

APPLY FOR ADMISSION AS AN INTERNATIONAL STUDENT

Fill out the International Student Application:

Complete the International Student Application and bring your application to the Enrollment Center, Building 2, Room 102. Or mail your complete application and requirements via post mail. Attach an official copy of a high school diploma. If documents are not in English, an official translation must be evaluated by an approved agency, please visit www.cedevaluations.com.

DEADLINE: International Student Application needs to be completed and submitted to the Enrollment Center by the deadlines indicated below. If you are applying for:

- January, the deadline is **NOVEMBER 4**
- September, the deadline is **JUNE 24**
- International Students may TRANSFER within 4 weeks before the start of the semester. However, the student must be in **GOOD STANDING WITH A VALID F-1 STUDENT VISA**.

Complete the I-20 Application Form:

Complete the [I-20 Application Form](#) to attend RCC on a student (F-1) visa.

Submit High School Diploma:

High School Diploma must be evaluated and approved by a foreign educational agency and NOT translated.

Submit an Affidavit of Support:

Submit an Affidavit of Support Notarized Letter from your sponsor stating that the sponsor will be responsible for your educational and living expenses for your studies at Roxbury Community College.

Also submit a Current Certified Official Bank Letter:

Submit a current Certified Official Bank Letter showing a minimum of \$25,000.00 US dollars in a bank account to cover total educational and living expenses for one year.

Take the placement exams:

If English is not your first language, you are required to submit proof of at least intermediate level of English proficiency. We accept: TOEFL, A total score of at least 60 on the TOEFL. Please note upon your arrival in the U.S. you will be required to take RCC's College Placement Test. If you are already in the U.S., you do not need TOEFL. However, you are required to take the College Placement Test at the College's Assessment Center. Appointments are not required for the test. Students in the Community ESL Program are not eligible to apply for an I-20. If you have completed a mathematics or English course with a grade of C or higher at an accredited institution, you may be eligible for exemption from testing. Submit a copy of your transcript and grade report evaluated by an approved center of education, in a sealed agency envelope, to the Enrollment Center, Building 2, room 102.

Information Session and Registration:

Following acceptance into the College, students will receive a letter inviting them to attend an Information Session to select and register for courses. Advising staff will assist students with appropriate course selection.

Submit Immunization Record:

It is mandatory to bring all the vaccinations that we require on the immunization and Health form, and it must be signed and stamped by your doctor. It is on the last two pages of the package. Massachusetts General Laws, Chapter 76, section 15C, requires that all full-time (enrolled in 12 or more credits) and all students (full- and part-time) enrolled in health career programs present evidence of immunity to measles, mumps, rubella, diphtheria, tetanus, and three doses of hepatitis B vaccine and monteux testing for tuberculosis. Students in the health career programs also must present evidence of immunity to varicella and monteux testing for tuberculosis. For measles, mumps, rubella, and hepatitis B, serologic proof of immunity is acceptable. Students who fail to present the required information within 30 days from the date of registration are not allowed to register for

subsequent semesters or receive final grades until the immunization form is received by the Enrollment Center, Building 2, Room 102. Immunization forms become part of the student's permanent file and therefore cannot be copied, transferred, or returned.

Pay Tuition and Fees:

Payment on Tuition and Fees should take place while students are registering for classes.

F-1 Students must always pay non-resident student tuition and fees.

The U.S. Citizenship and Immigration Services (USCIS) Department requires international students to present proof of their ability to pay for all their educational expenses while studying in the United States. We estimate that you will have the following expenses if you live here for twelve months and go to college for both regular academic semesters (which are September – December and January – May):

Tuition and fees for 1 academic year (12 credits per semester)	\$ 11,188.00
Living expenses	\$ 9,954.00
Health insurance (mandatory)	\$ 3,858.00
TOTAL	\$ 25,000.00

***No financial aid is available for international students.**

USCIS (Citizenship and Immigration Services) require that all international students fulfill the following conditions:

- Pursue a full-time course of study (minimum of 12 credits per semester)
- Provide the DSO at your school with current address and phone number.
- Notify DSO at your current school about your intentions to transfer to RCC.
- Keep a current passport that is valid 6 months into the future.

