



Bucks County Community College

Application Requirements and Procedures for International Students

An international student is a citizen of a country other than the United States who is authorized to remain in the United States for a temporary period as a non-immigrant student (F-1 visa) and who intends to return to his/her home country.

Note about Visitor's B1/B2 Visas:

Please be aware that B1/B2 visa holders who arrived in the USA on or after April 12, 2002 may NOT take academic courses until such time that they receive approval for F-1 status from United States Citizenship and Immigration Services.

Applying:

To apply for admittance into Bucks County Community College and for issuance of the I-20, students must provide all of the requested documents (see Application Checklist). **All documents must be received by the established application deadlines:**

	Fall Semester (begins late August)	Spring Semester (begins mid January)	Summer Semester* (begins late May)
Deadline	July 1 st	November 1 st	April 15 th

*Transfer and Change
Status students only

Please note that **embassies will not award visas more than 120 days prior to the start of the semester, and all financial documents must be no more than six (6) months old.** Students seeking to **transfer to Bucks** should submit a completed application packet at **least three weeks prior to the start** of the semester. In all cases, please submit applications with all documents are specified on the Checklist, as incomplete applications will be returned.

Admission:

Bucks County Community College will consider for admission, foreign students who meet the criteria below:

- ✓ Student has demonstrated that they have completed secondary school (high school) level education. An original secondary school and college or university (if applicable) record/transcript with a literal translation in English must be turned in with application. Foreign transcripts must be evaluated, preferably by World Education Service. Please check with the Adult and Multicultural Student Services Office before choosing any other evaluation service because not all are acceptable. Due to federal law, please keep in mind once you turn in any documents to the College, we are unable to return them to you.
- ✓ Student has demonstrated financial support to cover expenses for one full year; at present, this amounts to \$13,900.

- ✓ Student has submitted all required documents as indicated on the application checklist.
- ✓ Student has verifiable English skills commensurate with level of credit study at BCCC. TOEFL is preferred. Only if the applicant is in the area, then Bucks County Community College Placement Test will be administered in its stead. Even with TOEFL results, all accepted students must take the Placement Tests prior to registration.

Tuition Costs:

Foreign students, by Pennsylvania law, are not considered residents; therefore, they are not eligible for state- or county-subsidized tuition. International Students will be charged the Out-of-State tuition and fees. All international students must attend both fall and spring semesters taking at least 12 credits each to maintain full-time status. Financial aid is not available to foreign students.

Financial Support/Sponsor:

Verification of financial support in the amount of \$13,900 (breakdown of costs appears below) is necessary for issuance of the I-20. To establish that the student and/or sponsor has these funds, a bank statement (personal savings or checking account) is required. If shareholdings, 401Ks, or retirement plans are used, only the amount that is liquid will be given consideration. Income statements and mortgage information can be helpful but will not be counted toward the \$13,900 requirement. Please note that:

- ✓ All financial documents must be originals, including signature of bank official or notary. Photocopies or faxed copies of bank statements are not acceptable.
- ✓ The amount required does not include travel expenses or optional summer classes.
- ✓ All financial statements must be within six (6) months of anticipated started semester.
- ✓ If you have accompanying dependents, you must provide additional funding @ \$3,000/dependent.
- ✓ You cannot expect to work or receive financial aid after you arrive.
- ✓ Non-English documents must be accompanied by an official English translation.

Cost of Living:

It is often difficult to predict the actual expenses that a student will encounter during one year. The following estimates are meant to serve as a guideline for planning your finances and serve as minimum amount necessary for an international applicant.

	2009-2010 Estimated Expenses
Minimum Tuition and Fees	\$8,400
Books and Supplies	2,000
Medical Expenses	1,000
Health Insurance	500
Personal Expenses	2,000
TOTAL	\$13,900

Processing:

Upon receipt and approval of all completed and signed documents, BCCC issues Form I-20. Overseas students must take I-20 and current passport to the nearest United States Consulate to interview for a student visa. Once approved, the student is expected to arrive at the College at least two weeks prior to, but no more than one month before (per federal guidelines), the start of classes to allow for assessment testing and registration. **A copy of the stamped and approved I-20 form must be submitted to BCCC upon arrival in the United States.**

Students applying for Change of Status must provide the same documentation, along with Form I-539 at the time of their request. **Once approved, a copy of their stamped I-20 must be submitted immediately to the College.**

Note: If you require documents be mailed an overseas address, please include a \$60 US money order or check drawn on a US bank for postage.

