



**UMPQUA**

Community College

# **International Student Application Packet**

Umpqua Community College Admissions

PO Box 967

Roseburg, Oregon 97470

541.440.7743 | 541.440.7713

[Admissions@umpqua.edu](mailto:Admissions@umpqua.edu)

## International Student Application Checklist

**All requirements on this list MUST be met before the I-20 (Eligibility Document) will be released. Use this checklist to track what you need to complete for your international application. Incomplete applications will remain on file for one year only. Do Not Return This Page to Our Office.**

Sent	Date	Document or Form
		Completed International Student Application
		Non-refundable application processing fee of \$150.00 by U.S. Money/Postal Order
		Copy of English proficiency scores
		Writing Sample
		Financial Statement with required bank statements
		International Student Academic Agreement
		Verification of Health Insurance
		Completed Educational Background Chart
		Official copies of all previous educational records from secondary, postsecondary schools, colleges, or universities you have attended in the United States or abroad.
		Copy of passport pages: Copies of the pages containing the signature and photo with name and birthdate.
		<b>If you are transferring from a U.S. High School or U.S. college/university:</b> Must complete Notice of Intent to Transfer. Please attach a copy of your I-94 & I-20.
		<b>Express Mail (optional):</b> Please send an <b>additional</b> \$55.00 U.S. Currency, if you would like your I-20 mailed to you "Express Mail". Prepare for up to three (3) weeks mailing time to receive the I-20 by standard mail.

**Additional information may be obtained at <https://www.umpqua.edu/international-students>**



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# International Student Application for Admission

## SECTION 1 – PERSONAL INFORMATION (AS PRINTED IN PASSPORT)

Surname/Family Name \_\_\_\_\_ First Name/Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Passport Name \_\_\_\_\_

(Names found in the machine readable section of the passport leaving out the separator character "<" )

Email Address (required) \_\_\_\_\_ Current Telephone Number \_\_\_\_\_

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth (example: June 03, 1979) \_\_\_\_\_  Male  Female Marital Status:  Single  Married

Native Language \_\_\_\_\_ Other Languages \_\_\_\_\_ **Home**

### Country Mailing Address (required):

Number and Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ P.O. Box (if Applicable) \_\_\_\_\_

Phone# \_\_\_\_\_

### U.S. Mailing Address (address within the U.S. if you have one):

Number and Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ P.O. Box (if Applicable) \_\_\_\_\_

Phone# \_\_\_\_\_

What are your plans for housing? \_\_\_\_\_

Term you Plan to Begin:  Summer (July)  Fall (September)  Winter (January)  Spring (April)

Are you currently living in the U.S.?  No  Yes

If yes, what is your immigration status?  F-1  No Visa (outside USA)  Other: \_\_\_\_\_

### Person to be notified in case of emergency (either in the U.S. or abroad):

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

## SECTION 2 – FAMILY INFORMATION (AS PRINTED IN PASSPORT)

Will your spouse and/or children be coming with you to the US?  No  Yes (list Family Members Below)

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_

Country of Birth and Citizenship \_\_\_\_\_  Male  Female Relationship \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_

Country of Birth and Citizenship \_\_\_\_\_  Male  Female Relationship \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_

Country of Birth and Citizenship \_\_\_\_\_  Male  Female Relationship \_\_\_\_\_

**SECTION 3 – EDUCATIONAL INFORMATION**

**Educational Goal:** What do you plan to study at UCC? Major Program \_\_\_\_\_

You can find a list of majors at <http://www.umpqua.edu/areas-of-study>.

Will you have completed secondary/high school before starting your program at Umpqua Community College?

No  Yes If yes, provide date of your actual or estimated high school graduation: \_\_\_\_\_

Have you attended a school in the U.S.?  Yes  No

If you are currently studying at a school in the U.S., do you plan to leave the U.S. before starting at UCC?  Yes  No

**SECTION 4 – ENGLISH PROFICIENCY (TEST AND WRITING SAMPLE)**

**Applicants whose first language is English do not need to take a language proficiency exam. The following scores show the required English proficiency (Please send copy of test results):**

- Duolingo English Test: Score of 90 or higher
- TOEFL: Paper 500, Computer 173, Internet 61
- ELPT: 950
- IELTS: 6.0
- MELAB: 72ACE: Level 5
- ESL: Level 109 course completion at accredited English as a Second Language (ESL) Institute

*UCC Institutional Code: 4862*

Test Type: \_\_\_\_\_ Score: \_\_\_\_\_ Location of Test \_\_\_\_\_ Test Date: \_\_\_\_\_

Are you currently studying at an English Language Institute?  Yes  No If yes, \_\_\_\_\_  
Score/Level Date

\_\_\_\_\_  
 ESL Institution Mailing Address of ESL Institution

**Writing Sample:** On a *separate* piece of paper, write a paragraph in your own words about:

- Your educational/occupational goals. Why do you want to study in the U.S.?
- What is your objective? How long do you wish to study at U.C.C.?
- What do you plan to do when you finish your program here?
- College or University you may want to transfer to when you complete UCC?
- Include any other information you would like us to share with us about you, your family or culture.

