

# International Student Application and Information Packet



MANY CULTURES | ONE DESTINATION

# Las Positas College

*in Livermore, California*





## ADMISSION

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Thank you for your interest in Las Positas College. To attend Las Positas College, you must submit a number of documents in order to be considered for admission to the International Student Program. Attached is a checklist of all necessary forms to be submitted. Once the college has received the required documents, you will promptly be advised of your admission status. If you are accepted to Las Positas College, a Certificate of Eligibility for Non-Immigrant Student Status (**I-20**) will be issued to you along with a letter of acceptance to Las Positas College.

## APPLICATION DEADLINES

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We accept applications on an ongoing basis and recommend you apply early to allow time for the visa interview process. These are our recommended deadlines:

Fall Semester	July 1 for out of country applicants August 1 for applicants in the U.S.
Spring Semester	December 1 for out of country applicants January 1 for applicants in the U.S.

## TUITION

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International student tuition	\$226 per unit X 12 units	\$2,712
Enrollment fee	\$ 46 per unit X 12 units	\$ 552
Various Term fees	Due once each semester	\$ 33

**Total Cost for 12 Units of Coursework** **\$3,297**

*Fees are subject to change at any time*

## CONTACT INFORMATION

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### INTERNATIONAL STUDENT PROGRAM STAFF

**Sean Day**

International Admissions Specialist

Phone: (925) 424-1540

Email: [sday@laspositascollege.edu](mailto:sday@laspositascollege.edu)

**Cindy Balero**

International Student Program Coordinator

Phone: (925) 424-1548

Email: [cbalero@laspositascollege.edu](mailto:cbalero@laspositascollege.edu)

**Sylvia Rodriguez**

Dean of Enrollment Services

Phone: (925) 424-1542

E-mail: [srodriguez@laspositascollege.edu](mailto:srodriguez@laspositascollege.edu)

**Gilberto Victoria**

International Student Counselor

Phone: (925) 424-1477

E-mail: [gvictoria@laspositascollege.edu](mailto:gvictoria@laspositascollege.edu)

Fax: (925) 424-1877

Website: [www.laspositascollege.edu/international](http://www.laspositascollege.edu/international)



## CHECKLIST OF REQUIRED MATERIALS

All forms, information, and documentation must be submitted before your application can be evaluated. Please use this checklist to verify that the following forms are being submitted along with your application. Thank you.

- Las Positas College **Application for Admission** (you may complete this form online at [www.laspositascollege.edu/international/](http://www.laspositascollege.edu/international/))

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- \$100.00 Non-Refundable **Application Fee** (payable by cash, check, or money order, or credit/ debit card using the "Application Fee Payment by Credit/ Debit Card Form")

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- International Student Supplemental Application** (pages 3-4)

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- TOEFL** score (45+ iBT, 450+ PBT or 133+ CBT) or **IELTS** score (4.5+ band) or **STEP Eiken Test** score (grade 2A or higher) or **iTEP** score (level 4 or higher). Not required for ESL program.

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- Certificate of Financial Responsibility** indicating Self or Sponsor's Support (page 5)

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- Bank Certification** (at least \$17,534 and dated within 3 months) (page 6)

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- Test of Tuberculosis** (If not done by a physician before arrival, test can be done at the Las Positas Student Health Center within 2 weeks of arrival in the U.S.) (page 7)

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- Proof of **Medical Insurance** (before or within 2 weeks of arrival in the U.S.) (page 8)

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- Read carefully and sign the attached **Student Contract**. (page 9)

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- Statement of Purpose **Essay** (page 10)

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- High School/University **Transcripts** (translated into English)

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- Identification **Photographs** (2 passport-size)

### **Students transferring from another U.S. school must also provide the following:**

- Transfer Verification Form** from previous school
- Official Transcript from previous school
- Copy of prior I-20, passport biographic page, visa and I-94

Mail completed application to:



Las Positas College  
International Student Program  
3000 Campus Hill Drive  
Livermore, California 94551 U.S.A.



## INTERNATIONAL STUDENT APPLICATION

The following information is required for issuance of the I-20AB/ID document and must be correct. **Please type or print legibly in ink.** Complete all sections of this application and return it with all other required documents.

Name: \_\_\_\_\_  
(as it appears on passport) Last (Family) First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  Male  Female

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

I am applying for the following semester:  Fall  Spring Year 20\_\_

Do you have any dependents accompanying you to the U.S.?  Yes  No

If yes, please provide your dependents' full name(s), birth date, gender, relationship, country of birth, and country of citizenship on a separate page.

How did you hear about Las Positas College? \_\_\_\_\_

Have you attended Las Positas College before?  Yes  No

If yes, what is your Las Positas College Student ID#? W \_\_\_\_\_

### PERMANENT (HOME COUNTRY) ADDRESS (Required)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### MAILING ADDRESS (IF DIFFERENT) This is where your acceptance package will be sent.