SEVIS Fee:

After review of all documentation and Form I-20 has been produced by the College, the student or his/her representative must pay **\$200** USD in fees to support the F nonimmigrant reporting system. This fee must be paid before the student's appointment at a local embassy, or, for those changing status, must be received before adjudication of change. Form I-901 is to be completed, either online or on paper, at the time when all documents are picked up from Bucks County Community College.

Student Responsibilities:

As part of the application process, please be aware of the responsibilities you will assume as a student attending BCCC. You will be responsible for the following:

- ✓ To enroll in the International Student Health Insurance plan by the first day of the semester or to provide proof of equal coverage
- ✓ To maintain a full-time course load (12 credits or more per semester - Fall and Spring)
- ✓ To NOT withdraw from a course without permission from the Adult and Multicultural Student Services Director
- ✓ To provide your own room and board
- ✓ To provide your own transportation to and from the College
- ✓ To NOT accept employment off-campus unless approval has been received from USCIS
- ✓ To maintain a valid passport and 1-94 card
- ✓ To notify the college of any address, major, or name changes
- ✓ To be personally responsible for keeping your status in the United States legal and current

International Candidate for Admission Checklist

Please use this checklist as a resource when completing your application. Applications will not be evaluated until all documents are received. Please allow ten business days for your file to be reviewed.

- ⇒ Bucks County Community College Student Application* with a \$30.00 application fee (must be in US check or money order) or apply online free! http://www.bucks.edu/admission/app_form.html.
- ⇒ International Student Information Form
- ⇒ Include copies of I-94 card, current visa, and photo page of your passport. If applying from overseas, we need only a copy of passport. Overseas applicants will present their visa and I-94 card upon arrival. If you are including dependants on this I-20 (spouse or child), please submit a copy of their immigration documents as well.
- ⇒ Include an official secondary school and college or university (if applicable) record/transcript with a literal translation in English and TOEFL results, if any.
- ⇒ Sponsor's Affidavit of Support. This form is required to be notarized by a Notary Public or first-class magistrate. This form is not required of those who are financing their education from personal funds.
- ⇒ A bank statement plus a letter signed by a bank official on bank letterhead is needed to verify that you have the financial support to pay for a full academic year. The current bank account balance must demonstrate at least \$13,900 US (+\$3,000 per dependent) and indicate that the account is in good standing.
- ⇒ If student's sponsor is a citizen or permanent resident of the United States of America, notarized form I-134* This form is not required for transfer students.
- ⇒ Affidavit of Sponsor Providing Room and Board, notarized by a public or first-class magistrate. Include a photocopy of a deed, lease, or mortgage in the sponsor's name.
- ⇒ Form DS-158, Contact Information and Work History for Nonimmigrant Visa Applicant.
- ⇒ Signed copy of Acknowledgement of F-1 Status Responsibilities Signature Sheet.
- ⇒ If changing visa status, I-539* is required. Include letter to USCIS explaining reasons for your request. J visa holders must attach a copy of their DS-2019.
- ⇒ If transferring from another United States' institution, ask your current DSO to complete the F-1 Student Transfer Form. Transfer F-1 students must also submit a copy of the I-20 issued by their current school.

*To obtain copies of forms, visit: <http://uscis.gov/graphics/formsfee/forms/>

For additional information or assistance, contact: Adult and Multicultural Student Services 215 968-8107 or www.international@bucks.edu

If mailing application, we recommend that you send it in a traceable manner, such as FedEx or DHL internationally, Certified Mail, if domestically. Mailing address is:

**Bucks County Community College
Admissions and Multicultural Student Services
Pemberton 120
275 Swamp Road
Newtown, PA 18940 USA**

International Student Information Form

Complete all sections of this form and return it with the requested documents to the Office of Adult and Multicultural Student Services. Overseas applicants must be aware of application due dates when submitting documents. The I-20 Form will not be issued until all required documents are submitted and approved.

