

PO Box 3000, Susanville, CA 96130 Telephone: (530)251-8808 Fax: (530)251-8802

## **Instructions for Application and Admission**

#### **TIMELINES**

To allow time for the exchange of correspondence, processing and evaluation of your academic records, please return your application by June 15<sup>th</sup>, for the fall (August-December) semester and October 15th, for the spring (January – May) semester.

#### **FINANCES**

International students must have sufficient funds immediately available to pay tuition and fees in advance. Bank verification of funds available to cover one year's financial need must be submitted with the application.

\*\*Students are encouraged to pay in full upon registration\*\*

#### **ENGLISH**

For those students whose primary language is not English, they must show oral and written proficiency in the English language using the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS), or you may use Duolingo Testing.

Minimum score of 75 is required for Duo lingo. Minimum TOEFL scores are 500 (paper-based test), 173 (computer-based test), and 61 (internet-based test). Minimum IELTS band score is 6. 3 **International students who score below the minimum required levels will not be accepted** 

#### ACADEMIC PROGRAM

International students must enroll in a full-time program with 12 or more units each semester. Failure to maintain a full course of study may lead to dismissal from Lassen Community College and termination of your I-20.

### FOREIGN COURSEWORK

Students who have satisfactorily completed courses from a foreign nation's appropriately accredited university may be able to apply the course credits toward an Associate degree at Lassen Community College. Students should consult a counselor BEFORE requesting to have credits evaluated, because the time it takes to evaluate a large number of units can delay enrollment. **Please note:** Foreign coursework will not satisfy requirements for American History/Government, English or reading.



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### **HEALTH STATUS**

International students must provide medical documentation including evidence of polio immunization or Sabin oral vaccine, medical statement of immunization against measles, and a certificate of freedom from active tuberculosis. International students must provide verification of personal medical insurance coverage. Students not currently covered for personal medical insurance coverage must purchase coverage for the duration of their enrollment at Lassen Community College.

#### **HOUSING**

It is recommended that international students live in the Lassen Community College dormitory or other approved housing for their first year.

#### **EXPENSES**

Cost of Attendance per Academic Year, based on 12 units per semester:

Enrollment Fees:\$9,240 Books & Personal: \$5,366

> Housing: \$4,900 Total: \$19,506

\*\*Cost of attendance is subject to change\*\*

For COVID-19 vaccination requirements, please see link below.

https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html

### ADDITIONAL CONTACT INFORMATION

Phone: 530.251.8808 Email: lccadmissions@lassencollege.edu



Legal Name (on passport):LAST	FIRS	T	Middle Name
Birth date:**Month/Day/Year**	Male:	Female:	
Mailing Address:			
City: Co	ountry:	Phone:	
Email Address:			
Country of Citizenship:		Country of Birth:	
Are you a U.S. Citizen?		California Resident?	
Do you have a current Visa?		Visa Number:	
Resident Visa?		Student Visa?	
Other? Date of Expiration:		Date of Issue:	
Primary Language:		Other Language:	
When do you plan to attend? Fall: Spring:	Other:		
Proposed Major:	Minor:		
Person to Contact in case of emerge	ency:		
Name:			
Address:			
Home Phone:	Work Phone:		



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### AGREEMENT WITH LASSEN COMMUNITY COLLEGE

In order for your application to be processed, the following agreement must be signed. You will be expected to abide by these conditions of enrollment. If at any time you fail to meet one or more of these conditions, you may be subject to dismissal. Lassen Community College is required to report student status to the United States Immigration and Customs Enforcement Office each and every semester.

### The conditions are as follows:

- 1. I will attend the orientation program for New Students.
- 2. I will enroll in the courses selected for me by the International Student Counselor.
- 3. I will maintain enrollment in a minimum of 12 units per semester and will remain in good academic standing with a 2.0 GPA or better (Grade Point Average).
- 4. I will maintain a current health insurance policy during my entire stay at Lassen Community College.
- 5. I will authorize the International Student Counselor to contact my instructors in order to monitor my academic progress.
- 6. I understand that if I violate any of the above conditions during my stay at Lassen Community College I will be subject to probation or dismissal.