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### U.S. RESIDENCY INFORMATION

Are you currently in the United States?  Yes  No

If yes, what is your type of Visa? \_\_\_\_\_

Visa Status Expiration Date: \_\_\_\_\_

When did you arrive in the United States? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

U.S. Address (if known) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

U.S. Phone: (\_\_\_\_) \_\_\_\_\_ U.S. Fax: (\_\_\_\_) \_\_\_\_\_



## ENGLISH LANGUAGE PROFICIENCY

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Las Positas College will accept **TOEFL** scores of **450 PBT, 133 CBT or 45 iBT** and above, an **IELTS** score of 4.5 and higher, an **iTEP** with a minimum score of **Level 4** or a completed **STEP Eiken Test** with a minimum score of **Grade 2A**. A TOEFL score or other English language proficiency test is not required for students enrolling in our English as a Second Language (ESL) program. **If you do not have an English language Proficiency score, you will be conditionally accepted to LPC. Full acceptance into the College is dependent on your assessing into one of our 6 levels of ESL.**

Have you taken an English language proficiency exam?     Yes     No  
If yes, which test did you take?     TOEFL     IELTS     iTEP     STEP Eiken  
Your score: \_\_\_\_\_    Date test was taken: \_\_\_\_\_

Please submit your English proficiency score to Las Positas College. Our TOEFL Institution Code is **6507**.

Upon arrival at the College, all International students will be tested for English proficiency in order to be placed in the appropriate level of courses. **English as a Second Language (ESL) instruction will be mandatory for students whose test score demonstrates a need for additional English language preparation.**

## TRANSFER STUDENT INFORMATION

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Are you currently enrolled in an English language program, high school, college, or university in the United States?

Yes     No

If yes, what is the name of your school? \_\_\_\_\_

What is your last date of attendance at your current school? \_\_\_\_\_

Do you plan to travel outside the U.S. before attending Las Positas College?     Yes     No

Transfer students should submit the Transfer Verification Form available at:

[www.laspositascollege/international](http://www.laspositascollege/international)

## ACADEMIC INTENT

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What is your intended field of study (major)? \_\_\_\_\_  
*(Selecting a major is necessary in order to prepare the I-20 form)*

What is your educational goal at Las Positas College?

- Associate degree (2 yr. degree)  
 Transfer to a 4 year college to earn a Bachelor degree (4 yr. degree)

## CERTIFYING STATEMENT

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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 Las Positas College's admission and registration procedures may result in my dismissal without refund of any fees paid.

Name (*print*) \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



## CERTIFICATE OF FINANCIAL RESPONSIBILITY

Should you be accepted as a student at Las Positas College, you are required to have the official of a bank or financial institution verify that you or your sponsor have a minimum of **\$17,534.00** available for your first academic year (9 months). Additional funds will be necessary if you are traveling with dependents. We estimate the minimum costs of housing, meals, and incidentals to be \$500 per month for a spouse, and \$300 per month per each child. The funds do not have to be held in a U.S. bank or in U.S. currency. This office is able to calculate the currency conversion.

### **SPONSOR'S AFFIDAVIT**

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The person who is financially responsible for the applicant must sign this section. If you are responsible for yourself, sign the statement yourself. (A student with a sponsor in the U.S. may also need their sponsor to complete I-134 Affidavit of Support in order to apply for their student visa. This form is available at the US Citizenship and Immigration Services website at [www.uscis.gov](http://www.uscis.gov))

As sponsor, I agree to guarantee all normal expenses for the school year. These expenses include tuition, room and board, books, supplies and transportation to and from the campus and the student's residence. I have read the information regarding the cost of tuition and living expenses for the period of study at Las Positas College. I certify that these funds are available, and I accept full responsibility for these expenses.

Name of person financially responsible: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signature: (Required) \_\_\_\_\_

Date: \_\_\_\_\_



## BANK CERTIFICATION

Please have an official of your or your sponsor's bank complete the following. A copy of the student's or sponsor's bank statement dated with the past 3 months (90 days) is also acceptable. Please request 2 copies of verification of funds. Submit 1 copy to Las Positas College. Keep 1 copy for your visa appointment and U.S. Immigration.