I would like to attend BCCC:

Fall semester 20____ Spring semester 20____ Summer semester I, II 20____

Please print clearly:

Name: _____
Last First Middle

Permanent Address (in home country):

Street Apartment #

City/Province Country Postal Code
Telephone # _____ Email _____

Local Address (in the U.S.): _____
Street address Apartment #

City State Zip Code

Local Telephone #: _____ **Cell #:** _____

Male Female **Date of Birth** ___/___/___

City of Birth _____ **Country of Birth** _____

Country of Citizenship _____ **Country of Residence** _____

Passport # _____ **Expiration Date** _____

Country of Issuance _____

Visa Status (if currently in the US): F-1 J-1 B-1/B-2 _____ Other (Please specify)

(Attach copy of all immigration documents, such as passport, any visa, I-94, or DS-2019).

Transfer or Change of Status Applicants: If you are a transfer student or plan to apply for a change of status currently in the United States, please fill out the following:

Visa Type _____ Visa # _____

Visa Issue Date _____ Visa Expiration Date _____

Port of Entry _____ Original Country Entry Date _____

1-94 Arrival/Departure Admission Number _____

If applicable:

Social Security Number _____

Driver License (State) _____

Transfer Only:

Name of transfer institution _____

Address _____

Foreign Student Advisor _____

SEVIS I-20 ID Number _____

Educational Information:

Official secondary and university transcripts translated into English must be submitted.

Educational Goals (check one):

_____ Take course(s), and then transfer

_____ Earn degree, and then transfer

_____ Earn degree, and return home

Dependent Information:

I expect to come to the United States:

_____ Alone

_____ With Dependents (please fill in the information below)

Please **list dependents** (spouse and/or children) who are seeking to enter the U.S. with you:

Last Name	First	Date of Birth	Relationship to applicant

You must demonstrate additional funding for each dependent. Approximately \$3,000 US per dependent is expected to ensure adequate financial means.

What is your primary language? _____

Statement of Intent

In English, please explain why you are choosing your particular field of study and how you intend to make use of your education in your home country (please use additional sheet if necessary).

Academic Focus

My major field of study is _____ (refer to see a list of majors).

I grant permission to Bucks County Community College to release my documents and/or information concerning my admission status to: _____ (please provide the first and last name of any other person who may access your personal records).

Certifying Statement

I hereby certify that all information provided on this application is true and correct. I understand the presentation of false information or failure to comply with Bucks County Community College's admission and registration procedures may result in my dismissal without refund of any fees paid. In addition, I understand that I must enroll in the medical insurance policy offered by Bollinger through the College upon registration for courses unless I submit proof that I obtained my own health insurance which includes medical evacuation and repatriation benefits by the end of the first day of the semester. I will also comply with Internal Revenue Service regulations on filing tax returns.

Bucks County Community College does not mail documents. Form I-20 must be picked up by the student or his/her representative named above.

Name (print)

Student's Signature

Date

Affidavit of Sponsor Providing Room and Board

For International Students at Bucks County Community College

A sponsor of room and board for an F-1 international student must reside in the vicinity of Bucks County Community College. This form is to be completed only by the person who owns or rents the property.

Name of sponsor _____

Address of sponsor (including room and/or apartment number of the residence offered to the student)

Phone # of sponsor _____

Name of student _____

Relationship to student _____

Does the sponsor live at the address listed above? ____ yes ____ no

How many rooms are in the house or apartment? ____

Does the sponsor own or rent the property? ____ own ____ rent

THIS AFFIDAVIT MUST BE SENT WITH A PHOTOCOPY OF A DEED, LEASE, or MORTGAGE IN THE SPONSOR'S NAME

I hereby affirm that I own or rent the property described above and that I will make it available without service-in lieu of payment to the student named for the duration of his/her studies at Bucks County Community College.

