

Intensive English Program

F-1 Application

Issue Type: Initial Attendance Transfer-In Change of Status

Applicant Information: *Please print your name as it appears on your passport in all capital letters.*

Family/Last Name: _____ First _____

Middle Name: _____ Telephone: _____

Gender: Male Female Date of Birth (MM/DD/YYYY): _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Email Address: _____

Check Highest Education Level completed: Less than High School High School Graduate or equivalent
 Technical Degree Some College 2-Yr Degree 4-Yr Degree Master Degree Doctorate Degree

Foreign Address

U.S. Address (if available):

Address Line 1: _____

Address Line 1: _____

Address Line 2: _____

Address Line 2: _____

Address Line 3: _____

Address Line 3: _____

City: _____

City: _____

State/Province: _____

State/Province: _____

Zip Code: _____

Zip Code: _____

Country: _____

Country: _____

Program Preferences

Preferred Start Date: _____

Preferred Campus:

Preferred Schedule:

West Campus

Morning (8:30am - 1pm)

Osceola Campus

Afternoon (1:30-6pm)

*There is **no guarantee** of a morning or afternoon schedule at either campus. Class assignments are based on availability.

PAYMENT INFORMATION: Visa MasterCard Discover AMEX

Name as it appears on card: _____ Relationship to student: _____

Card Number: _____ Expiration Date: _____ (MM/DD/YYYY)

CCV #: _____ (3 or 4 numbers) Amount to Charge: **\$50.00**

I authorize the use of my credit card to pay for the application fee in the amount stated above.

Signature: _____ Date: _____

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Declaration of Finances/Affidavit of Financial Support

International students must submit the information below along with a financial document prior to the issuance of the I-20 form. Acceptable forms of Financial Documents are: recent bank letters or statements, from either the student's personal account or a sponsor's account. Sponsors should sign the affidavit of support section to verify they are willing to use their funds for the student's educational expenses. A signed copy of a scholarship letter stating the amount and duration of the award is acceptable.

The following is an estimate of expenses for an F-1 student for each 16-week program:

Description	Fees
Application fee	\$50
Tuition fee (16-week minimum; add \$400 for each additional two weeks)	\$3200
Books and supplies	\$287
Accident and Sickness Insurance, 6 months (mandatory)	\$652*
Living expenses (lodging, utilities, food, transportation, etc.)	\$4,000
Total Financial Requirement	\$8,200

Please note: Additional family members, such as a spouse and/or child, will require certification of additional funds in the amount of \$4,000 per dependent. Please submit a copy of each dependent's passport.

Do you plan to bring any dependents on F-2 Visas? Yes No

If yes, check all that apply. Spouse Children (please indicate how many children: ___)

AFFIDAVIT OF FINANCIAL SUPPORT

The affidavit below must be completed by the family member or sponsor and must match the name of the account holder provided in the bank letter or statement. Students do not need to complete this section if all financial support comes from personal funds.

Please indicate your relationship to the student: _____

I hereby certify that I, _____, will be responsible for the educational and/or living expenses of _____ each year while he/she is attending Valencia College. I also certify that the total amount of money I have available for educational expenses at Valencia College is U.S. \$_____. I authorize the release of my supporting financial documents to verify that the promised financial resources are immediately available to me and the student. I swear and affirm that I know and understand the contents of this affidavit, signed by me, and that the statements are true and correct.

Signature of Sponsor: _____

Date Signed: _____

PLEASE READ AND SIGN: By signing below, I certify that all information in this application is complete and accurate. I have read and understand the application checklist and cancellation policy (refer to Application Instructions).

Applicants under 18 years of Age Parent/Guardian Authorization: I, the parent or legal guardian of the above mentioned applicant, give permission for the student to participate in the Intensive English Program and indemnify Valencia College of all liability in the event of personal injury, property damage, property theft or claims of that nature. In the event of an emergency, I authorize the participant to receive medical treatment for an illness or injury at my own expense. I, the undersigned parent or legal guardian, affirm that I have read and am freely signing this agreement.

