



LOS ANGELES

MISSION COLLEGE

International Students Program

PRELIMINARY TRANSFER APPLICATION

Georgia Estrada, Director * International Student Program * LOS214F01061000

13356 Eldridge Avenue, Sylmar, CA 91342 * 818 364-7741 * Fax 818 833-3304 * E-mail: estradgm@lamission.edu

Please Note: Prior to filling out this application, all intending transfer students must request acceptance to LAMC in person or by e-mail estradgm@lamission.edu. You will be provided an "Acceptance Letter" along with the "Intent to Transfer Form" to be completed by the PDSO/DSO at your current school. No reinstatement applications will be accepted.

Dear applicant,

Thank you for your interest in transferring to Los Angeles Mission College. Issuance of an I-20 is pending the approval of all the requirements listed below. In order to be considered for an I-20, transfer applicants must complete, sign and return the LAMC International Student Transfer Application that includes the following information:

Provide a brief description of yourself, your educational experiences and previous school(s) attended as an F-1 Visa student. Include any approved Employment Authorizations such as OPT, Economic Hardship, etc.

Name your major field of study, and why you selected Los Angeles Mission College, and semester and year you are requesting to attend.

A SEVIS release date must be listed on the LAMC "Intent to Transfer" form signed and dated by your current International Student Advisor.

Provide a current financial statement, dated within one year, verifying the availability of funds to cover the cost for two semesters.

Present a valid I-20, a current passport, up to date visa, and I-94, along with all transcripts from previous school(s) you have attended.

Sign and return the International Student Agreement that states you will study at Mission College for a minimum of two consecutive semesters and enroll in twelve units per semester.

If you plan to leave the country between the times you transfer and the date classes begin, please consult with the advisor from your transfer school to sign your I-20.

If you require additional information, please contact the International Student office at (818) 364-7741.

Sincerely,

Georgia Estrada

Georgia Estrada, Director

International Student Program

The college is not obligated to issue an I-20 to the applicant. The Designated School Official (DSO) determines which applicant will receive an I-20, after an initial evaluation of application and documents received. In addition, the DSO may withdraw the approval of an applicant request for an I-20 at any time.

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October 23, 2012

*All fees subject to change without notice



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ESTIMATED INTERNATIONAL STUDENTS EXPENSE FOR ONE ACADEMIC YEAR

There is a one-time fee of **\$35.00** for the processing of the F1/I-20 Visa

Item of Expense		Per Semester	Per Academic Year
Nonresident Tuition	\$212 x 12 Units	\$2,544.00	\$5,088.00
Enrollment Fee	\$46 x 12 Units	\$552.00	\$1,104.00
Health Service Fee		\$11.00	\$22.00
Representation Fee		\$1.00	\$2.00
District SEVIS fee		\$25.00	\$50.00
Mandatory Health Insurance		\$522.00	\$1,044
Total: Tuition and Fees		\$3,655.00	\$7,310.00

Student is responsible for additional costs of books and/or supplies.

Personal Living Expenses/Room and Meals Approximate \$ 10,000.00
(May be less if living with relatives or sharing living quarters)

Transportation: Costs may vary depending upon choice of transportation mode. For example:
Public Bus Pass- \$30/month for full time students.

Total Expenses: **\$18,500.00**

TOTAL: MINIMUM ESTIMATED AMOUNT REQUESTED PER YEAR: \$18,500.00*

A financial statement letter must accompany the application verifying the availability of enough funds to cover the cost of one year.

*Please Note: Expenses above are subject to change without prior notice.

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Name _____ M _ F _
 Family Name/Surname First Name/Given Name Middle Name

Date Of Birth _____ Country Of Birth _____ Country of Citizenship _____
 Month/Day/Year

Home Country Address _____
 Street / Apt.# City Country

College/University _____ Dates Attended _____
 TOEFL Score _____ Date Taken _____ (TOEFL may be waived)

Degree Sought: () None I seek initial enrollment for 20 _____

() A.A. Degree, Career () Fall Semester (September-December)
 () A.A. Degree, Transfer () Spring Semester (February-May)
 () Certificate

Major Field of Study: _____

Current Non-Resident Tuition and Fees: \$212* per unit plus \$46* per unit enrollment fee. Student must enroll for a Minimum of 12 units. *(These fees are subject to change without prior notice.)* A non-refundable application fee of \$35 must be included (See Credit Card Form attached or send an International money order or certified check) in U.S. Dollars payable to Los Angeles Mission College to begin processing I-20.

