



# Lassen Community College- International Admissions

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

## International Student Application 2025-2026

### 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 15<sup>th</sup>, 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 the 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:

\$10,504

Books & Personal:

\$6,158

Transportation:

\$1,990

Housing:

\$5,500

Food:

\$9,686

**Total: \$33,838**

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

## **ADDITIONAL CONTACT INFORMATION**

Phone: 530.251.8808 Email: [lccadmissions@lassencollege.edu](mailto:lccadmissions@lassencollege.edu)



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Legal Name (on passport): \_\_\_\_\_  
LAST FIRST Middle Name

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
\*\*Month/Day/Year\*\*

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

City: \_\_\_\_\_ Country: \_\_\_\_\_ 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 Issue: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other Language: \_\_\_\_\_

When do you plan to attend?

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Other: \_\_\_\_\_

Proposed Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Person to Contact in case of emergency:

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: \$33,838.**

Name of Student: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

**This is to certify that the above-mentioned person has the following amount of money in your bank. Convert foreign currency into U.S. Dollars.**

Type of Account	Balance	Remarks

The above statement is true to the best of my knowledge.

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

\_\_\_\_\_  
Bank Officer’s Signature **\*required\***

\_\_\_\_\_  
Date



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## HEALTH FORM

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Health History:

Illnesses	Operations

Do you have any of the following?

Diabetes: \_\_\_\_\_YES \_\_\_\_\_NO      Epilepsy: \_\_\_\_\_YES \_\_\_\_\_NO

Rheumatic Fever: \_\_\_\_\_YES \_\_\_\_\_NO      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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**This portion must be completed and signed by a physician  
or public health officer.**

## HEALTH FORM

**Immunization record for:** \_\_\_\_\_

### Dates of Immunizations:

**Mumps:** \_\_\_\_\_ **Measles:** \_\_\_\_\_ **Rubella:** \_\_\_\_\_

**Pertussis:** \_\_\_\_\_ **Meningitis** \_\_\_\_\_ **Varicella** \_\_\_\_\_

**Is the applicant clear of any communicable disease?**

\_\_\_\_\_

**Are there any special instructions regarding the physical/mental health of this individual?**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Public Health Officer **\*required\***

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



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## MEDICAL INSURANCE AFFIDAVIT

**I, (name) \_\_\_\_\_, hereby submit the evidence of Health and Medical Insurance. This insurance will cover the usual and normal costs, which I might incur due to accident and/or illness while in attendance at Lassen Community College:**

**Name of Insurance Company:** \_\_\_\_\_

**Address of Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Policy expiration Date:** \_\_\_\_\_

**I, (name) \_\_\_\_\_ hereby agree to purchase, prior to my initial registration, a Health and Medical Insurance policy at my own cost. I will present evidence of compliance to the Admissions and Records Office before I am allowed to register for classes. Failure to do so will result in my dismissal from Lassen Community College.**

**Student's Name (print):** \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

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





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## EDUCATIONAL BACKGROUND

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

Name of School	Country/State	Dates	Major/Degrees

What will be your primary goal in attending Lassen Community College? (Please check any that apply to you.)

\_\_\_\_\_ Associate of Arts or Associate of Science Degree

\_\_\_\_\_ Vocational/Technical Certificate

\_\_\_\_\_ Earn credits/units for transfer to another U.S. college/university

\_\_\_\_\_ Earn credits/units for transfer to a college/university in my home country

\_\_\_\_\_ To become more proficient in English

Other goals or objectives: \_\_\_\_\_

List Tests of English you have taken and score:

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

Score: \_\_\_\_\_

What other languages, besides English, have you studied?

Language	Years Studied	Level of Speaking	Reading	Writing



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## EDUCATIONAL GOALS

**Please write a short statement of your educational goals, describing how you might use your education in your future endeavors, after completion of your college courses.**

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**Housing preference:**

**First semester:**      **On-campus dormitory:** \_\_\_\_\_      **Host family home:** \_\_\_\_\_

**Second Semester:** **On-campus dormitory:** \_\_\_\_\_      **Host family home:** \_\_\_\_\_

**Off-campus apartment:** \_\_\_\_\_      **Other:** \_\_\_\_\_

**I certify that all the information of this application is correct, and I realize that false or incomplete information may result in dismissal. I understand the rules, regulations and policies outlined in the Lassen Community College catalog and agree to abide by them**

\_\_\_\_\_  
**Student's Signature**

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