Printed Name:		_
Signature	Date	



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## **CERTIFICATE OF BALANCE**

International students must have sufficient funds immediately available to pay tuition and fees in advance. Bank verification of funds available to cover one year's financial need must be submitted with the application: \$18,490.

Name of Student:		
Name of Sponsor:		
Relationship to Student:		
Address:		
This is to certify that the above-nour bank. Convert foreign curre		lowing amount of money in
Type of Account	Balance	Remarks
Γhe above statement is true to th	•	
Name of Bank:		
Address of Bank:		
Rank Officer's Signature *requir	red* Date	



## **HEALTH FORM**

me: Birth date:		
Address:		
Male: Female:		
Health History:		
Illnesses	Operations	
Do you have any of the following?		
Diabetes:YESNO	Epilepsy:YES	NO
Rheumatic Fever:YESNO	Asthma:YES	NO
Allergies to: Food (which ones?):		
Drugs (which ones?):		
Other:		
Signature of Student	 Date	-

(Health form continued on next page)



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## \*\*All immunizations stated on this form are required\*\*

# This portion must be completed and signed by a physician or public health officer.

### **HEALTH FORM**

Immunizati	ion record for:			
		(Name)		
	Dates	of Immunizations:		
Mumps:	Measles:	Rubella:		
<u>Diphtheria</u> :		Tetanus:		
Pertussis:	<u>Influenza</u>	Hepatitis		_
Tuberculosis, PPD resu	ult MMS:	Date given: _		
Chest X-ray date *requ	<u>iired*</u> :		Results:	
Has the applicant had l	BCG?			
Covid-19 vaccine dat All test results must be accepted.			officer before (	the student will be
Is the applicant clear of	f any communicable	disease?		
Are there any special in	nstructions regarding	g the physical/mental	l health of this	individual?
Address:				
Signature of Physician or	Public Health Officer	*required* Det	to	



## MEDICAL INSURANCE AFFIDAVIT

I, (name)	, hereby submit the evidence of Health and
Medical Insurance. This insurance	ce will cover the usual and normal costs, which I might
incur due to accident and/or illne	ess while in attendance at Lassen Community College:
Name of Insurance Company:	
Address of Company:	
Policy Number:	
Policy expiration Date:	
initial registration, a Health and evidence of compliance to the Ad	hereby agree to purchase, prior to my Medical Insurance policy at my own cost. I will present missions and Records Office before I am allowed to so will result in my dismissal from Lassen Community
Student's Name (print):	
Student's Signature	Date



Name of School

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## EDUCATIONAL BACKGROUND

**Dates** 

Major/Degrees

List all secondary schools, colleges, universities, vocational and technical schools you have attended.

**Country/State** 

What will be your any that apply to y		ttending Lassen C	ommunity Coll	ege? (Please check
Associate (	of Arts or Associat	te of Science Degre	e	
Vocational	l/Technical Certifi	cate		
Earn credi	its/units for transf	er to another U.S.	college/univers	ity
Earn credi	ts/units for transf	er to a college/univ	ersity in my ho	ome country
To become	e more proficient i	n English		
Other goals or obj	ectives:			
List Tests of English	ı you have taken an	d score:		
Date:		Score:		
	What other lang	uages, besides English,	have you studied	?
Language	Years Studied	Level of Speaking	-	



## **EDUCATIONAL GOALS**

	ort statement of your educational go n your future endeavors, after comp	, ,
<b>Housing preference</b>	<u>ce:</u>	
First semester:	On-campus dormitory:	Host family home:
Second Semester: On-campus dormitory:		Host family home:
	Off-campus apartment:	Other:
information may		rect, and I realize that false or incomplete les, regulations and policies outlined in the y them
Student's Signatu	re Date	