

Below are items needed to ensure that your International Student application is complete. **INCOMPLETE APPLICATIONS WILL BE REVIEWED LAST AND MAY RECEIVE AN AUTOMATIC DENIAL.** Submit your complete application, including all required documents in a single PDF file via email to SDMesaIS@sdccd.edu OR in person. Complete applications are reviewed first by the committee in the order received. **Class availability will be limited to any application submitted after April 1st, 2025. We highly recommend all interested applicants submit their application by April 1st. Fall 2025 deadline for all submissions will be June 1st, 2025. Allow up to 5 weeks after the published deadline for application review before contacting International Student Admissions.**

BEFORE E-MAILING YOUR APPLICATION, CONFIRM YOUR SUBMISSION IS COMPLETE BY REVIEWING THE FOLLOWING CHECKLIST:

- ☐ International Student Application Form (2 pages w/passport photo attached)
- ☐ Personal Academic Statement
- ☐ Financial Statement (Completed within the past 30 days)
- ☐ Health Examination Report (Official form with 6 month recency)
- ☐ Transfer Clearance Form (Completed by current International Student Advisor/DSO)

IN ADDITION TO THE APPLICATION PACKET ABOVE, INCLUDE THE FOLLOWING SUPPLEMENTAL DOCUMENTATION:

- ☐ Copy of biographical passport page
- ☐ Copy of F-1 visa **OR** Copy of F-1 visa Change of Status Notice of Action approval letter (For transfer or Change Of Status applicants only)
- ☐ Copy of most recent I-94 (If currently in the US)
- ☐ Copy of official TOEFL score results (Official TOEFL scores must be sent to us by ETS)
- ☐ Copy of official high school transcripts showing proof of graduation; must be officially translated to English if in another language
- ☐ Copy of official U.S. college or university transcripts along (If Applicable)
- ☐ Comprehensive evaluation of foreign college or university transcripts (If Applicable)
- ☐ COVID-19 vaccination documentation

- ☐ I have reviewed my international student application in its entirety, confirm that my application submission is complete and am ready to email my application in a single PDF file to SDMesaIS@sdccd.edu or submit it in person to San Diego Mesa College International Admissions office.
- ☐ I understand that only admitted students will be issued a Form I-20 and acknowledge that incomplete applications are subject to denial.
- ☐ If accepted, **I will attend the in-person 4-day mandatory orientation from August 4th - August 7th.** I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

By Signing below, I have acknowledged the requirements and deadlines that need to be adhered to in order for my application to be considered for San Diego Mesa College's Fall 2025 F-1 program.

X _____

Signature Required



International Student Program
Student Application
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

ATTACH
PASSPORT
SIZED
PHOTO

PLEASE WRITE PREFERRED NAME BELOW:

PREFERRED NAME

TYPE OR PRINT IN BLUE OR BLACK INK ONLY

☐ FALL SEMESTER

☐ SPRING SEMESTER

YEAR

NAME IN FULL (AS IT APPEARS ON PASSPORT):

SURNAME/PRIMARY/LAST NAME

GIVEN/FIRST NAME

MIDDLE NAME

CURRENT U.S. CONTACT INFORMATION (IF AVAILABLE):

STREET NUMBER

STREET NAME

CITY

STATE

ZIP CODE

UNITED STATES

COUNTRY

U.S. PHONE NO.: ()

AREA CODE + NUMBER

EMAIL ADDRESS:

ENGLISH PROFICIENCY: WHAT IS YOUR LANGUAGE OF INSTRUCTION? ☐ ENGLISH ☐ IF NOT ENGLISH, PROVIDE THE
SCORE/GRADE FOR ONE OF THE FOLLOWING ☐ TOEFL ☐ IELTS ☐ U.S. ENGLISH COMPOSITION COURSE

SCORE/GRADE

DATE COMPLETED

EDUCATIONAL GOAL:

MAJOR

☐ ASSOCIATE DEGREE

☐ ASSOCIATE DEGREE & TRANSFER FOR BACHELOR'S DEGREE*

☐ TRANSFER ONLY FOR BACHELOR'S DEGREE*

*IF YOU PLAN TO TRANSFER TO ANOTHER COLLEGE AFTER SAN DIEGO MESA COLLEGE, PLEASE INDICATE THE INSTITUTION(S) YOU ARE
CONSIDERING:

COLLEGE/UNIVERSITY

BIOGRAPHICAL INFORMATION

DATE OF BIRTH: MONTH/DATE/YEAR CITY OF BIRTH: COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP: GENDER: ☐ FEMALE ☐ MALE