Student Signature: _____

Date: _____

Parent Name: _____

Parent Signature: _____

Date: _____

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F-1 Status Responsibility

All F-1 students are responsible for learning, understanding, and complying with United States federal laws and regulations governing the F-1 student visa. Failure to do so will violate your legal status in the U.S. Please read the information below.

INTERNATIONAL STUDENT AGREEMENT

I, _____, understand that if I am enrolled in the Intensive English Program at Valencia as an F-1 student, I agree to maintain my F-1 student status and follow all U.S. Immigration and Naturalization Service (INS) regulations during my studies. This includes but is not limited to the following:

- Attending a minimum of 18 program hours per week which consists of 18 classroom hours for every week of the program. If not, I will be placed on attendance probation for not meeting the immigration requirement.
- Maintaining a valid passport and all related documents.
- Having adequate funds to meet all expenses during the program.
- Carrying medical insurance through Valencia's provider, HTH Worldwide Insurance at www.hthstudents.com.
- Adhering to all college policies regarding student conduct and academic procedures.
- Maintaining a grade of **C or higher** in each session in order to continue in the program. If not, I will be placed on academic probation.
- Reporting any address change for me or my dependents within 10 days of the change to the DSO.
- Completing at least one **16-week program** before **transferring out** to another school.

I understand that failure to comply with any of the above requirements may result in termination of my F-1 visa status.

I understand that approximately **30 days** before my program end date, I must meet with my International Student Advisor to discuss my future plans. I understand that I have three options, outlined below:

1. **Program Completion:** You have 60 days after your program completion, and then you must leave the country. Your 60-day grace period begins on the last day of your class, NOT the end date on the I-20.
2. **Program Extension:** To extend your program, fill out the *Program Extension Form* and submit an updated official bank statement (if more than 5 months old) and proof of insurance 21 days before your program end date. **Failure to do so will cause you to be out of status.**
3. **Transfer Out:** You must complete at least one 16-week program before transferring out to another school. Follow the instructions on the *Transfer Out Form* and submit it to the International Student Advisor no later than 60 days after your program end date, NOT the end date of the I-20. **If you transfer out before the end of your 16-week program, you will not receive a refund.**

I also understand that if I decide to extend my F-1 visa, I must inform the International Advisor at least 21 days BEFORE my current I-20 expiration date. Program extensions cannot be granted AFTER the expiration of the current I-20. I also understand that if I register less than one week before any course start date, my space is not guaranteed and it may cause me to be out of status and potential transfer out to another school.

I also acknowledge that any interruption in my studies (for any reason, including sickness or vacation) may require me to repeat classes.

No refunds or level change requests will be granted for this reason.

I authorize the release of medical information for treatment purposes and give permission to a medical facility to examine me in case of illness or injury.

OTHER IMPORTANT INFORMATION - All actions below must be approved by the International Student Advisor.

- **Reinstatement:** You have 60 days after the completion of your classes to either leave the country, extend your program, or transfer out to another institution. If you do not submit your paperwork by the end of the 60 days, you will have to apply for a reinstatement. See the *Reinstatement Form* for instructions.
- **Temporary Leave of the Country:** You can depart the U.S. for a temporary absence of up to 5 months for either medical or academic reasons.
- **Stop Studying:** If you decide to stop studying before your program end date, you will **not** receive a refund for the initial 16 weeks.
- **Vacation:** Students are allowed to take up to **two months** of vacation per year. Please consult the Student Handbook and/or the Advisor for specific guidelines pertaining to vacation requests.
- **Employment:** An F-1 or F-2 student attending a language program is **not permitted** to work (on or off campus) in the United States.
- **Change of Status:** If students leave the country, their application will be automatically canceled by USCIS.

I affirm by signing below that I have read and understand this information, and I accept full responsibility for maintaining my status as an international student during the duration of my studies. In addition, I understand the payment requirements and the cancellation policy.

Student Name

Signature

Date