

For Office Use Only: Student ID #	
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INTERNATIONAL Student Application

Please complete this form by typing in your information, print, sign, date and submit. I am applying to attend College of the Sequoias for the year of: 2 0 ___ __ ☐ **Spring** (January through May) Deadline October 1 ☐ Fall (August through December) Deadline April 1 Your Name:____ Last (Family) First (Given) Middle Preferred Name (optional):______ Date of Birth (month/day/year)_____ I am: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Male ☐ Female Number of Children Country of Citizenship_____ Country of Birth_____ Primary Language _____ Email My intended major (field of study) is: **Home Country** – Permanent Address (NO PO Boxes) U. S. Current Address (If available) (NO PO Boxes) Number/Street/Apartment Number/Street/Apartment City City State Postal Code State/Province Cell or Telephone Number Country Postal Code Are you currently in the United States? Yes No Have you applied for permanent residence (green card)? Yes No If yes, what is your current status? (F-1, B-2, B-2, H-1, J-1) ______ Passport Expiration Date: _____ Date of Entry____ Transferring from another school: \(\subseteq \text{Yes} \subseteq \text{No} \) Please submit a copy of your current I-20, I-94, F-1 visa and passport English is my country's primary/official language \Box Yes \Box No I have completed one of the following Language Proficiency Tests (must submit proof of scores) ☐ TOEFL ☐ IELTS ☐ EIKIN Release Authorization: The Right to Privacy Act in the United States of America means we cannot discuss your application or acceptance status with anyone else but you. If you wish to have another person act on your behalf, please complete the section below: Name of person(s) authorized to receive information: Telephone Number(s):

Medical Insurance – All F-1/M-1 International Students are required to obtain a (TB Testing through the COS Health Center upon arrival on campus.

Purchase international student health insurance with accident, hospitalization, repatriation and medical evacuation during the
entire period of his/her enrollment with College of the Sequoias. You may choose from whom to purchase insurance as
College of the Sequoias (COS) does NOT sell insurance nor recommend policies.

If you have any depender	nt family members wh	o will accompany you in F-2	status, please list them be	low:
	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Last Name				
First Name				
Middle Name				
Date of Birth				
Country of Birth				
City of Birth				
Country of Citizenship				
Country of Permanent				
Legal Residence				
Gender				
Relationship to You				
denial of admission or dism become the property of Co	nissal from College of Illege of the Sequoias		aterials submitted by me for nternational Student Agree	nat false information may result in the purposes of admission ment and all COS, U.S.
Print Your Name:				
				Date:
MAILING I-20				
Your I-20 can be mailed the COS and send it to you thr			to have it sent faster, pleas	se ask someone to pick it up from

INTERNATIONAL STUDENT AGREEMENT

Address_____Address:

If I am admitted as a student at College of the Sequoias I agree to the following:

• I will enroll full-time by registering for at least 12 units of classes at College of the Sequoias each Fall and each Spring semester (Summer is optional).

Send I-20 to: ☐my home country or ☐address in the United States ☐ will be picked up at COS, room 103, Sequoia Building

- I understand that a maximum of 3 units for ONE distance education (online) course per semester will count toward the 12 unit minimum that is required for full-time study. During your last semester, you may NOT take just an online class but must take at least ONE in-person face-to-face class that meets at the College of the Sequoias.
- As needed, I will meet with a COS Counselor each Fall and each Spring semester to update my Student Educational Plan (SEP).
- If I wish to drop a class I will meet with the COS International Student Counselor.
- I will maintain a cumulative grade point average of 2.0 (C) or better to remain in good standing, and I am subject to academic dismissal if I remain on probation for two consecutive semesters.
- I understand if I owe any amount to COS my Fall classes will be dropped on June 30 and my Spring classes will be dropped 14 days after registering for classes.
- I will limit on-campus employment to no more than 19 hours per week while school is in session.
- I must attend College of the Sequoias for one year and obtain authorization from the U.S. Department of Homeland Security (DHS) before I may work off-campus.
- I understand that I must **notify the Office of International & Global Education (OIGE) of any changes** including, but not limited to, changing my phone number, email or address, transferring to another college/university, or returning to my home country.

- If I fail to comply with any of the College of the Sequoias Student Code of Conduct as stated in the College Catalog it may result in a hold placed on my student records or dismissal from the College.
- It is my responsibility to follow the SEVIS/DHS F-1 student regulations to maintain my F-1 student visa status.
- I must obtain **prior** authorization from the International Student Office for a Leave of Absence or to withdraw from school.
- I will complete my study objective shown on my International Student Application Form or be eligible to transfer to a university when I leave College of the Sequoias.
- I must pay all tuition and fees each semester according to College regulations. If I am not able to pay on time for any reason, I will immediately contact the COS Cashier's Office to discuss options.

Failure to comply with this agreement will threaten my student status and could result in deportation from and future exclusion to the United States.

Signed:	Date:
WORD: COSISapplication 2019 mjf	