Arrival at Roxbury Community College:

All new international students are expected to arrive in Boston no later than 3 weeks before the beginning of classes. This is necessary to allow time for the student to get settled, take the placement test, meet with an advisor, and register for classes. Please contact Enrollment Center at 857-701-1200 or enrollment.management@rcc.mass.edu 1234 Columbus Ave., Roxbury, MA 02120.

Student Housing:

Roxbury Community College is a commuter school. RCC does not offer student housing, this means that you will be responsible for obtaining adequate housing. Keep in mind that in most instances property owners will ask for first and last month rents, plus a security deposit equal to one month's rent. These initial expenses can easily cost \$1,500.00 - \$3,000.00 U.S. dollars.

While You Are a Student at RCC:

If you have any concerning regarding your F-1 student Visa, contact the Enrollment Center.

Contact Information:

Enrollment Center
Phone: 857-701-1200
Email: enrollment.management@rcc.mass.edu
Building 2, Room 102
1234 Columbus Avenue,
Roxbury Crossing, MA 02120-3400

INTERNATIONAL STUDENT ADMISSIONS APPLICATION

INSTRUCTIONS: Please type or print clearly!

Please complete this form and submit with proof of high school completion and immunization records. **Foreign educational credentials must be evaluated in U.S. equivalents.**

Health Sciences programs such as Associate Degree in Nursing, Radiologic Technology and Practical Nursing Certificate have required prerequisites that need to be completed before applying to each program. Please visit www.rcc.mass.edu/nursing or call 857-701-1645 for further information.

OFFICE USE ONLY

RCC I.D.: _____ Date: _____

Entered By: _____

Application Fee Paid: Yes No

Cash: _____ Check #: _____

Waived By: _____

Credit Card: _____

Deferred: _____

STUDENT NAME

Last Name: _____ First Name: _____ Middle Initial: _____

CURRENT U.S. ADDRESS

Street: _____

Apartment #: _____

City: _____

State: _____

Zip Code: _____

Telephone Number in the U.S.: _____

Cell Phone Number: _____

Email Address: _____

FOREIGN ADDRESS

Street: _____

Apartment #: _____

Province/City: _____

Country: _____

Postal Code: _____

Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

BIOGRAPHICAL DATA

Date of Birth: _____
mm/dd/yyyy

Gender: Male Female

Country of Citizenship: _____

Country of Birth: _____

Are you Hispanic or Latino? Yes No

Are you Cape Verdean? Yes No

Please select one or more of the following races that best describe you:

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Do you need an I-20 Form for an F-1 Visa? Yes No

Other Visa Holder (Indicate type): _____

Visa Admission Number: _____

Visa Start Date: _____
mm/dd/yyyy

Visa End Date: _____
mm/dd/yyyy

CANDIDATE

Name of High School: _____ High School Graduation Year: _____

Province/City: _____ Country: _____ Postal Code: _____

How did you hear about RCC?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bay State Banner | <input type="checkbox"/> Direct mail from RCC | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other Source: _____ |
| <input type="checkbox"/> Church | <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Radio/Television | |
| <input type="checkbox"/> College or Career Fair | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> RCC Student/Alumni | |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Mass College/University | <input type="checkbox"/> RCC Faculty/Staff | |
| <input type="checkbox"/> Digital Advertisement | <input type="checkbox"/> MBTA Advertisement | <input type="checkbox"/> RCC Gazette | |

CANDIDACY

Year of Entrance: _____ Term: Fall Spring Summer I Summer II

Type of Candidacy: New Student Readmit Transfer

Program of Interest: *(Please Select Only One)*

Associate of Arts Degree

- Arts and Humanities³ (ALAAH)
- Arts and Humanities: Music Arts (ALAMU)
- Arts and Humanities: Theatre Arts³ (ALATA)
- Arts and Humanities: Visual Arts³ (ALAVA)
- Biological Science³ (ALABS)
- Biological Science: Laboratory Animal Care (ALAAC)
- Broadcast Media Technology (ALABT)
- Business Administration³ (ALABA)
- English³ (ALAEN)
- Health Careers (ALAHC)
- Liberal Arts³ (ALALA)
- Mathematics³ (ALAMA)
- Physical Science³ (ALAPS)
- Social Science³ (ALASS)

