

Southern Union State Community College

Student Development Division

MEMORANDUM

TO: INTERNATIONAL STUDENTS

FROM: GARY BRANCH, DEAN OF STUDENT DEVELOPMENT

NOTE: You must submit your International Student Application for Admission at least three (3) months prior to the beginning of the semester in which you hope to be admitted to the College in order to be issued an I-20.

Thank you for your interest in Southern Union. Read the instructions and information in this packet carefully. **First**, you must complete the Application for General Admission. You will receive a letter from our Registrar with this packet of instructions. **Then, prospective international students must submit all of the following documents listed below to Charria Campbell at the address provided herein, before further consideration may be given to the student's admission or enrollment process.** Please note: Southern Union requires official documents. Official documents and/or transcripts must be mailed from educational institutions and/or testing agencies to the Southern Union Admissions Office.

- _____ 1. Submit a college application for general admission
- _____ 2. Completed Application for International Students.
- _____ 3. Official High School and College Transcripts (if applicable) Indicating Graduation Date. (Transcripts from high schools and colleges in foreign countries must be translated in English and submitted to one of the following evaluators.)

(1) Educational Credential Evaluators, Inc.
P.O. Box 514070, Milwaukee, WI 53203-3470
Phone: (414) 289-3400
Website: www.ece.org Email: eval@ece.org

OR

(2) World Education Services
5087 Bowling Green Station, New York, NY 10274-5087
Phone: (212) 966-6311 or (800) 937-3895 Fax: (212) 739-6100
Website: www.wes.org Email: support@wes.org

OR

(3) Josef Silny & Associates, Inc.
7101 SW 102 Avenue, Miami, FL 33173
Phone: (305) 273 -1616 Fax: (305) 273-1338
Website: www.jsilny.org Email: info@jsilny.org

- _____ 4. U.S. Official College Transcripts (if applicable). A Transfer Clearance Form must also be submitted for students who are or were enrolled in any U.S. college or university.

- _____ 5. Minimum Official TOEFL score of 550 pbt, 213 cbt, or 79 ibt. The Test of English as a Foreign Language (TOEFL) must be taken by each international student whose national language is not English and who did not graduate from an English speaking high school. Official scores should be sent from the Educational Testing Service (ETS/TOEFL), to Southern Union State Community College (Institutional Code:1728) prior to a decision on admission.
- _____ 6. Proof of Adequate Health/Accident Insurance. Documentation demonstrating adequate health and life insurance must be maintained detailing all periods of enrollment and must include a repatriation clause of \$25,000 or more.
- _____ 7. Sponsor. The Sponsor Support Form must indicate that he/she will be responsible for the student while they are in the United States. A sponsorship form is attached for your convenience. This form requires documentation.
- _____ 8. Financial. The college requires the Financial Support Form to be on file. This letter should indicate that the student will have at least \$35,850 (United States currency) available in the United States for their expenses while they are enrolled. Financial aid is generally not available to international students.
- _____ 9. Immunization/Medical Form. Must be completed and signed by a medical physician or authorized health care professional.

*Note: International students are required to be enrolled full-time (12 semester/contact hours or more) during the fall and spring semesters. However, they can be part-time, or do not have to be enrolled during the summer term. This is the college's "break period" regarding international student enrollment. There are very limited exceptions to this policy; however, international students can drop below full-time enrollment if it is the final term for the completion of their program of study (graduation).

Mail all official documents to:

Charria Campbell, International Student Coordinator
Southern Union State Community College
301 Lake Condry Road
Opelika, AL 36801

Southern Union State Community College

Student Development Division

International Student Application for Admission

(Students must first complete the General Application for Admission in person at the Admissions Office.)

Attach Recent Photo
Here

Students must complete requirements outlined in the attached International Student Packet before a decision on admission can be made. Complete application by typing or printing all information requested. Return to:

Charria Campbell, International Student Coordinator
Southern Union State Community College
301 Lake Condy Rd.
Opelika, AL 36801

1. What semester would you like to begin your course work? _____
Date
Have you ever applied to Southern Union before? _____Yes _____No
2. Name: _____/_____/_____
Family Name (as listed on your passport) First Middle
Social Security Number: _____/_____/_____
3. Sex: ___Male ___Female Date of Birth: _____/_____/_____
Month Day Year
4. Country of Birth: _____ Country of Citizenship: _____
5. U.S. Mailing Address _____
(Street and Number) City State/Zip
Home Country Address: _____