AFFIRMATION OR OATH OF DEPONENT

I acknowledge that I am aware of my responsibilities as an immigrant sponsor. I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent _____ Subscribed and sworn to (affirmed) before me

this _____ day of _____, 20__ at _____.

My commission expires on _____.

Signature of Officer Administering Oath _____

Title _____

**If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based in all information of which I have knowledge.

Signature _____ Address: _____ Date: _____

Sponsor's Affidavit of Support

For International Students at Bucks County Community College

I, _____, whose address is
(Please Print)

Being duly sworn, depose and say that it is my intention to have _____
who resides at (home country address) _____

_____ come to the United States to study at Bucks County Community College and that I am willing and able to receive, maintain and support the prospective student; and that this affidavit is made by me for the purpose of assuring Bucks County Community College that

_____ (Name of Student)

Will not find it necessary to appeal to the college or any other agency for scholarship or other financial aid.

Signature of Sponsor _____ Date _____

Also, I will not employ this student in any capacity nor allow the student to be employed unless USCIS approves employment.

Subscribed and sworn before me this _____ day of _____, _____,
Date Month Year
at _____
(Location)

Must include bank statement & letter on bank letterhead stating sponsor's current balance (in US dollars) & verifying that the account is in good standing.

Signature of Notary Public
or First-Class Magistrate _____

Address (including country) _____

Sponsor's Telephone Number _____

Signature of Sponsor _____

The Bureau of Immigration and Customs Enforcement (BCIS, formerly INS) grants F-1 status for one purpose only: to be a full-time student at a particular school in the United States. To that end, there are specific regulations which must be maintained in order to remain in status. This form is designed to make sure that you are aware of your responsibilities as an F-1 student since failure to comply may result in loss of status and eventual deportation.

The Adult and Multicultural Student Services Office is the only campus source of informed advice regarding your F-1 status while studying at Bucks County Community College. We are here to provide you with the best information possible, but **you are ultimately responsible for maintaining your F-1 nonimmigrant status.**

ACKNOWLEDGEMENT OF F-1 STATUS RESPONSIBILITIES Page 1 of 2

Please sign the form at the bottom as proof of your reading and understanding. Thank you.

- Complete 12 credits each semester at BCCC. Written permission to fall below 12 credits can be granted in advance by the Director, Adult and Multicultural Student Services; however, this is only permitted for certain academic purposes, reserved for the student's final semester, or documented illnesses/medical conditions.
- Do not enroll in more than one class, which can be no more than 3 credits, of Online Education (such as a television- or internet-based course).
- Do not expect to receive any financial assistance or to work in the US. You have confirmed with BCCC and BCIS that you have the financial support to remain in the US while studying.
- Do not work off-campus unless you obtain special permission from BCIS in the form of an Employment Authorization Document (EAD) card or a written authorization on the I-20, specifically for Curricular Practical Training (CPT). Note: A Social Security Card or Number does not grant the cardholder permission to work in the US.
- Work no more than 20 hours per week on campus at BCCC while in school is in session. Note: Transfer students may only work on the campus of the school that is presently administering their I-20.
- Report the following to the Adult and Multicultural Student Services Office within 10 days:
 - Any change in your legal name.
 - Any change in your local home address (where you physically reside) or phone number.
 - Any plan to change your major or program level (this requires additional information and a new I-20, in some cases)
 - Any changes in any of the above for your F-2 dependents (spouse or children)
 - If you are required to report annually to the USCIS under *Special Registration*, you must also file form AR11 SR with the USCIS for notification of address change.
- Do not let the completion date on your I-20 expire. The completion date is the end date in item #5 of your I-20. If your I-20 will expire before you have completed your program, be sure to submit a completed request for program extension form, which includes verification of continued financial support, at least three weeks before the expiration date. The reasons for delay must be a result of compelling academic or medical reasons. Delays caused by academic probation or suspensions are not acceptable reasons for program extensions.
- Before the last day of classes of the semester in which you complete your studies, you must apply for Optional Practical Training, if interested. USCIS must receive your application before the last day of finals of your last semester. PLAN AHEAD!! You must prepare and complete an application including all supporting documents, and then schedule a meeting with the Director, Adult and Multicultural Student Services in order to review your application. USCIS will not accept late applications. In addition, the

student must notify the Director if he/she will complete his/her studies in advance of the I-20's expiration date.