Associate of Science Degree

- Accounting³ (SBUAN)
- Biotechnology (SSCBT)
- Business Management (SBUBM)
- Criminal Justice³ (SHSCJ)
- Early Childhood Education (SHSEE)
- Engineering (SCEG)
- Engineering: Smart Building Technology Concentration
- Information Systems Technology³ (SCSIT)
- Network Administration (SCSNA)
- Nursing (ADN)^{1,2,4} (SNRRN)
- Radiologic Technology^{1,2,4} (SNRRT)
- Web Technologies (SCSWT)

Certificates

- Accounting (CBUAC)
- Biotechnology/Biomanufacturing (CSCBI)
- Broadcast Media Technology (CATBT)
- Information Systems Technology (CCSIT)
- Network Administration (CCSNE)
- CDA Plus (Early Childhood Certificate)

¹ This Program requires prerequisites.

² This is a competitive admissions program. The office of admissions can provide you with specific details regarding additional requirements.

³ Approved majors for MassTransfer at RCC.

⁴ Students who select Nursing (ADN), Practical Nursing (PN), and Radiologic Technology will be placed into the Health Careers Program while they are completing their pre-requisites before being reviewed for formal acceptance into one of these programs.

ATTRIBUTES

Is English your first language? Yes No (If no, list first language: _____)

If English is not your first language, you are required to submit proof of at least intermediate level of English proficiency. We accept: TOEFL. A total score of at least 60 on the TOEFL. Please note upon your arrival in the U.S. you will be required to take RCC's College Placement Test. If you are already in the U.S., you do not need TOEFL. However, you are required to take the College Placement Test at the College's Assessment Center. Students in the Community ESL Program are not eligible to apply for an I-20.

Education Goals: Associate Degree Transfer without completion of an Associate Degree
(Please check one) Certificate Transfer to 4-year College with an Associate Degree

Athletic Interest:

Do you wish to play sports at RCC? Yes No If yes, which sport(s)? Basketball Track Soccer

EMERGENCY CONTACT

Name: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

ACKNOWLEDGEMENT AND CERTIFICATION

I acknowledge that all documents submitted become the property of the College and will not be returned to me. I understand programs that involve working with children, the disabled, elderly, or include a clinical affiliation may require a Criminal Offender Record Information (CORI) check or Sexual Offender Record Information (SORI) check. A positive CORI or SORI may prevent students from entering into certain programs, including Nursing, Radiologic Tech, and Early Child Education or securing a license to practice.

I hereby certify that all information stated in this application is complete and accurate, and I understand that falsification or omission of information or submitting false records to the College may result in disqualification or dismissal. I understand this application for admission will not be complete until all documents are submitted to the Enrollment Center. I give permission to Roxbury Community College to verify my educational record(s).

I hereby give permission/consent to release my education records to Roxbury Community College, and I give permission to Roxbury Community College to contact me via telephone.

Student's Signature: _____

Date: _____
mm/dd/yyyy

Guardian (if under 18): _____

Date: _____
mm/dd/yyyy

Mail to: Roxbury Community College
Enrollment Center
1234 Columbus Avenue
Roxbury Crossing, MA 02120-3423

Statement of Publication

This is an official publication of Roxbury Community College. Course offerings, dates, tuition, fees, and other information are subject to change. The College reserves the right to revise any material described in this publication. The information in this publication is provided for convenience, and the College disclaims any liability that may be incurred. This publication is neither a contract nor an offer to make a contract.

Affirmative Action/EEO Statement of Non-discrimination

Roxbury Community College is an Affirmative Action/Equal Opportunity employer and does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, national origin, or gender identity in its education programs or employment pursuant to the following: Massachusetts General Laws, Chapters 151B and 151C; Title VI of The Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; The Americans

with Disabilities Act, and regulations promulgated thereunder; Code of Federal Regulations: 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504).

All inquiries concerning application of the above should be directed to the College's Affirmative Action Officer, Coordinator of Title IX, and/or the Section 504 Coordinator.



I-20 APPLICATION

You must complete and return this application to the Enrollment Center. If you have not done so already, attach an affidavit of support (I-134) documenting ability to pay all educational and living expenses while studying in the United States. The affidavit should include a notarized letter from your sponsor and a current certified bank letter. International students attending Roxbury Community College should have a minimum of \$25,000 available for educational and living expenses. An I-20 will be issued when this form and all other appropriate documentation is returned to our office.

