

Feather River College
International Student Admissions
570 Golden Eagle Avenue
Quincy, CA 95971
(530) 283-0202
www.frcc.cc.ca.us

Dear Applicant:

We appreciate your interest in the International Student Program at Feather River College.

Enclosed are application forms and instructions for the Fall/Spring semester

Completed application packets are evaluated as they are received, on a first come, first served basis. It is to your advantage to complete the packet well before the final deadline of **May 15** for Fall semester and **October 15** for Spring semester. All application packets must include:

1. International Student Application form (Form #1)
2. Sponsor/Bank Statement of Financial Information (Form #2)
3. Health Questionnaire (Form #3)
4. Physical Examination form completed by physician (Form #4)
5. Composition explaining your educational goals (Form #5)
6. Transcripts (High School, University, College)
7. TOEFL score report (minimum PBL-500; iBT- 65)

As indicated above, please send the completed application packet to the Admissions Office at the address above as soon as possible. **KEEP COPIES OF ALL DOCUMENTS.** Your completed packet will be evaluated when it is received.

PLEASE REMEMBER THAT OUR RECEIPT OF YOUR APPLICATION PACKET DOES NOT ENSURE YOUR ACCEPTANCE INTO FEATHER RIVER COMMUNITY COLLEGE. We will notify you when you have been accepted.

Applicants accepted for the Fall/Spring semester are **REQUIRED** to attend a campus orientation, and take a college credit class in English. Throughout the year, there are counselors available to help you with your individual concerns.

Thank you for your interest in Feather River College and we look forward to hearing from you.

Admissions Office
Feather River College
570 Golden Eagle Avenue
Quincy, CA 95971

INTERNATIONAL STUDENT APPLICATION

For admission beginning: FALL Semester _____ (deadline, May 15)
SPRING Semester _____ (deadline, October 15)

Mr. Mrs. Miss _____
(Circle one) Family/Last First Middle

Present Address _____

Address in Home Country _____

Citizen of _____ Country of Birth _____

Date of Birth _____ Married? Yes _____ No _____ Will spouse accompany you to the U.S.? _____
(MM/DD/YY)

Official language of your country _____

Have you taken the TOEFL (Test of English as a Foreign language)? - recommended score of 500 for admittance.

Date: _____ Score: _____

Major: _____ (Major must be SEVIS approved and offered at Feather River College)

SUMMARY OF EDUCATIONAL EXPERIENCE

University, if applicable City Major Field of Study Dates Attended

High School City Major Field of Study Dates Attended

Grammar School Major Field of Study Dates Attended

Degree, Certificate, Diplomas, Titles Date Awarded/Expected Percentage/Rank/Average

STATEMENT OF FINANCIAL INFORMATION

An applicant must present evidence of financial resources to defray costs during the period of attendance at Feather River College. Costs of attendance are estimated at \$17,478 annually if living on campus and \$17,592 if living off campus. These fees include tuition and fees, room and board, books, supplies, and miscellaneous expenses. Please show the amount of funds available to you in each of the two years you expect to attend this College. Consider exchange and currency regulations and report the funds in terms of U.S. dollars. Please attach supplementary documents as necessary.

SOURCES:	First Year	Second Year
From Family	_____	_____
From own savings	_____	_____
From government	_____	_____
From sponsor	_____	_____
Name _____		
Address _____		
From scholarship	_____	_____
Name _____		
From other source	_____	_____
Name _____		
Total:	_____	_____

Certification by representative of a bank or other financial agency

Our records indicate the information furnished above by the applicant is an accurate statement of financial resources available to him or her for use during study in the United States.

Signature _____ Date _____

Title, Organization _____

Address, Telephone _____

Certification by parent or sponsor, (if applicable)

I certify that I will be responsible for financial support of the applicant as shown in the financial statements above.