PASSPORT NUMBER: HOME COUNTRY PHONE: COUNTRY CODE + NUMBER

COMPLETE HOME COUNTRY ADDRESS: STREET NUMBER STREET NAME CITY

PROVINCE/TERRITORY/STATE

POSTAL/ZIP CODE

COUNTRY

MARITAL STATUS:

☐ SINGLE

☐ MARRIED *COMPLETE BELOW AND SEE ADDITIONAL REQUIREMENTS ON THE FINANCIAL STATEMENT FORM

*IF ANY DEPENDENTS WILL BE TRAVELING WITH YOU TO THE UNITED STATES, YOU MUST ATTACH A COPY OF THEIR PASSPORT(S). PLEASE LIST THEIR
NAME, RELATIONSHIP (SPOUSE OR CHILD), COUNTRY OF BIRTH AND COUNTRY OF CITIZENSHIP HERE:

HOW WILL YOU BE OBTAINING YOUR F-1 VISA?

☐ Transfer SEVIS record from current school (F-1 Visa already in possession)

☐ Obtaining initial F-1 visa abroad at a U.S. consulate in my home country

☐ Changing visa status through USCIS in the U.S.

☐ Other. Please specify:

THE QUESTIONS BELOW ONLY APPLY IF YOU ARE CURRENTLY IN THE U.S.

DATE OF LAST U.S. ENTRY: MONTH/DAY/YEAR VISA STATUS (B, E1, E2, F1, F2, J, ETC.): I-94 EXPIRATION DATE: MONTH/DAY/YEAR

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Do not list schools attended prior to high school.

REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGE/UNIVERSITIES ATTENDED

GRADES OR LEVELS	ATTENDANCE DATES		NAME OF SCHOOL AND COUNTRY	TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED	GRADES EARNED OR GPA
	FROM Month/ Year	TO Month/Year			
*HIGH SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: COUNTRY:	*MUST SUBMIT PROOF OF GRADUATION/COMPLETION	
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
U.S. COLLEGE/ UNIVERSITY <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: <input type="checkbox"/> FULL-TIME STUDIES <input type="checkbox"/> PART-TIME STUDIES <input type="checkbox"/> F-1 VISA <input type="checkbox"/> OTHER VISA. PLEASE SPECIFY: _____		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL <input type="checkbox"/> TRANSCRIPT INCLUDED	FROM /	TO /	NAME: COUNTRY:		
	CURRENTLY ATTENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please duplicate this page to report additional schools attended.

*An international student in possession of an associate degree or its equivalent (completion of about 60 semester units), or higher may be determined to be beyond the course offerings of Mesa college and is encouraged to apply to a four-year college or university.

EMERGENCY CONTACTS

Please provide names of anyone you wish to authorize to obtain information about you, your application of your enrollment status, in case of an emergency.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
LAST NAME, FIRST NAME	PARENT/SIBLING/FRIEND/ETC.,	AREA CODE, FOLLOWED BY NUMBER
_____	_____	_____
LAST NAME, FIRST NAME	PARENT/SIBLING/FRIEND/ETC.,	AREA CODE, FOLLOWED BY NUMBER

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ADMISSIONS INFORMATION IN ITS ENTIRETY.

I declare under penalty of perjury that all information provided refers specifically to me and is true and correct. I understand that falsification or withholding information requested on this form shall constitute grounds for denial. In the event of a denial, San Diego Mesa College reserves the right to refrain from disclosing information pertaining to your admissions status.

☐ If accepted, I will attend the 4-day mandatory orientation (approximately three weeks before the start of the semester). I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____



**International Student Program
Financial Statement**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

Certify you have available (within the past 30 days) liquid funds in a U.S. or foreign bank account to cover the first year of tuition and expenses at Mesa College in the amount of USD \$47,000. If you are not funding your own studies, obtain signatures of all sponsors who can certify they will cover your expenses. The estimates we provide are based on the applicant being single with no dependents. **Financial statement form will NOT be accepted without appropriate signatures and documentation. Please provide an official Certificate of Balance issued by the bank, for applicant or sponsor listed below. In lieu of Certificate of Balance, attach most recent original bank statement, stamped by a bank official. Business, investment and retirement accounts not accepted.**

**If you have dependents: please add an additional \$9,000 per spouse or child accompanying you to the United States.*

SPONSOR CERTIFICATION:

NAME OF SPONSOR (PLEASE PRINT)	SIGNATURE OF SPONSOR <i><u>*REQUIRED*</u></i>	RELATIONSHIP TO APPLICANT	FINANCIAL SOURCE (PERSONAL FUNDS, SPONSOR FUNDS, OR GOVERNMENT FUNDS)	TOTAL FINANCIAL SUPPORT
Total Support in USD: (minimum USD \$47,000)				\$