Applicant's Name: _____
Family/Last Name *First Name*

Date of Birth: ____/____/____

Country of Birth: _____

Country of Citizenship: _____

Passport Number: _____ Expiration Date: ____/____/____

Current Address in the U.S.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number in the U.S.: () _____

Foreign Address (if any)

Street Address: _____

Providence: _____ City: _____ Country: _____

Telephone Number: _____

Semester which you plan to enter Roxbury Community College: _____

Program of Study: _____

Student applying from within the U.S., please answer the following questions:

What type of visa are you currently on? _____ Expiration Date: ____/____/____

What is your Admission/Departure number on your I-94 Card? _____



TRANSFER STUDENT RECORDS TO ROXBURY COMMUNITY COLLEGE

To Be Completed by Student

Student Name: _____

Date of Birth (Month/Date/Year): ____/____/____

Date you plan to enroll in Roxbury Community College: _____

TO THE STUDENT: Please has this form completed by your International Student Advisor. Applications are considered incomplete for review if this form is not forwarded.

To Be Completed by International Student Adviser

TO THE INTERNATIONAL STUDENT ADVISER: The student named above is applying for admissions to Roxbury Community College. Please forward your reply to the letterhead mailing address.

1. Date of most recent enrollment: _____
2. Is the student eligible to continue at your institution? Yes No
3. To your knowledge, has the student met all obligations to the Department of Homeland Security? Yes No
4. Admission Number on I-94: _____
5. SEVIS transfer release date: _____
6. SEVIS number: _____
7. Date of initial enrollment at your institution: _____
8. Has student used any period of optional practical training? Yes No
9. We would appreciate any comments you think may be helpful to us.

International Student Adviser's Name: _____

Title: _____

Name of Institution: _____

Mailing Address: _____

Telephone Number: _____ E-mail address: _____

Signature: _____ Date: ____/____/____



INTERNATIONAL STUDENT AGREEMENT

PLEASE SIGN AND RETURN THE INTERNATIONAL STUDENT AGREEMENT WITH YOUR PACKAGE.

The International Student Agreement must be signed and returned with your application as evidence that you understand the obligations of being accepted to Roxbury Community College.

1. International students in the United States on visas cannot establish a permanent domicile in this country no matter how many extensions may have been granted. Therefore, international students must pay non-resident tuition.
2. To qualify and maintain a student visa (F-1 status), the international student must register for and maintain 12 credit hours each semester.
3. An international student who accepts unauthorized employment is subject to deportation.
4. All tuition and fees must be paid at the time of registration.

I have read the above statements and fully understand my obligations if I am granted a student visa. I also understand the total cost of one year's education in the United States of America at this institution is \$25,000.00 and that I will be responsible for payment of all debts and liabilities assumed by me while attending Roxbury Community College.

Applicant's Name: _____
Family/Last Name *First Name*

Date of Birth: ____/____/____

Country of Birth: _____ Country of Citizenship: _____

Current Address in the U.S.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number in the U.S.: () _____

Foreign Address (if any)

Street Address: _____

Providence: _____ City: _____ Country: _____

Telephone Number: _____

Student's Signature: _____ Date: ____/____/____



INTERNATIONAL FINANCIAL SUPPORT FORM

Sponsors must provide evidence of sufficient funds available to support financially four semesters of study at Roxbury Community College. This affidavit must be signed by the sponsor and stamped or sealed by a notary public, as well an original letter with an official signature on bank letterhead must also be submitted. The letter should verify a current Account balance with a minimum of \$25,000 (U.S. dollars) and whether the account is in good standing.

Sponsor Information

I, _____ who born on ____/____/____

who reside at _____

_____, phone number _____

It is my intention to support: Student name _____, who reside at (home country) _____

and come to the United States to study at Roxbury Community College and reside at (U.S. address),

_____, phone number _____

I am willing and able to maintain and support the prospective student. This affidavit is made by me for the purpose of assuring the college that the student I am sponsoring will have sufficient funds to cover tuition, fees and living expenses during their course of study at Roxbury Community College.

Relationship to student: mother [] father [] relative [] friend [] company []

Signature of Sponsor: _____ Date ____/____/____

Table with 2 columns: Name and signature and statement signed and sworn before me; Stamp or seal required. Includes fields for Signature of notary public, Address, and Date.

