

# International Student Admissions Packet







**International Admissions** 

1540 Northway Drive ● St. Cloud, MN ●56303-1240
Email internationaladmissions@sctcc.edu
(320) 308-5089 ● Fax: (320) 308-5981
TTY: (320) 308-5988 ● Website: www.sctcc.edu

Dear Prospective International Student:

A member of Minnesota State

We are please you are considering St. Cloud Technical and Community College (SCTCC) to attain your educational goals. We provide the education training and support to ensure student success in an environment where everyone belongs. Located in the heart of central Minnesota, we look forward to welcoming you to the St. Cloud community.

When you return your application for admissions, please include the following items:

Proof of English language proficiency from one of the following:
TOEFL-61 minimum is required (with not less than 15 on reading, writing and listening sub scores)
using the on-line version of the test,
IELTS (International English Language Testing System) score of 5.5 minimum
Duolingo English exam score 90 or higher
High School Transcripts (English translated copies required)
Confidential Financial Information Form
Affidavit of Financial Support
Copy of Passport

**Please note:** Health insurance will be required before you may register for classes at our college. Insurance costs approximately \$2119.00. This fee is paid annually.

We welcome you and look forward to assisting you with the transition to this unforgettable experience. SCTCC is a great place for international students. If you have any questions, please call us at (320) 308-5089. You can also e-mail <a href="mailto:internationaladmissions@sctcc.edu">internationaladmissions@sctcc.edu</a> for assistance. Thank you for your interest in SCTCC.

Sincerely,

**International Admissions Team** 





#### **INTERNATIONAL STUDENT APPLICATION FOR ADMISSION**

U.S. Citizens **MUST NOT** use this form

I wish to begin my studies in the (Check one): ( ) Fall (August) ( ) Spring (January)

PART 1: PERSONAL INFORMATION							
Student Name ( <i>Last, First, M</i>	liddle Name)						
Social Security Number (if available) *Providing SSN is optional			al	Date of Birth (MM/DD/YYYY)			
Permanent Address (not in U.S. – cannot list PO Box)							
City			/State Zip Code				
Country			Telephone (Area Code)				
Country of Birth			Country of Present Citizenship				
EMAIL (Required)							
PART 2: PARENT/GUARDIAN	N INFORMATION						
Name of Parent/Guardian							
Parent/Guardian's Permanent Address							
Parent/Guardian's Telephon	Parent/Guardian's Telephone Number ( <i>Home</i> ) ( <i>Work</i> )						
PART 3: ACADEMICS BACKG	ROUND INFORMATION						
If you are now in the U.S., w	hat type of visa do you	have?	Are you currently	/ in status? ()\	res ( ) No		
Name of the U.S. College or						e a written explanation.	
Name of the o.s. conege of	Offiversity willen has iss	dea the i	20:				
Have you attended St. Cloud	l Technical & Communit	ty College	before? ( )Yes (	)No If <b>ves</b> , i	last date atte	nded	
Names Of Institutions Attent	DED AND ANY YOU MAY BE	ATTENDING	G AT PRESENT	3.7			
Name of Institution	Location	Atter	nded From-To	Actual Name of Diploma	Degree or	Date Received or Expected	
Name of Institution	Location	Atter	nded From-To	Actual Name of Diploma	Degree or	Date Received or Expected	
PART 4: OTHER INFORMATION	 On						
Number of years you have st	tudied English and whe	re:					
Intended Major				Expected Date of Graduation			
Current Address (if different	than permanent)						
Where did you hear about St. Cloud Technical & Community College?							
I declare that the information provided on this form is true, correct and complete. SCTCC has my permission to verify information by obtaining documents as needed. I understand that I will be required to provide additional information to complete the application process and providing false information may result in St. Cloud Technical & Community College revoking my status as an accepted or enrolled student.  Signature  Date							

#### How To Apply To St. Cloud Technical & Community College

- 1. English translations of all educational transcripts must be sent directly to the Admissions Office by institutions previously attended or certified copies by school official enclosed with this application.
- **2.** Proof of English language proficiency with one of the following:

**TOEFL**-61 minimum is required (with not less than 15 on reading, writing and listening sub scores) using the on-line version of the test,

**IELTS (International English Language Testing System)** score of 5.5 minimum **Duolingo English** exam score 90 or higher

**3.** Return the Confidential Financial Information Forms, Affidavit of Financial Support Form along with recent official bank statements (*must be English translated*).

