



Attach recent photograph of applicant here

# INTERNATIONAL STUDENT APPLICATION

Application for:

\_\_\_ Fall 2017 admission  
Deadline: June 1st 2017

\_\_\_ Spring 2018 admission  
Deadline: November 1st 2017

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Family First Middle Month / Day / Year

Citizen of: \_\_\_\_\_ Country of birth: \_\_\_\_\_ U.S. Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Include only if you already have one)

\_\_\_ Male \_\_\_ Female Married? \_\_\_ Yes \_\_\_ No If yes, will spouse accompany you to the United States? \_\_\_\_\_

Permanent

Foreign Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

\_\_\_\_\_

Official language of your country: \_\_\_\_\_

Where did you hear about Taft College? \_\_\_\_\_

## LOCAL – UNITED STATES INFORMATION

If you are now in the United States answer the following:

Address: \_\_\_\_\_ Date of entry into the United States: \_\_\_\_\_

\_\_\_\_\_ Type of visa at entry to the U.S.: \_\_\_\_\_

\_\_\_\_\_ Type of visa you now hold: \_\_\_\_\_

\_\_\_\_\_ Visa Expiration date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If type of Visa has changed since you entered the United States, when did Visa change? \_\_\_\_\_

If you have an F-1 visa, what Institution issued Immigration Form I-20 to you?

Name: \_\_\_\_\_ Have you attended that institution? \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_ Was this for English classes only? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Number of units completed? \_\_\_\_\_

Dates attended: \_\_\_\_\_

Indicate where you want the I-20 sent: \_\_\_ Foreign address \_\_\_ United States address

# EDUCATION

## SUMMARY OF YOUR EDUCATIONAL EXPERIENCE

Show High School and College (if applicable)

Date Attended	Name of School	Location (City and Country)	Certificate, Degree or Diploma Received	Graduation Date

Years of formal study of the English language: \_\_\_\_\_ Give dates: \_\_\_\_\_

Do you have a high school diploma? \_\_\_Yes \_\_\_No Date of high school graduation: \_\_\_\_\_

Have you taken the TOEFL? \_\_\_Yes \_\_\_No Date of test: \_\_\_\_\_ Score on test: \_\_\_\_\_

\*\*TOEFL SCORES ARE FOR ADMISSION ONLY. Upon arrival, students are required to take an assessment test to determine placement in appropriate courses.

## ACADEMIC INTENT

What is your intended field of study (major)? \_\_\_\_\_

Do you wish to enroll in courses which prepare you for transfer to a 4-year college or university? \_\_\_Yes \_\_\_No

To which 4-year college or university do you plan to transfer? \_\_\_\_\_

## RELEASE OF INFORMATION (OPTIONAL)

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

\_\_\_Father: \_\_\_\_\_ \_\_\_Mother: \_\_\_\_\_

\_\_\_Sponsor: \_\_\_\_\_ \_\_\_Other: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 Taft College admission and registration procedures may result in my dismissal without a refund of fees paid.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

ONLY APPLICATIONS WITH THE \$100.00 NON-REFUNDABLE ADMISSIONS APPLICATION FEE WILL BE REVIEWED FOR ADMISSION TO TAFT COLLEGE



# MEDICAL INSURANCE AFFIDAVIT

All international students are required to purchase medical insurance. Failure to do so may result in dismissal from the college.

PLEASE CHOOSE ONE OF THE FOLLOWING:

\_\_\_ I hereby submit the attached evidence of my health and medical insurance. This insurance will cover the usual and normal costs that might incur due to accident and or illness while in attendance at Taft College.

Name of Insurance Carrier: \_\_\_\_\_

Policy Number of Identification: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Address of Insurance Carrier: \_\_\_\_\_

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

\_\_\_ 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 Taft College. I will present evidence of continuous coverage to the Admissions Office.

\_\_\_\_\_  
Student's name – please print

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

# INTERNATIONAL CHECKLIST OF REQUIRED MATERIALS

All forms, information, documentation and fees must be submitted before your application will be evaluated. All documentation must be submitted in English. Please check each one off when completed and return checklist with the required forms.

I HAVE COMPLETED AND SUBMITTED THE FOLLOWING:

INTERNATIONAL STUDENT APPLICATION

\$100.00 APPLICATION FEE (PAYABLE TO TAFT COLLEGE) \*NON-REFUNDABLE

RESIDENCE HALL (DORM) APPLICATION

\$150.00 RESIDENCE HALL SECURITY DEPOSIT (PAYABLE TO TAFT COLLEGE)

\*Dorms are available on a first come, first served basis. Please contact dorm supervisor for availability.

HIGH SCHOOL TRANSCRIPT (INDICATING DATE OF GRADUATION AND GPA)

OFFICAL COLLEGE TRANSCRIPTS (IF APPLICABLE)

FINANCIAL ASSURANCE FORM (MUST ATTACH VERIFICATION OF FUNDS AVAILABLE)

PROOF OF IMMUNIZATIONS

PROOF OF ENGLISH PROFICIENCY (FOR NON-ENGLISH NATIVE SPEAKERS)

OFFICIAL TOEFL SCORE REPORT REQUIRED

MEDICAL INSURANCE AFFIDAVIT

PROOF OF HEALTH INSURANCE

OR

I WILL PURCHASE INSURANCE UPON ARRIVAL