/yyyy): | | | | |
| 14) How do you satisfy our English proficiency requirement?* *For list of acceptable qualifications: www.chaffey.edu/international | | | | |
| 15) Academic Program at Chaffey: | | | | |

| VISA AND I-20 INFORMATION |
|--|
| 16) Current Visa Type: |
| No Visa (outside the US) |
| F-1 student. Which school issued your I-20? |
| Other Visa: |
| 17) Do you have dependent spouse or children who will accompany you? Yes No |
| If yes, please list names and relationship: |
| Name: Relationship: |
| Name: Relationship: |
| 18) How would you like to receive your I-20 form? |
| Mailed. I-20 mailing address: |
| Picked Up. Name: Phone # and Email: |
| DOCUMENTATION OF FINANCIAL SUPPORT |
| (\$24,696 USD). Along with this application, you must submit a financial statement such as a savings deposit, checking account, signed bank letter, or sponsorship letter, verifying the ability to pay educational expenses. A formal letter of admissions and the I-20 form will not be issued without financial statement. If your sponsor is a US citizen or US permanent resident living in the US, please send us Form I-134: www.uscis.gov/i-134 19) Name of sponsor: Relationship to applicant: 20) Address: By signing this document of support, I promise to be financially responsible for tuition, fees, living expenses, and any other relevant expenses of t student. |
| Signature of sponsor: Date (mm/dd/yyyy): |
| HEALTH REQUIREMENT |
| 21) Tuberculosis (TB) Test: Proof of recent TB test within the past 6 months is required. Submit proof or get tested at Chaffey College Student Health Services. A minimal fee is charged and students will not be allowed to attend classes without proof of a negative TB test. |
| I have read and acknowledged this requirement: Yes |
| 22) Health Insurance: All international students must purchase health insurance from Chaffey College and have valid coverage at all times. Failur to purchase health insurance will result in a block on class registration and the release of official records. |
| I have read and acknowledged this requirement: Yes |
| CERTIFICATION |
| I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to Chaffey College, I hereby agree to abide by all rules and regulations set forth by the College. |
| Student Signature: Date (mm/dd/yyyy): |



5885 Haven Avenue, CCE 123 Rancho Cucamonga, CA 91737 +1 909-652-6195

international@chaffey.edu

I-20 Transfer-In Form

THIS FORM IS ONLY FOR STUDENTS WITH A VALID I-20 FROM ANOTHER U.S. INSTITUTION

| STUDENT SECTION | |
|--|--|
| Last/Family Name (as it appears on your passport): | |
| First/Given Name (as it appears on your passport): | |
| Email: | |
| Chaffey ID number: | Date of Birth (mm/dd/yyyy): |
| I request to have my SEVIS record transferred to Chaffey Colle | ege. |
| Student Signature: | Date (mm/dd/yyyy): |
| DESIGNATED SCHOOL OFFICIAL (DSO) SECTION | ON AT YOUR CURRENT SCHOOL |
| | |
| | Studies |
| Program end date: Date of last attendance at your school: | |
| Transfer-out release date in SEVIS: | Chaffey College School Code: LOS214F00356000 |
| DSO's name and institution: | |
| | |
| DSO Signature: | Date: |