IMMUNIZATION AND HEALTH INFORMATION FORM

PART A: STUDENT INFORMATION

Last Name	First Name	MI	
Date of Birth	Student ID	Telephone Number	
Street Address	City	State	Zip Code

According to Massachusetts law 105 CMR 220.600, all full-time students (12 or more credits) under the age of 30 and all full-time and part-time students in Health Profession programs must present evidence of immunization against measles, mumps, rubella; tetanus, diphtheria and pertussis; varicella (chickenpox), Hepatitis B, and Meningitis (if 21 years and under), to attend classes.

If you are exempt from the Massachusetts law 105 CMR 220.600, please check the **below** reason, sign your name and date below, and complete PART C (Health Information Form).

- I am a part-time student OR not enrolled in a Health Profession Program OR over 30 years of age.
- Such immunizations conflict with my religious beliefs (see M.G.L. c. 76s.15C).
- I am submitting a physician's statement, which verifies that my physical condition will be endangered by the required immunizations.

If you are NOT exempt from the Massachusetts law 105 CMR 220.600, please complete PART C and have your health care provider, (MD,NP, PA) complete PART B.

Student's signature	Date <u> </u> / <u> </u> / <u> </u>
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PART B: IMMUNIZATION VERIFICATION (To be completed by a health care provider)

IMMUNIZATIONS	DATE(S): MONTH/DAY/YEAR
Tetanus-Diphtheria-Pertussis: Tdap (1 dose required) then a Td booster every 10 years	<u> </u> / <u> </u> / <u> </u>
MMR: (2 doses or positive titers for Measles, Mumps, Rubella)	
Measles (2 doses required)	#1 <u> </u> / <u> </u> / <u> </u> #2 <u> </u> / <u> </u> / <u> </u>
Mumps (2 doses required)	#1 <u> </u> / <u> </u> / <u> </u> #2 <u> </u> / <u> </u> / <u> </u>
Rubella (2 doses required)	#1 <u> </u> / <u> </u> / <u> </u> #2 <u> </u> / <u> </u> / <u> </u>
Varicella: (Vaccine or antibody titer required for Health Profession Students and International Students)	
1. History of Varicella (chickenpox) <input type="checkbox"/> Yes <input type="checkbox"/> No (exempt if born in the United States before 1980)	
2. Varicella vaccine	#1 <u> </u> / <u> </u> / <u> </u> #2 <u> </u> / <u> </u> / <u> </u>
3. Varicella titer results	Date: <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Pos <input type="checkbox"/> Neg
Hepatitis B: (3 doses required or titer results)	#1 <u> </u> / <u> </u> / <u> </u> #2 <u> </u> / <u> </u> / <u> </u> #3 <u> </u> / <u> </u> / <u> </u>
Titer results	Date: <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Pos <input type="checkbox"/> Neg
Meningococcal: 1 dose of MenACWY if 21 years and under – or a signed waiver	<u> </u> / <u> </u> / <u> </u>
Tuberculosis Test: (Required for Health Profession Students and International Students)	
<i>TB test results - within past 6 months.</i>	Date: <u> </u> / <u> </u> / <u> </u> Results: _____ # mm _____
<i>Submit official chest x-ray report if PPD is positive.</i>	Date: <u> </u> / <u> </u> / <u> </u> Results: _____

Signature	Printed Name	Date <u> </u> / <u> </u> / <u> </u>	
Street Address	City	State	Zip Code
Telephone number			

PART C: HEALTH INFORMATION FORM

To be completed by the student – please print

Last Name First Name MI

Date of Birth Student ID Telephone Number

Street Address City State Zip Code

Contact Person In Case of Emergency

Last Name First Name Relationship

Home Phone Number Work Phone Number Cell Phone Number

Street Address City State Zip Code

If you have a health condition that you would like the College Nurse to know about, please contact:

Student Health Services

Health Sciences Building (4), Room 313

Tel: 857-701-1657

Email: rhines@rcc.mass.edu

If you have a disability that you would like the Accessibilities Director to know about, please contact:

Student Accessibilities

Academic Building (3), Room 201A

Tel: 857-701-1278

Email: accessibility@rcc.mass.edu

This form must be returned within 30 days of registration to:

Roxbury Community College

Enrollment Center

Administration Building (2), Room 102

1234 Columbus Avenue

Roxbury Crossing, MA 02120

This form must be returned within 30 days of registration.