Signature _____ Date _____

Relation _____

Address, Telephone _____

I certify that all information on this application is correct and I understand that any falsification or withholding of information in completing this application shall constitute grounds for dismissal.

Signature of Applicant _____ Date _____

HEALTH QUESTIONNAIRE
THIS SECTION TO BE COMPLETED BY APPLICANT

Name: _____ Date: _____
 Last First Middle Maiden

Male _____ Female _____ Height _____ Weight _____ Birth date: _____

EMERGENCY CARE: In case of emergency, school officials are authorized to provide what they deem to be appropriate emergency care and licensed physicians and hospitals to provide treatment as needed.

Applicant's Signature (if over 21): _____

Parent or Guardian's Signature (if applicant is under 21): _____

Have you had, or do you have any of the following. If yes, give dates.

Allergy (severe) _____	Epilepsy _____	Thyroid Trouble _____
Anemia _____	Hepatitis _____	Heart Trouble _____ (any restrictions?) _____
Asthma _____	Malaria _____	Polio _____ (any residual?) _____
Blackouts _____	Measles _____	Rheumatic Fever _____ (any restriction?) _____
Diabetes _____	Meningitis _____	Urinary Infections _____
Encephalitis _____	Mononucleosis _____	Tuberculosis _____

Regular medication: _____

Explain special health problems: _____

Exposure to Tuberculosis? Yes _____ No _____. If yes, give date and nature of exposure: _____

Date of last chest x-ray _____ Result: Positive – Diseased _____ Negative – Clear _____

Give dates and types of operations or injuries: _____

Visual Problem? Yes _____ No _____ Nature _____

Hearing Loss? Yes _____ No _____
Severity _____

Speech Defect? Yes _____ No _____ Nature _____

Nervous, Mental, or Emotional Problem? Yes _____ No _____ If yes, date of treatment _____

Nature of problem _____

I certify to the best of my knowledge the information shown above is correct.

Applicant's Signature _____ Date: _____

PHYSICAL EXAMINATION

THIS SECTION TO BE COMPLETED BY PHYSICIAN

A physical examination is required to those applying for F-1 (student) visa status. The physical should be completed within six months of the application date. Have this form completed by a physician and submitted directly to the OFFICE OF ADMISSIONS.

IMMUNIZATION: have ALL immunizations before leaving your country. Poliomyelitis immunization is required. Physicals should record dates below.

ALL VACCINE AND IMMUNIZATIONS MUST BE WITHIN THE LAST TEN YEARS.

Applicant's Name: _____

Salk vaccine injections. Dates: _____, _____, _____

Sabin immunization. Dates: _____, _____, _____

Trivalent immunization. Dates: _____, _____, _____

Dates of other immunizations.

Smallpox _____ Diphtheria _____ Typhoid _____

Influenza _____ Tetanus _____ Measles _____

Rubella _____

Age _____ Height _____ Weight _____ Temperature _____ Pulse _____

Blood Pressure _____

Skin _____

Eyes _____

Vision R _____ L _____

With glasses R _____ L _____

Ears _____

Hearing R _____ L _____

Nose _____

Throat _____

Teeth _____

Neck _____

Breasts, Axillae _____

Lungs _____

Heart _____

Abdomen _____

Hernia _____

Genfto-Urinary _____

Rectal _____

Extremities, Feet _____

Spine _____

Joints _____

Nervous System _____

Psychiatric _____

Speech Defect _____

Chest X-Ray _____

Does this student have any condition which would prevent participation in regular physical education and/or activity? Yes _____ No _____ If yes, explain _____

Physical Education activity recommendation: Regular _____ Restricted _____ No Participation _____

Remarks:

Name of Physician _____

Signature of Physician _____

Address _____

City _____ Country _____

EDUCATIONAL COMPOSTION

Please write a statement describing your educational goals. Include what you plan for your major field of study, how Feather River College fits into your goals, and if you plan to transfer to a four-year college.

(This composition should be at least **300 words**)