By printing and signing below, I certify that I have sufficient financial support as indicated above to pay for my studies while attending San Diego Mesa College.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

Name: _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

□ PART A. MEDICAL HISTORY: (TO BE COMPLETED BY STUDENT APPLICANT)

Have you had or do you now have any of the following conditions? If yes, provide approximate dates:

- | | | | | | |
|---|--|--|---|---|--|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> COVID-19 Vaccination
Completed (Attach
Proof to Application) |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intestinal Problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Stomach Ulcer | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Polio | <input type="checkbox"/> Other Conditions
(including but not limited
to learning disabilities): | |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Heart Problem
(restrictions) | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic Fever | _____ | |
| <input type="checkbox"/> Blackouts | | <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Rubella | | |

Any complications/restrictions due to the above conditions?: ☐ NO ☐ YES. Explain below: _____

Do you have any conditions that would affect your ability to enroll in a full time course load of study? ☐ NO ☐ YES. Please list conditions and limitations: _____

Give dates and types of serious operations or injuries: _____

I understand that falsification or withholding of information on the Health Examination Report shall constitute grounds for denial of my application.

Applicant Signature: _____ **Date:** _____

□ PART B. MEDICAL CERTIFICATION (TO BE COMPLETED BY PRIMARY CARE PROVIDER- PCP)

Current immunizations and tuberculosis clearance with dates specified must be completed and verified by a qualified physician before acceptance to San Diego Mesa College.

1. Tetanus (must be within the past nine years) Date: _____
2. Measles (rubeola), Mumps, Rubella (must be given after 1970 and after 12 months of age)
Measles (rubeola) Date: _____ Mumps Date: _____ Rubella Date: _____
3. Polio Date: _____
4. BCG Inoculation Date: _____

If no BCG documentation, Tuberculosis Clearance, dated within the past three months of the physical exam, complete one of the following:

QuantiferON blood test Date: _____ Result: _____

Mantoux skin test Date: _____ Result*: _____

*If Mantoux test is positive, chest x-ray is required

Chest X-Ray Date: _____ Result*: _____

*Attach copy of your chest x-ray report. Do not send the x-ray film

Does student have any conditions which would affect the student's ability to perform in an academic setting?

☐ NO ☐ YES, Explain: _____

Special Health Problems, including conditions that would limit full-time study: _____

I have examined _____ and find him/her in good health and able to attend college.

STUDENT NAME

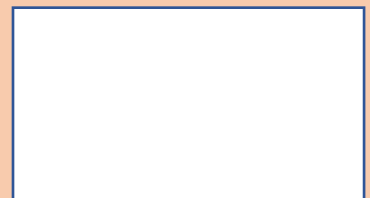
Signature of PCP: _____ Date: _____

Name of PCP: _____ (PLEASE PRINT)

Address: _____

E-mail: _____

Phone Number: _____ **PCP Stamp or Business Card →**



**International Student Program****Transfer Clearance Form**7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

Fax to (619) 388-2960

San Diego Community College District- San Diego Mesa College

(School Code: SND214F00408000)

Students who have attended a US institution within the last 5 months must have this form completed by your Designated School Official (DSO). Once this form is complete please submit this form with your complete application materials to San Diego Mesa College.

TRANSFER CLEARANCE VERIFICATION (TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL- DSO)

Name of Student (AS IT APPEARS ON PASSPORT):

LAST NAME

FIRST NAME

MIDDLE NAME

SEVIS ID#: N _____

Attendance dates at the school: FROM: _____ TO: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)Last date (expected last date) of attendance: _____ SEVIS Release Date: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Is the student in active SEVIS status?

☐ YES☐ NO. IF NO, PLEASE EXPLAIN:

What is the student's current academic standing?: _____

Has the student experienced financial difficulty or had to file for economic hardship?: _____

Has the student maintained full-time status throughout their attendance at your institution? If no, please explain: _____

Type of program taken (*English Language, Academic, Vocational/Technical, etc.*): _____

Major course of study: _____

List type and dates of all practical training authorized:

School Official's Name: _____ SEVIS School Number: _____

School Official's Title: _____ E-mail Address: _____
PLEASE PRINT

Name of School: _____

School Address: _____
NUMBER STREET CITY

STATE POSTAL/ZIP CODE PHONE NUMBER

School Official's Signature: _____

Date: _____

APPLY SCHOOL STAMP/SEAL HERE