- If you plan to transfer to a new school, you must meet with the Director, Adult and Multicultural Student Services to make arrangements before the end of your last semester at BCCC. A student must begin classes at the new school within 5 months of completing classes at BCCC. The transfer must be completed with the international student advisor at the new school within 15 days of the report date on the I-20 of your new school. If you complete a course of study at BCCC, you must give sufficient time to input the name of the school you will transfer to into the SEVIS system. We must input the information no later than 60 days from the date you complete your studies.
- Within 60 days, of completing your program, you must leave the US if you have not already made other permissible arrangements, such as transfer of schools or change of status.
- If traveling outside of the United States, you must obtain a "Travel I-20" with signature from the Director of Adult and Multicultural Student Services before if you plan to return to study at BCCC. **Those who have changed their status to F-1 within the United States do not have a visa; therefore, travel outside the U.S. may result in the student's inability to return.** See the Adult and Multicultural Student Services Office for details.
- If you are subject to *Special Registration*, you must report to the USCIS annually within 10 days of the date you first reported.
- Be sure to maintain a valid passport. Your passport should be valid for at least 6 months in the future.
- F-2 dependents (spouse or children in F-2 status) are not allowed to work in the US under any circumstances and are not allowed to study unless the F-2 dependent is a child, in which case, he/she may study up to 12" grade. (An F-2 dependent may take a class that is a vocational or recreational in nature but is prohibited from full-time study.)
- File non-resident tax forms each year as required by federal regulations. Please consult a tax preparer with detailed questions.
- Enroll in and maintain health insurance through the BCCC policy for International Students with Bollinger, or if you have comparable coverage, you must turn in a copy of said policy with an English translation.

I have carefully read the above. By my signature below, I acknowledge that I understand the requirements of my F-1 status and my responsibilities as an F-1 student while at BCCC. I understand that violation of any conditions of my F-1 student status may result in termination of my record in the nonimmigrant reporting system rendering me out-of-status.

Student Name: _____ **Signature:** _____ **Date:** _____

F-1 Student Transfer Information Sheet

How to transfer TO Bucks County Community College:

1. Submit a completed International Student Application.
2. Inform your international advisor at your current school that you are transferring to BCCC. Your international student advisor must complete the Transfer Recommendation Form and mail it directly to the Office of Adult & Multicultural Student Services.
3. Submit a copy of your current I-20 with your International Student Application.
4. After all materials are received; you will be contacted from BCCC to indicate that you may come to the Office of Adult & Multicultural Student Services to pick up your new BCCC I-20.
5. When you arrive at BCCC, you must bring your passport, visa, 1-94, Driver's license, and/or Social Security Card to pick up your new I-20.
6. If you will be traveling outside of the United States before you attend BCCC, you will be issued a new I-20 before you leave the US. Please notify the Office of Adult & Multicultural Student services by letter with the date you will leave, your destination, and when you will return. It will also be helpful to have you registered for classes before you leave.
7. If you want plan on transferring credits from your previous institution, you are required to send an official transcript to the Office of Admissions and Records.

Special Transfer Topics:

If decide not to transfer, it is important that you inform the Adult and Multicultural Student Services Office immediately.

If a student completes a course of study or OPT, the student is eligible for transfer through the end of the 60-day grace period. Be aware of the 5 month start-date limit to begin studies at your new school: you cannot remain in the US if you are transferring to another institution and classes do not begin within 5 months of your transfer.

If you have any further questions concerning the transfer procedure, please contact: the Office of Adult & Multicultural Student Services at 215-968-8107.