**SECTION 5 – HEALTH INSURANCE INFORMATION**

International students are required to have health insurance. Students must purchase the Health & Accident Insurance offered through Umpqua Community College or provide proof of equal or better coverage that is effective in the United States and will be in effect throughout your course of study at UCC.

- I currently do not have international health and accident insurance but will purchase the insurance through Umpqua Community College.
- I have other international health and accident insurance that is valid in the US and will be in effect during my entire course of study at UCC.

Please provide name of Company, policy number and expiration date of Health and Accident Insurance. Please submit the insurance coverage summary outline with this application (must be written in English):

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

**APPLICATION SIGNATURE**

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge and that failure to disclose and submit complete and accurate information and all required documents may result in denial of admission or dismissal for the College.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Questions?**

- Email the International Admissions Office at: [Missy.Olson@umpqua.edu](mailto:Missy.Olson@umpqua.edu)
- Visit <https://studyinthestates.dhs.gov/students>

## International Student Academic Agreement

### Section 1 – STUDENT REQUIREMENTS

If I am admitted to Umpqua Community College to study as an international student, I hereby agree to:

1. Enroll in courses appropriate to my course of study as agreed upon with my UCC Academic Advisor.
2. Enroll in, attend, and complete a full-time day program (a minimum of 12 credits of study each quarter). (Allowed maximum of one online class each quarter.)
3. Obtain approval of a UCC Academic Advisor before adding or withdrawing from a class.
4. Be able to maintain my finances including living expenses and tuition for the period of time needed to complete my education at UCC. This means paying for each term of classes by the first day of the term.
5. Undergo the necessary tests recommended by my UCC Academic Advisor to demonstrate my proficiency in the use of English and any other tests necessary for class placement.
6. Enroll in any courses recommended by my UCC Academic Advisor to improve my English ability, if testing indicates such classes are necessary.
7. Maintain uninterrupted Health & Accident Insurance during the time I am in the United States on UCC's I-20. I understand I must purchase the Health & Accident Insurance offered through UCC or provide proof of equal or better coverage.

### Section 1 – STUDENT AGREEMENT

I understand that if I fail to meet any of the above requirements, or if I fail to maintain at least a "C" average, and complete 12 credits each quarter, Umpqua Community College will be required to notify the United States Citizenship and Immigration Services. They will also notify my sponsor that I am on probation or that my approval to enroll in the college has been canceled and I will not be permitted to continue my training at Umpqua Community College.

I understand it is my responsibility to keep UCC advised of any changes with my address and, should I decide to visit outside the United States of America, for any reason, I must obtain permission from Umpqua Community College and obtain a travel form (I-20) from the college.

I further understand that I will NOT be permitted to work off campus unless authorized by the United States Citizenship and Immigration Services.

**I have read the above conditions and fully understand and agree to act in accordance by them.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

# International Student Education Background

This form is an important part of your admissions file. Be sure to list all English language programs followed in the United States or elsewhere and all work experience.

## Section 1 – Instructions for Section 2 below

Column 1	On each line write the appropriate years for every school year you attended. All years since beginning school must be listed.
Column 2	These are the actual years you attended school. Your first year is number one (1), your second year is number two (2), etc. Do not list preschool or kindergarten. You must account for every year. If you were out of school for a length of time, it must be noted. Allow one line for each year.
Column 3	Enter the name of each school or institution you attended.
Column 4	Enter the City and Country of each school attended.
Column 5	Write the name of any internal or external examination(s) you passed or certificates you obtained at the end of that year. For example: if you sat for the General Certificate of Education (GCE) at the end of your 11th year in school, on that line write: GCE.

## Section 2 – Student educational background chart

(1) Academic Year	(2) Year in School	(3) Full Name of School	(4) Location of School (City and Country)	(5) Certificates, Diplomas, Degrees Obtained
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			

## International Student Sample Budget

The items below is an estimate of your expenses for the first *academic* year (nine months unless noted).