FINANCIAL STATEMENT: A CURRENT FINANCIAL GUARANTEE, STATEMENT FROM A BANK, OR SCHOLARSHIP PROGRAM WITH AN OFFICIAL BANK SEAL MUST ACCOMPANY THIS APPLICATION.

1. FINANCIAL STATUS (Please refer to ESTIMATED LIVING EXPENSES page 4 for required amount) Money you will receive: US\$ _____ Total Yearly
2. NAME OF PERSON OR INSTITUTION SUPPORTING YOU IF THE MONEY IS NOT YOUR OWN:

Print Name of Sponsor or Company/Agency Relationship to Applicant Country

Applicant, please read and sign below: I certify that the statements on this form are correct and I accept the conditions stated above. In addition, I certify that the funds listed above will be available each year to complete my educational objective at Los Angeles Mission College. Should any change in my financial status occur I will notify the Foreign Student Advisor at once.

Student Signature _____ Date _____ Email Address _____

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INTERNATIONAL STUDENT AGREEMENT

As a condition of admission and maintenance of my F1 status at Los Angeles Mission College, AND to remain IN STATUS with the United States Citizenship and Immigration Services Department, I must:

- * Agree to stay at Mission a minimum of one year, two semesters.
- * Complete the required Assessment Examination to determine my knowledge and level of English language (ESL) or English grammar/composition and Math Skills.
- * Enroll in all English classes advised by the college to acquire English proficiency.
- * Meet with the International Student Counselor AND Enroll in courses programmed for me as listed on my Student Education Plan.
- * Enroll and complete at least 12 units of regular classes OR Enroll in 9 regular academic units and ONE online course to equal 12 units.
- * Maintain at least a "C" (2.0) scholarship average.
- * Change Major and/or Classes ONLY with the APPROVAL of the International Student Advisor
- * Drop below 12 units ONLY with the APPROVAL of the International Student Advisor
- * Accept employment only with the written approval of the United States Citizenship and Immigration Services (USCIS) and the International Student Advisor.
- * Report immediately, any changes in name, address, phone number, and field of study to the International Student office.

I understand that if I fail to meet any of the above conditions, I will be subject to dismissal, my I-20 will be terminated and my status will be reported to United States Citizenship and Immigration Services.

I have read and understood the information contained in this application. The answers that I have provided in this APPLICATION FOR ADMISSION are true and complete to the best of my knowledge. I understand that false information will invalidate the application.

APPLICANT'S SIGNATURE _____ DATE _____

(Note: An application without the applicant's signature will be returned and may result in a delay of admission)

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MANDATORY I-MED FEES

STUDENTS DO NOT HAVE THE OPTION OF WAIVING THIS FEE OR SUBSTITUING COVERAGE WITH OTHER PLANS.

On August 23, 2006 the Board of Trustees adopted **Board Rule 2309.30** which instituted a **mandatory** health insurance fee for International Students beginning with the spring 2007 semester. Effective date: fall 2007 semester:

International students attending a college in the Los Angeles Community College District under an F or M visa shall be charged a medical insurance fee equal to the cost of medical insurance purchased by the District on the student's behalf.

The fees and coverage are as follows:

Fall: (6 month period): 8/15 – 1/31

Spring: (6 month period): 2/1 – 8/31

International Students will be charged the medical insurance fee ("IMED") at the time they register for their first class of the semester. Your eligibility will be determined by the policy rules.

The fee rate is as follows:

THE CURRENT I-MED FEE IS: \$522.00 CHARGED FOR THE FALL AND SPRING SEMESTERS FOR A TOTAL OF \$1044.00 FOR ONE YEAR. THIS FEE COVERS THE OPTIONAL WINTER AND SUMMER SESSIONS REGARDLESS OF STUDENT ENROLLMENT.

Your insurance identification card* will be sent to you by mail from the insurance company. It is your responsibility to inform the insurance company of any address changes. If you have not yet received an insurance identification card, go to their website www.ghstudents.com Please contact the GGH office at (818)719-6417 for assistance.

*** Always carry your Medical Insurance Card with you. It may save your life.**

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