

Lassen Community College- International Admissions

PO Box 3000, Susanville, CA 96130 Telephone; (530)251-8808 Fax: (530)251-8802

Instructions for Application and Admission

TIMELINES

To allow time for the exchange of correspondence, processing and evaluation of your academic records, please return your application by June 15th, for the fall (August-December) semester and October 15th, for the spring (January – May) semester.

FINANCES

International students must have sufficient funds immediately available to pay tuition and fees in advance. Bank verification of funds available to cover one year's financial need must be submitted with the application.

ENGLISH

For those students whose primary language is not English, they must show oral and written proficiency in the English language using the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS). International students who score below the minimum required levels will not be accepted. Minimum TOEFL scores are 500 (paper-based test), 173 (computer-based test), and 61 (internet-based test). Minimum IELTS band score is 6.

ACADEMIC PROGRAM

International students must enroll in a full-time program with 12 or more units each semester. Failure to maintain a full course of study may lead to dismissal from the College and deportation from the U.S.

FOREIGN COURSEWORK

Students who have satisfactorily completed courses from a foreign nation's appropriately accredited university may be able to apply the course credits toward an Associate degree at Lassen Community College. Students should consult a counselor BEFORE requesting to have credits evaluated, because the time it takes to evaluate a large number of units can delay enrollment.

Please note: Foreign coursework will not satisfy requirements for American History/Government, English or reading.



Lassen Community College- International Admissions

PO Box 3000, Susanville, CA 96130 Telephone: (530)251-8808 Fax: (530)251-8802

HEALTH STATUS

International students must provide medical documentation including evidence of polio immunization or Sabin oral vaccine, medical statement of immunization against measles, and a certificate of freedom from active tuberculosis. International students must provide verification of personal medical insurance coverage. Students not currently covered for personal medical insurance coverage must purchase coverage for the duration of their enrollment at Lassen Community College.

HOUSING

It is recommended that international students live in the Lassen Community College dormitory or other approved housing for their first year.

EXPENSES

Cost of Attendance per Academic Year:

Enrollment Fees: \$ 5,903 Books & Personal: \$ 3,602 Housing: \$ 3,000 Total: \$12,505

MAILING ADDRESS

Please send all documents directly to:

Lassen Community College International Admissions P.O. Box 3000 Susanville, CA 96130-3000

ADDITIONAL CONTACT INFORMATION

Phone: 530.251.8808 FAX: 530.251.8802

Email: kclain@lassencollege.edu or lccadmissions@lassencollege.edu



APPLICATION FOR INTERNATIONAL STUDENTS

| (on passport) | | | FIRST | Middle Name |
|------------------|--------------------|---------|----------------|-------------|
| | nth/Day/Year | | Male: | Female: |
| Mailing Address | s: | | | |
| City | / : | | _ Country: | |
| Pho | one: | | _ FAX: | |
| Em | ail Address: | | | |
| Country of Citiz | zenship: | | Country of I | Birth: |
| Are you a U.S. | Citizen? | | California R | Resident? |
| Do you have a | current Visa? | | Visa Numbe | er: |
| Res | sident Visa? | | Student Vis | a? |
| Oth | ner? | | _ Date of Issu | ue: |
| Dat | te of Expiration: | | | |
| Primary Langua | age: | | Other Lang | uage: |
| When do you p | lan to attend? | | | |
| | Fall: | Spring: | Other: | |
| Proposed Majo | r: | | Minor: | |
| Person to Cont | act in case of eme | rgency: | | |
| Name: | | | | |
| Address: | | | | |
| Home Phone: _ | | | Work Phone: _ | |



Lassen Community College- International Admissions

PO Box 3000, Susanville, CA 96130 Telephone: (530)251-8808 Fax: (530)251-8802

AGREEMENT WITH LASSEN COMMUNITY COLLEGE

In order for your application to be processed, the following agreement must be signed. You will be expected to abide by these conditions of enrollment. If at any time you fail to meet one or more of these conditions, you may be subject to dismissal. Lassen Community College is required to report student status to the United States Immigration and Customs Enforcement Office each and every semester.

The conditions are as follows:

- 1. I will attend the orientation program for New Students.
- 2. I will take proficiency test in the English language and enroll in the English classes recommended by the college.
- 3. I will enroll in the courses selected for me by the International Student Counselor.
- 4. I will maintain enrollment in a minimum of 12 units per semester and will remain in good academic standing with a 2.0 GPA (Grade Point Average).
- 5. I will maintain a current health insurance policy during my entire stay at Lassen Community College.
- 6. I will authorize the International Student Advisor to contact my instructors in order to monitor my academic progress.
- 7. I understand that if I violate any of the above conditions during my stay at Lassen Community College I will be subject to probation or dismissal.

| Printed Name: | | |
|---------------|------|--|
| | | |
| Signature | Date | |



CERTIFICATE OF BALANCE

International students must have sufficient funds immediately available to pay tuition and fees in advance. Bank verification of funds available to cover one year's financial need must be submitted with the application: \$12,505.