	Per Term (Quarter)	Per Academic Year (3 terms)*
Tuition and Fees	\$2,273 (based on 15 credits)	\$6,818
Housing	\$1,485 (\$495/month)	\$4,455 (9 months)
Books and Supplies	\$535	\$1,605
Incidentals	\$800	\$2,400
Transportation	\$495	\$1,485
Insurance	\$495	\$1,485
<b>Total</b>	<b>\$6,083</b>	<b>\$18,248</b>

You must demonstrate the ability to meet the total amount listed **before** UCC can issue you an I-20 (Eligibility Document).

### Expense Details:

- Tuition & Fees:** The tuition and fees rate for 23-24 is \$151.50 per credit. As an international student, you are required to enroll and satisfactorily complete a minimum of 12 credits per term and not recommended to enroll in more than 18 credits per term. You must take 15 credits per term to graduate in two years with an Associates Degree. There are three (3) terms per year that the student must attend before a term off is available (usually summer).
- Room and Board:** The \$495 per month is based on UCC Housing. You must complete a separate UCC Housing Application to be considered, and space is limited.
- Books and Supplies:** Books are purchased at the beginning of each quarter. *This is only an estimation.*
- Incidentals:** Any other expenses other than those listed.
- Transportation:** Estimation for public transportation and/or gas expenses.
- \*\*Insurance:** Students must purchase the Health and Accident Insurance offered through the college or provide proof of equal or better health coverage.

# International Student Notarized Financial Statement

**Documentation MUST be received to support your statement.**

**If funded by...** family, friends, relatives, or other responsible person, they must complete Section 2 of this form.

**If funded by...** your government, a letter certifying sponsorship must be received.

**If funded by...** personal savings, a statement from your bank (amount of money to be stated in terms of U.S. currency) must be received. **If funded by...** other, submit supporting documents accordingly.

**Section 1 – To be completed by the student**

\$	Personal Savings
\$	Family
\$	Friends
\$	Your Government
\$	Tuition Scholarship
\$	(Specify) Other:
\$	TOTAL (Must cover at least \$23,682/academic year)

I, \_\_\_\_\_  
 (print student name) certify that the total amount of money that I have available for my expenses is \$ \_\_\_\_\_.

Student Signature: \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
 Signature of Notary Public: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_  
 Notary address: \_\_\_\_\_ (SEAL)

**Section 2 – To be completed by other responsible source (Family/Friends/Organization)**

I, \_\_\_\_\_ (Name of individual or organization) certify that the information furnished by the applicant above is a true and a correct statement of the financial resources that I will make available for the applicant's study in the United States.

Individual Signature: \_\_\_\_\_  
 Subscribed and sworn before me this \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
 Signature of Notary Public: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_  
 Notary address: \_\_\_\_\_ (SEAL)

# Notice of Intent to Transfer

If you are on an F-1 visa, and are requesting to transfer to Umpqua Community College from another U.S. institution AND have remained in the United States since that transfer, please provide the following information. We will not be able to process your immigration document until this form is returned and you may encounter difficulties with your immigration status.

**Section 1- To Be Completed by Student**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE  
 OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE: \_\_\_\_\_  
Month Day Year  
 E-mail \_\_\_\_\_

I authorize a school official at my prior/current school to provide Umpqua Community College with the information requested below.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 1- To Be Completed by International Student Advisor/PDSO or DSO**

**NOTE: This form is required as part of the application process to verify student's F-1 immigration status. This form is only for information purposes. We are not requesting that the SEVIS record be transferred at this time.**

Student's SEVIS ID Number: \_\_\_\_\_ Dates of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is the student's SEVIS record currently active Yes No  
 Is the student in status with respect to F-1 immigration regulations? Yes No  
 If no, please explain circumstances: \_\_\_\_\_

Has this student been approved for part-time enrollment in the past?  Yes  No  
 If yes, please list approval reasons and dates: \_\_\_\_\_

Last authorized vacation term \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this student ever been granted practical training? Yes No  
 If yes, please indicate type and dates: \_\_\_\_\_

If admitted to UCC, what will be the SEVIS release date? \_\_\_\_\_

Must apply for reinstatement - over 5 months since last attendance

Name of institution: \_\_\_\_\_  
 Address of institution: \_\_\_\_\_  
 Name and Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEVIS School Code: Umpqua Community College - POO 214F00199000**



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