Telephone Number: _____ Email: _____
6. Person to be notified in an emergency:
Name: _____/_____ Relationship: _____
Address: _____ Phone Number: _____
7. Major/Program of Study that you plan to pursue: _____
List name of transfer school, if applicable _____
9. If you are now in the United States, what type of visa do you have? _____
Please send copy of your passport. Type of Visa

I understand that withholding information requested in this application, or giving false information, may make me ineligible for admission to, or continuation in the college. I agree to abide by the rules, policies, and regulations of the college as outlined in the college catalog and student handbook. Further, I understand that if I am accepted for admission to Southern Union, I must also follow the rules and regulations for international students as outlined by the Immigration and Naturalization Service. With this in mind, I certify that all the above statements are correct

and complete.

APPLICANT'S SIGNATURE: _____ DATE: _____

Official Statement of Finances

It is my understanding that the approximate cost of college education for one student at Southern Union State Community College is \$35,850 (U.S. Currency) for each twelve-month academic year. This includes tuition, fees, room and board, books, and personal expenses. It **does not** include the cost of transportation to and from the United States. (Even though some students may choose not to attend school during the three-month summer term, they must provide evidence of the ability to pay all expenses incurred **per year** in order to obtain a Form I-20.)

It is hereby declared that **\$35,850.00** (U.S. Currency) will be available per twelve-month academic year for me as long as I am enrolled as a student at Southern Union State Community College.

I have attached hereto a certified statement from my bank or other certified evidence of my capability to fulfill this sponsorship.

Date

Signature of Student

Sworn to and subscribed before me this the _____ day
of _____ 20__

Notary Public

Seal) _____

(Affix

Date Notary Public Commission Expires

Student's Printed Name: _____

Student's Phone Number: _____

Student's Mailing Address: _____

*NOTE TO APPLICANT: Please return this completed form with your Application for International Students to:

Charria Campbell, International Student Coordinator
Southern Union State Community College
301 Lake Condy Rd.

Official Declaration For Sponsorship

(Obligation commences when the alien enters the United States and continues until the alien's departure)

It is my understanding that the approximate cost of college education for one student at Southern Union State Community College is \$35,850 (U.S. Currency) for each twelve-month academic year. This includes tuition, fees, room and board, books, and personal expenses. It does not include the cost of transportation to and from the United States. Even though some students may choose not to attend school during the three-month summer term, they must provide evidence of the ability to pay all expenses incurred per year in order to obtain a Form I-20.

It is hereby declared that _____ (U.S. Currency) will be available per twelve-month academic year for _____ as long as he/she is a student in the United States.
(Student's Name)

I further certify that I will provide sufficient funds to pay for any and all educational and living expenses of the above named prospective student and certify that the prospective student will not become a public charge during his/her stay in the United States of America.

I have attached hereto a certified statement from my bank and/or other certified evidence of my capability to fulfill this sponsorship.

Signature of Responsible Financial Sponsor

Sworn to and subscribed before me this the _____
day of _____ 20____

Date Notary Public Commission Expires

Notary Public
(Affix Seal)

Sponsor's Printed Name: _____/Phone #: _____

Sponsor's Relationship to Student: _____

Sponsor's Place of Employment: _____/Phone #: _____

Sponsor's Mailing Address: _____

NOTE TO SPONSOR: Please return this completed form along with other required documentation to Charria Campbell, International Student Coordinator, Southern Union State Community College, 301 Lake Condy Rd., Opelika, AL 36801

Southern Union State Community College

Student Development Division

All information cited herein must be submitted to: Charria Campbell, International Student Coordinator, Southern Union State Community College, 301 Lake Condy Rd., Opelika, AL 36801, prior to a decision on admission and enrollment. After all documents have been mailed, call Charria Campbell at 334-749-5505, Ext. 5411 to discuss the status of your file. Allow a minimum of 4-6 weeks for normal processing, change-of-status requests can take up to four months.

The following is a minimum estimate of costs for three semesters. This does not include transportation costs to and from the United States.