F-1 Student Transfer Form

Bucks County Community College
Adult and Multicultural Student Services
275 Swamp Road, Rollins #14
Newtown, PA 18940

215-968-8137
barlowm@bucks.edu

Student Name: _____ **TERM OF TRANSFER:** _____

Please sign below allowing the release of information and give this form to the foreign student advisor at the institution you now attend or most recently attended. Please note that the new I-20 from Bucks County Community College must be obtained within 60 days of the last date of your full-time attendance at the previous school.

I grant permission for the information requested below to be released to *Bucks County Community College*.

Signature _____ **Date** _____

TO: Designated School Official

The above-named student has requested admission to Bucks County Community College. In compliance with USCIS regulations, we request confirmation of his/her status at your institution before approving transfer to our College. Please complete the following and return to the address listed above.

Current Immigration Status:

The student is in good standing and is/has been pursuing a full course of study. **Yes** _____ **No** _____

The student is out of status, and we will advise him/her to apply for reinstatement upon receipt of a SEVIS I-20 from Bucks County Community College. **Yes** _____ **No** _____

The student has meet all financial obligations. **Yes** _____ **No** _____

SEVIS I-20 Information:

SEVIS ID # _____ **TRANSFER RELEASE DATE:** _____

DSO Name: _____ **Signature:** _____

Institution Name: _____ **Contact phone number:** _____

Email Address: _____

Thank you for your assistance.



Application for Admission or Re-Admission

BUCKS COUNTY COMMUNITY COLLEGE

- Mr.
- Ms.
- Mrs.

1. Legal Name _____ Soc. Sec. # _____
Last First Middle

2. Any other legal name (former) _____
Last First Middle

3. Permanent Address _____
No. and Street Apt.

City State Zip

4. Home Telephone: (_____) _____ E-mail _____

5. Gender: Female Male

6. Date of Birth _____ / _____ / _____
Month Day Year

7. **Statement of Residency** *NOTE: If you are visiting or living with a relative who is not your parent or guardian, you are NOT considered a legal resident of Bucks County.*

Are you a citizen of the United States? Yes No

If No:

- Permanent resident INS # _____
- Foreign student (F-1 Student Visa) _____ (Country)
- Other type of Visa (Please list) _____

Are you a legal resident of Pennsylvania? Yes No

Are you a legal resident of Bucks County? Yes No

If not a resident of Bucks County, in what county do you reside?

8. **Ethnic Background**

(This information is voluntary and is used only for reporting purposes. It will not be used for an admissions decision.)

- African-American/Black Latin American/Latino
- American Indian White
- or Alaskan Native Asian or Pacific Islander

9. **When do you wish to enter Bucks County Community College?** *Please check appropriate boxes.* Year 20 _____

- Fall Semester (August) or Spring Semester (January)
- Summer(s) (June/July)

Summer Session: If you plan to attend the Fall Semester check here

10. **Major to which you seek Admission**

_____ code _____
(choose one from the list on the inside page)

Do you have a definite career or occupation in mind for which you are now preparing?

- Yes No Undecided

If yes, please write your career choice:

11. **Post Secondary Education Information:**

Previous or present colleges attended *(list most recent first)*

Institution name _____

Did you graduate Yes No

Dates from _____ / _____ to _____ / _____
mo. yr. mo. yr.

No. of credits completed _____

Institution name _____

Did you graduate Yes No

Dates from _____ / _____ to _____ / _____
mo. yr. mo. yr.

No. of credits completed _____

The College provides academic adjustments in accordance with Sec. 504 and the Americans with Disabilities Act. Students should provide reasonable notice of need for adjustments prior to enrollment by contacting the Office of Disability Services, 215-968-8463 (V), 215-504-8561 (TDD).

YOU MUST SUBMIT A FINAL HIGH SCHOOL TRANSCRIPT OR OFFICIAL GED SCORES TO THE OFFICE OF ADMISSIONS.

We are pleased that you are interested in Bucks County Community College. The staff of the Office of Admissions, Records and Registration is available to answer your questions about the College. For further information, or to arrange an in-person interview, call 215-968-8100. The office is open at the following times: 7:45 a.m. to 4:30 p.m., Monday through Thursday and 7:45 a.m. to 4:00 p.m. Friday. In compliance with Pennsylvania's College and University Security Act, security statistics and measures are available at 215-968-8395.