Total available funds: **(must be greater than \$17,534.00)** \_\_\_\_\_

Name of Account holder: \_\_\_\_\_

Name of bank: \_\_\_\_\_

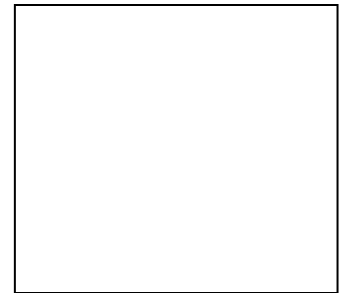
Bank location: (city and country) \_\_\_\_\_

Name of bank official: (please print) \_\_\_\_\_

Title of bank official: \_\_\_\_\_

Bank official's signature: \_\_\_\_\_

Date: **(must be within 90 days of application date)** \_\_\_\_\_



official bank seal/stamp



# TUBERCULOSIS TEST

(to be completed and signed by Physician)

## TUBERCULOSIS (TB) TEST

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Medical Examination of: \_\_\_\_\_  
*Name of Applicant*

Date of TB skin test (*must be dated within 1 year of application date*): \_\_\_\_\_

Result of TB test:                      Positive                       Negative

***If TB test is positive, x-ray is required.***

Date of x-ray: \_\_\_\_\_

Results of x-ray:                      Positive                       Negative

**It is strongly recommended that students provide proof of the following Immunizations:**

Measles, Mumps, and Rubella                      \_\_\_\_\_

Hepatitis B                      \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (*please print*)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address – Street

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
State License Number

Return this form with application, or mail to:

**Las Positas College  
International Student Program  
3000 Campus Hill Drive  
Livermore, California 94551 U.S.A.**



## MEDICAL INSURANCE AFFIDAVIT

All international students are required to purchase medical insurance. Coverage must include repatriation and medical evacuation. **FAILURE TO DO SO MAY RESULT IN DISMISSAL FROM THE COLLEGE.**

I hereby submit the attached evidence of health and medical insurance which I have purchased. This insurance will cover the usual and normal costs that might incur due to accident and/or illness while in attendance at Las Positas College.

**Name of Insurance Carrier:** \_\_\_\_\_

**Policy Number or Identification:** \_\_\_\_\_

**Policy Expiration Date:** \_\_\_\_\_

**Address of Insurance Carrier:** \_\_\_\_\_

(Please attach a copy of your medical card or policy)

**If you do not have your medical insurance yet, check the box below:**

I hereby agree to purchase health and medical insurance before the end of the second week of classes and maintain medical coverage during my entire period of attendance at Las Positas College. I will present evidence of continuous coverage to the International Student Program.

\_\_\_\_\_  
*student's name – please print*

\_\_\_\_\_  
*student's signature*



Las Positas College  
**INTERNATIONAL STUDENT AGREEMENT**

**If I am admitted as a student at Las Positas College:**

- I must attend the 3-day International Student Orientation.
- I must enroll in the 1 unit PSCN 28 course in my first semester.
- If I am admitted without submitting the required score of an English Proficiency Test such as the TOEFL, I understand that I will be admitted to the ESL program and I must enroll in the courses programmed for me by the International Student Counselor.
- I must enroll in, attend and complete (no “W” withdrawals) at least 12 units (full-time) of class at Las Positas College each Fall and Spring semester (Summer optional).
- I must not enroll in more than 1 class or 3 units of a distance education (online) course per semester as part of my full-time course load.
- I must have a current Student Educational Plan (SEP) on file and meet with the International Student Counselor once a semester.
- I will maintain a cumulative grade point average (GPA) of 2.0 “C”.
- I will take an assessment test to demonstrate my proficiency in the use of the English language and will enroll in any classes suggested by the College to improve my English proficiency.
- My beginning math classes will be determined by a placement examination.
- I must pay all tuition and fees each semester at the time of registration according to College regulations.
- I must be covered by an acceptable medical insurance policy and provide the International Student Program office with proof of insurance within 10 working days of the beginning of the semester.
- I must provide proof of being free from active Tuberculosis (TB) by submitting results of a TB test within 10 working days of the beginning of the semester.
- I must limit on campus employment to no more than 20 hours per week while school is in session in accordance with U.S. Department of Homeland Security (DHS) regulations.
- I may not work off-campus without authorization from the U.S. Department of Homeland Security (DHS).
- I must notify the International Student Program Office of any changes in address within 10 days in accordance with U.S. Department of Homeland Security (DHS) regulations. The Office will then update my SEVIS record.

I understand that failure to comply with any of the Las Positas College regulations may result in a hold placed on my student records or dismissal from the College. I acknowledge that it is my responsibility to understand and follow the DHS F-1 student regulations. I also understand that if I fail to meet the DHS regulations as they pertain to maintaining my F-1 student visa status, Las Positas College is obligated to notify the U.S. Immigration and Customs Enforcement (ICE) branch of DHS via updating my SEVIS record. I understand that this could result in deportation from and future exclusion to the United States.

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*Signature*

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*Date*



## STATEMENT OF PURPOSE ESSAY

Please write a brief statement in your **own handwriting**, describing:

- A)** your reasons for wanting to study in the United States,
- B)** your future academic and career goals, and
- C)** how you became interested in Las Positas College.

Use additional sheets of paper if necessary.



Las Positas College  
International Student Program  
3000 Campus Hill Drive  
Livermore, California 94551 U.S.A.  
[www.laspositascollege.edu/international](http://www.laspositascollege.edu/international)