Incomplete files will remain on file for **one year** only, pending the receipt of missing documentation. Failure by the applicant to provide required documentation within one year will result in the need to initiate a completely new application including the application fee and all documentation.

#### **PROGRAMS OF STUDY AVAILABLE TO INTERNATIONAL STUDENTS**

# BUSINESS, INFORMATION TECHNOLOGY, AND EDUCATION

Accounting Careers
Business Transfer Pathway
Computer Programmer
Culinary Arts
Education
Finance
Information Technology
Marketing and Design
Marketing Sales Management

#### **HEALTH SCIENCES**

Biomedical Equipment Technology
Cardiovascular Technology
Dental Assistant
Dental Hygienist
Health Information Technology
Medical Coding
Nursing (ADN - RN)
Paramedicine
Practical Nursing (LPN)
Sonography
Surgical Technology

#### **CONSTRUCTION TECHNOLOGY**

Architectural Construction Technology Carpentry Electrical Construction Technology Heating, Air Conditioning, and Refrigeration Land Surveying/Civil Engineering Plumbing Water Environment Technologies

#### MANUFACTURING TECHNOLOGY

CNC Advanced Machining Computer-Aided Mechanical Design Energy and Electronics Welding Fabrication

#### TRANSPORTATION TECHNOLOGY

Auto Body Collision Technology Automotive Service Technician Medium/Heavy Truck Technician

#### **LIBERAL ARTS & TRANSFER STUDIES**

Associate of Arts
Biology Transfer Pathway
Business Transfer Pathway
Coaching Certificate
Engineering Broad Field
Environmental Science AS
Green Energy Certificate
Mathematics Transfer Pathway
Minnesota Transfer Curriculum
Psychology Transfer Pathway
Spanish Transfer Pathway
Technical Theatre Practicum AA
Theatre Transfer Pathway

#### **APPLICATION DEADLINES**

Spring Semester: Last Friday in October Fall Semester: Last Friday in May

Failure to meet these deadlines will result in the application being advanced to the next semester.

Any student who fails to secure a visa after two attempts will not be extended another I-20.

They will be required to seek admissions at another college.

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St. Cloud Technical & Community College admits qualified students of any age, sex, sexual orientation, race, color, religion, or national and ethnic origin and does not discriminate to all the rights, privileges, programs, and activities made available to students at the college.

SCTCC is an ADA Accessible Facility and Affirmation Action/Equal Opportunity Educator and Employer



# International Student Confidential Financial Information Form

#### RETURN THIS FORM WITH YOUR APPLICATION FOR ADMISSION

Failure to respond to **ALL** questions, requirements and blanks will delay the process of admission, as the form will be returned to applicant if not completed as required. Write the letters "**NA**" in blanks "**NOT APPLICABLE**" to the application.

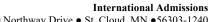
PART 1: STUDENT INFORMATION				
Student Name (Last, First, Middle Name)				
Gender □ Male □ Female □ Date of Bi			th (MM/DD/YYYY)	
Permanent Address (not in U.S. – cannot list PO Box	r)			
Country of Birth	Country of Present Citizenship		)	
PART 2: FINANCIAL INFORMATION				
I hereby certify that I will have <b>\$21,310.00</b> available for the first year of my program, through my own private resources, to sustain me during my stay at St. Cloud Technical & Community College. This cost is an annual estimate and must be paid each year. I agree to have sufficient funds available to cover the costs outlined below at the time they become due.				
Tuition Room & Boa		0.00		
Other Exper Health Insu				
TOTAL	\$ 21,31	0.00		
I further understand that financial aid, including em Community College and that lack of adequate finan- in the United States.	cial resources on m	y part will je	opardize my status as a student	
I understand the above amounts do <i>not</i> include travand/or my return travel.	vel expenses to St. (	Cloud, living	expenses for the summer,	
Student Signature			Date	
Sponsor, Parent or Guardian Signature			Date	
Name of sponsoring organization or individual				
Address of sponsoring organization or individual				

The information and requirements contained in this form can be changed without giving notice to the student. Please request current form.