12. **Current Educational Goals:** (check one)

- Earn an Associate degree, then transfer
 - Earn an Associate degree, then work
 - Take courses, then transfer
 - Earn a certificate
 - Personal interest/self-improvement
 - Job improvement
 - Other:
- If applicable, college to which you plan to transfer:
- _____

Note: Financial Aid is available only to students seeking a degree or certificate. For eligibility, students must be working toward a degree or certificate at Bucks or planning to transfer to a four-year institution to earn a degree.

13. **This application is for enrollment status of:** (check one)

- Full-time Day (12-18 credits)
- Full-time Evening (12-18 credits)
- Part-time Day (1-11 credits)
- Part-time Evening (1-11 credits)

14. **Who/what has influenced your decision to attend Bucks County Community College? Check all that applies.**

- Parents Teacher/Counselor Friend
- College Fair Brochure College Representative
- Campus Tour Newspaper Television Radio
- Other _____

15. **Educational Information:**

High School or Preparatory School from which you graduated or expect to graduate.

Name _____

City/State _____

Date of high school graduation or anticipated date:

Month _____ Year _____

Check here if you have a GED

Date GED issued _____

Print name as it will appear on this transcript

16. **Parent, Guardian or Spouse**

Name _____

Relationship _____

Telephone (_____) _____

Address _____

17. **Your Employer**

Name _____

Telephone (_____) _____

Address _____

Financial Aid to attend Bucks County Community College is available; all new applicants will automatically receive Financial Aid information.

I certify that the information on this application is complete and accurate in every respect. I realize that failure to provide accurate and/or complete information can result in cancellation of this application, and/or revocation of admission.

Signature of Applicant

Date _____



A \$30 non-refundable application fee must accompany this application for admission if this is the first time that you have applied to Bucks County Community College.

Occupational Program Support Services are available, through the Carl D. Perkins Grant, to students seeking Occupational Degrees and Certificates. Eligible students must be single parents, displaced homemakers, academically or financially disadvantaged, or speak English as a second language. Please contact the OPSS Office at 215-968-8140 for details of services available.

If you need any assistance in completing this application, please call 215-968-8122.

Application Fee Form - Please Complete

Name _____

Semester you wish to attend:

- Fall Spring Summer

Year _____

For Admissions Office Use Only

Received by _____ Date _____

Student No. _____

Receipt # _____



U.S. Department of State
**CONTACT INFORMATION AND WORK HISTORY
 FOR NONIMMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0144
 EXPIRES: 01/31/03
 ESTIMATED BURDEN 1 Hour

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
 PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name(s)			First Name(s)			Middle Name			
2. Date of Birth (mm-dd-yyyy)			3. Place of Birth						
			Country			City/Town			
						State/Province			
4. Permanent Home Address and Telephone Number (include apartment number, street, city, state or province, postal zone, and country)									
5. Full Name and Address of Spouse (if applicable) (postal box number unacceptable)									
<u>Name (Last, First, Middle)</u>			<u>Address</u>			<u>Telephone Number</u>			
6. Full Names and Addresses of Children, Parents, and Siblings (postal box number unacceptable)									
<u>Name (Last, First, Middle)</u>			<u>Address</u>			<u>Relationship</u>		<u>Telephone Number</u>	
7. List at Least Two Contacts in Applicant's Country of Residence Who Can Verify Information About Applicant (do not list immediate family members or other relatives) (postal box number unacceptable)									
<u>Name (Last, First, Middle)</u>			<u>Address</u>			<u>Telephone Number</u>			

Paperwork Reduction Act Statement

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

WORK EXPERIENCE - PRESENT

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		Telephone Number
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		Telephone Number
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		Telephone Number
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
Employer's Name and Address:		Telephone Number
Describe Your Duties:		

I certify that I have read and understood all the questions set forth in this form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States.

APPLICANT'S SIGNATURE _____ DATE (mm-dd-yyyy) _____