



INTERNATIONAL STUDENT

Application Checklist

Must be completed and returned with application
Please read this form carefully – All boxes need to be checked off

NAME _____ COUNTRY OF CITIZENSHIP _____

MAJOR WHILE STUDYING IN US _____ IN COUNTRY (US) OR IN HOME COUNTRY? (Circle one)

1. _____ Application form (circle semester applying for): **FALL** **SPRING** Year _____
2. _____ Application fee of \$100.00 U.S. Dollars made out to "West Valley College". **THIS FEE MUST BE INCLUDED IN YOUR APPLICATION PACKET FOR WVC TO REVIEW YOUR FILE**
3. _____ Confidential financial statement (attached to application). Student should have financial resources of **\$16,500/one academic year. Bank statements should be in US Dollar equivalents.**
4. _____ An original bank statement on letterhead (**bank statement to be current within 1 month of application**). **Bank statements over 3 months old will not be reviewed.**
5. _____ High school **or** university transcripts. **English translations required** – official transcripts req. if attending U.S. school or University. (Must be in a sealed envelope when from US College or school).
6. _____ Transfer status letter (enclosed in application packet). Only send if transferring from a US school, college, or university **IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20**
7. _____ Official copy of TOEFL/STEP Eiken score. If test has not been taken, date test will be taken on _____ TOEFL/STEP Eiken score _____ Date taken _____ Is English your primary spoken/written language? _____ TOEFL/STEP Eiken waiver request? Yes/ No Explain _____
8. _____ VISA and I-94 copy. State current visa status _____ **IN COUNTRY APPLICANTS ONLY**
9. _____ I-20 copy (front and back). **IN COUNTRY APPLICANTS ONLY HOLDING SEVIS I-20**
10. _____ Copy of Passport page showing student's full legal name, date of birth & passport expiration date.
11. _____ **Medical insurance is required.** Health insurance plan info provided at orientation once accepted to WVC. **If you do not have insurance, check the box**
12. _____ Proof of medical and immunization clearance-**see attached medical checklist** (attach copy of medical tests and records). **Medical immunization clearance is required for I-20 issuance.**
13. _____ Handwritten statement of purpose/intent – why do you want to study in the United States?
14. _____ Current passport size photograph of prospective student for file (passport size photo)

For office use only – do not write below this line

Sara Patterson, PDSO _____ Dr. Wanda Wong, DSO/Counselor _____ Gail Barta, ESL Dept _____ Terry Eppley _____

Comments? _____ / _____ / _____ / _____

Issue SEVIS I-20 to student _____ yes _____ no. F or M visa? If **NO**, rejection letter sent on: date _____ by _____

Admissions:

SHAP Application _____ by _____ I-20 done _____ by _____ I-20 mailed on date _____ by _____

Copies: student file _____ I-20 mailed local _____ I-20 mailed international _____ Holds? _____

Special instructions or delivery information: _____

FOR PDSO: COS required? Yes / No - Current visa _____ SEVIS RELEASE DATE: _____ FROM: _____