| Name of Student: | | |
|--|--------------------------|--------------------------|
| Name of Sponsor: | | |
| Relationship to Student: | | |
| Address: | | |
| | | |
| | | |
| This is to certify that the above-iour bank. Convert foreign curre | _ | owing amount of money in |
| Type of Account | Balance | Remarks |
| | | |
| | | |
| | | |
| The above statement is true to th | ne best of my knowledge. | |
| Name of Bank: | | |
| Address of Bank: | | |
| Bank Officer's Signature | Date | |



HEALTH FORM

| Name: | Birth date: | |
|-----------------------------------|----------------|--|
| Address: | | |
| Male: Female: | | |
| Health History: | | |
| Illnesses | Operations | |
| | | |
| | | |
| | | |
| Do you have any of the following? | | |
| Diabetes:NO | Epilepsy:YESNO | |
| Rheumatic Fever:YESNO | Asthma:YESNO | |
| Allergies to: | | |
| Food (which ones?): | | |
| Drugs (which ones?): | | |
| Other: | | |
| Signature of Student | | |

(Health form continued on next page)



This portion must be completed and signed by a physician or public health officer.

HEALTH FORM

| Immunization reco | rd for: | | _ |
|---|---------------------------|------------------------------------|----------------|
| Dates of Immunizations: | | (Name) | |
| Mumps: | Measles: | Rubella: | _ |
| Diphtheria: | Polio: | Tetanus: | _ |
| Pertussis: | Influenza | Hepatitis | |
| Tuberculosis, PPD | result MMS: | Date given: | |
| Chest X-ray date: _ | | Results: | |
| Has the applicant h | ad BCG? | | |
| All test results must will be accepted. | be verified by a physicia | nn or public health officer before | e the student |
| Is the applicant clea | ar of any communicable o | lisease? | |
| | | | |
| | | | |
| Are there any speci | al instructions regarding | the physical/mental health of th | is individual? |
| | | | |
| | | | |
| | | | |
| Signature of Physic | ian or Public Health Offi | cer Date | |
| Address. | | | |



P.O Box or Street City ZIP **Country** State

MEDICAL INSURANCE AFFIDAVIT

| I, (name) | , hereby submit the evidence of Health and |
|--|---|
| Medical Insurance. This insur | , hereby submit the evidence of Health and rance will cover the usual and normal costs, which I might |
| | llness while in attendance at Lassen Community College: |
| Name of Insurance Company: | : |
| Address of Company: | |
| Policy Number: | |
| Policy expiration Date: | |
| I, (name) | hereby agree to purchase, prior to my |
| initial registration, a Health a evidence of compliance to the | nd Medical Insurance policy at my own cost. I will present Admissions and Records Office before I am allowed to do so will result in my dismissal from Lassen Community |
| Student's Name (print): | |
| _ | |
| Student's Signature | Date |



International Admissions

EDUCATIONAL BACKGROUND

| Name of School | ol Country/ | State Date | s Ma | ajor/Degrees |
|---|---|---------------------------------------|-------------------|--------------|
| | | | | · · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| hat will be your | nrimary goal in a | ttending Lassen Comm | unity Collogo? (I | Planca chack |
| nat will be your ny that apply to | | ttenumg Lassen Comm | unity Conege: (1 | riease check |
| | • | · · · · · · · · · · · · · · · · · · · | | |
| Associate | of Arts or Associat | e of Science Degree | | |
| Vocationa | l/Technical Certifi | cate | | |
| Earn cred | its/units for transfo | er to another U.S. colleg | ge/university | |
| | | | | |
| Earn cred | its/units for transfo | er to a college/universit | y in my home co | untry |
| | its/units for transfo e more proficient i | · · | y in my home co | untry |
| To become | e more proficient i | n English | · | untry |
| To become | e more proficient i | · · | · | untry |
| To become | e more proficient in | n English | · | untry |
| To become | e more proficient i | and score: | | untry |
| To become | e more proficient in | n English | | untry |
| To become Other goals or obj ist Tests of Engli | e more proficient in jectives:ish you have taken | and score: | | untry |
| To become Other goals or obj ist Tests of Engli Pate: | e more proficient in jectives:ish you have taken | and score: Score: | | untry |
| To become other goals or obj ist Tests of Engli eate: | e more proficient in jectives:ish you have taken | and score: Score: | | untry |
| To become other goals or objective tests of Englished eate:eate:eate: | e more proficient in jectives: ish you have taken | and score: Score: Score: | | untry |
| To become other goals or objective tests of Englished eate:eate:eate: | e more proficient in jectives: ish you have taken | and score: Score: | | Writing |



EDUCATIONAL BACKGROUND

(continued)

| | | l goals, describing how you might use mpletion of your college courses. |
|--------------------|----------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Housing preference | re: | |
| First semester: | On–campus dormitory: | Host family home: |
| Second Semester: | On-campus dormitory: | Host family home: |
| | Off-campus apartment: | Other: |
| incomplete inform | ation may result in dismissal. I | on is correct, and I realize that false or understand the rules, regulations and ge catalog and agree to abide by them |
| Student's Signatur | re | Date |

A&R 03/2013 AP 5012