## **A**FFIDAVIT OF FINANCIAL SUPPORT FOR INTERNATIONAL STUDENTS

Submission of this financial form is required of all F-1 (non-U.S.) students <i>before</i> an I-20 can be issued.					
PART 1: STUDENT INFORMATION					
I understand that as an international student, I am required to engage in full-time study at SCTCC. SCTCC is not obligated to provide me with employment during the period of my enrollment. I further understand that I am only permitted to work on campus in accordance with immigration regulations and other opportunities to work in the U.S. are limited by law. I certify, as indicated below, that I have arranged financial support for my education. In addition, I have arranged for all travel expenses and for support of my dependents (if applicable) while they are in the United States.  Student Name (Last, First, M.I.)					
Date of Birth (MM/DD/YYYY)	Signature of the Student				
PART 2: INFORMATION ON THE SP	ONSOR				
I understand that by pledging my financial support, I am indicating that I will assist with the payment of tuition, books, living expenses, transportation, and other expenses associated with attendance at St. Cloud Technical & Community College. I am signing this affidavit for the purpose of issuing a U.S. visa document, and the financial statements submitted are of my ownership.  Name ( <i>Last, First, M.I.</i> )  Date of Birth (MM/DD/YYYY)					
riame (2000) riioly riim			Sace of Siren (min, 55, 1111)		
Occupation					
Current Address					
City		State			
Country					
I hold a bank account at	and	d have enclosed a co	ppy of a current bank statement for review.		
Signature of the Sponsor			Date		
PART 3: STATEMENT FROM A BANK	K OR A FINANCIAL ESTABLISHMENT				
Please attach to this form an <b>official</b> , <b>original bank statement</b> indicating the <b>current bank balance</b> . A dated letter from the financial establishment (on official letterhead) may also be used to indicate that the sponsor/guardian has required <b>\$21,210.00 (USD)</b> available to fund the student. This letter, along with this form, must be <b>signed</b> and <b>notarized</b> by the financial establishment.  What is the present exchange rate of your currency to the U.S. Dollar? = U.S. \$  This is to certify that I believe the above sponsor has made ample funds available to meet the expenses outlined above for the duration of the student's stay at St. Cloud Technical & Community College. This certification does not constitute a statement of liability on my part of that of the firm or bank I represent.					
THIS SPACE IS FOR STAMP/SEA OF BANK OR BANK OFFICIAL	Bank Official Name:  Bank Official Title:  Bank Name:				
	Date:				





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### INTERNATIONAL STUDENT TRANSFER

This form must be attached to your application if you are transferring from a U.S. College or University to St. Cloud Technical & Community College. There are two sections on this form, one to be completed by you and the second section to be completed by the designated school official at your current/former institution.

Part 1: Student Information						
Student Name (Last, First, Middle Name)						
Ct-1-4 I D N-1-4		D. t. (D' 4) (an (DD ywyn))				
Student I.D Number at current/former school		Date of Birth (MM/DD/YYYY)				
Admission Number from I-94		Current SEVIS ID (from I-20)				
I declare that the information provided on this form is true, correct						
information by obtaining documents as needed. I grant permission						
Community College the information necessary to process the trans-						
issue an I-20, I must also send a copy of my current U.S visa, I-94 <b>Signature</b>	, and current I	Date				
Signature		Date				
DOCUMENT CHECK LIST	DOCUMENT CHECK LIST					
☐ Copy of Current U.S. visa ☐ Copy o	f I-94	☐ Copy of Current I-20 or IAP-66				
PART 2: SCHOOL INFORMATION - TO BE COMPLETED BY THE INTERN	PART 2: SCHOOL INFORMATION - TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR					
Institution Name						
Check all that apply:						
☐ Student was registered for a full course of classes the preceding	o guarter or ser	nester				
☐ Student was registered for a ran course of classes the preceding	- 1					
☐ Student was <b>NOT</b> registered for a full course of study during the	-	-				
student to apply for reinstatement with the Bureau of Citizenship and Naturalization (BCIS).						
Program and Degree Pursuit						
Student Start Date at your Institution	Degree Com	pleted? ( ) Yes ( ) No				
		If yes, date completed				
Advisor Name		Title				
Institution Address						
Email		Phone				
Signature		Date				
Signatur C		Date				



#### INTERNATIONAL STUDENT APPLICATION CHECKLIST

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Submit application materials to:

St. Cloud Technical & Community College

International Admissions 1540 Northway Drive St. Cloud, MN 56303

internationaladmissions@sctcc.edu

St. Cloud Technical & Community College is accredited by the Higher Learning Commission and is a member of Minnesota State.