Tuition and Fees	\$11,850
Books and Supplies	2,800
Room and Board	14,400
Transportation	2,900
Personal and Misc.	3,900
TOTAL	<u>\$35,850</u> (Revised 9/17)

(Subject to change without notice)



Southern Union State Community College

Immunization Form

To ensure the health and safety of our campus, immunizations against communicable disease is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, and Meningococcal is required, as well as a negative Tuberculosis skin test. This is a requirement for all International Students. This form must be completed and submitted prior to admission in any ACCS institution.

Last Name	First	Middle	SSN/ID#	
Street	City		State	Zip
Cell Phone: _____		Date of Birth: _____	Email: _____	

Section A: Required Immunizations/Tests				
1. Meningitis Vaccine- within the last 5 years (Menomune, Menactra, Menveo)	Month/Day/Year	Month/Day/Year		
2. Measles, Mumps, Rubella (MMR)				
3. Tetanus				
4. Tuberculosis Screening				
TB Skin Test by PPD	Date Placed	Date Read	MM	Neg Pos
Chest X-Ray (if positive PPD or lab)	Date	Result	Submit copy of chest X-ray report	

Section B: Recommended Immunizations				
Please attach documentation of all childhood vaccinations (copy of Blue Card)				
TD (Tetanus/Diphtheria)	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
		Do not write here	Do not write here	Do not write here
AND/OR Tdap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio		Do not write here	Do not write here	
Hepatitis B				
Varicella (Chickenpox)			Do not write here	

I certify that the above dates and vaccinations are true:

Signature of Licensed Health Care Professional or Authorized Individual _____ Date _____
 Complete and return to: Charria Campbell/International Student Coordinator, P.O. Box 1000/Wadley, AL 36276

ACCS Institution: **Southern Union State Community College**

Medical History Form

This portion is to be completed by the student:

Last Name	First	Middle	SSN/ID#
Street	City	State	Zip
Cell Phone: _____ Date of Birth: _____ Email: _____			

This medical data is necessary to serve as a baseline for medical clearance for actual enrollment. Details of abnormalities should be recorded. Please check YES or NO to the following conditions.

CONDITIONS	NO	YES
Hypertension		
Rheumatic fever or heart trouble		
Liver trouble or jaundice (Hepatitis)		
Asthma or tuberculosis		
Major surgery or injury		
Ulcers or gastroenteritis		
Backache or joint trouble		
Kidney trouble		
Diabetes		
Severe headaches		
Epilepsy or convulsions		
Dyspnea		
Drug or alcohol problem		
Has applicant been treated for any emotional disorders?		
Has applicant, because of his/her health, withdrawn from college? If so explain		
Does the applicant have any illness or medical condition that requires regular treatment?		
Does the applicant miss school regularly or frequently due to any physical condition?		
Has the applicant been hospitalized?		
Any family member with chronic illness, mental or nervous disorders?		
Anemia		
Learning disability		

Comments: _____

Present Health: ___ Good ___ Fair ___ Poor Date of last exam: ___ / ___ / ___

ACCS Institution: **Southern Union State Community College**

This portion is to be completed by a Physician:

Height: _____ Weight: _____ Skeletal Size: Small _____ Medium _____ Large _____ EL _____

B/P: _____ Pulse: _____ Respiration: _____ Temperature: _____

Laboratory Findings:

Hemoglobin or Hematocrit _____ WBC _____ Serology _____

Urine: Sp. Gr _____ Alb _____ Sugar _____

Eyes			
Do you wear glasses?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you wear contacts?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Distant Vision	Without glasses	R20/	
	With glasses	R20/	
Near Vision	Without glasses	R20/	
	With glasses	R20/	

Ears			
Hearing normal?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are drums intact?	<input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Head, Neck and Face	Normal ()	Abnormal ()
Nose and Sinuses	Normal ()	Abnormal ()
Mouth and Throat	Normal ()	Abnormal ()
Teeth	Normal ()	Abnormal ()
Lungs and Chest	Normal ()	Abnormal ()
Heart	Normal ()	Abnormal ()
Vascular System	Normal ()	Abnormal ()
Abdomen	Normal ()	Abnormal ()
Endocrine System	Normal ()	Abnormal ()
Female: Breast	Normal ()	Abnormal ()
Female: Pelvic	Normal ()	Abnormal ()
Male: Genital	Normal ()	Abnormal ()
Male: Hernia	Normal ()	Abnormal ()

Present Health: Good _____ Fair _____ Poor _____ Date of Exam: _____

I certify that the above information is true: Physician's Signature: _____
Student's Signature: _____