

**MCLENNAN COMMUNITY COLLEGE**  
**POLICY AND PROCEDURES FOR UNDERGRADUATE**  
**INTERNATIONAL STUDENTS**

Individuals who have successfully completed at least the equivalent of 12 years of elementary and secondary education shall be eligible for admission to McLennan Community College if they meet the following conditions:

Submit an admission application to McLennan Community College.

Submit the International Student Information Sheet.

Submit official transcripts of all previous academic work. Documents in a language other than English must be accompanied by English translations certified by a university official. Translations supplement, but do not replace, original documents. Students must have at least a "C" average to be eligible for transfer from another college or university in the United States.

Submit a minimum score of 500 on the Paper Based Test, 61 on the Internet Based (iBT) Test or 173 on the computer-based Test of English as a Foreign Language (TOEFL), if not from an English speaking country. The McLennan Community College TOEFL code is **6429**. For more information, go to [www.toefl.org](http://www.toefl.org).

Provide a financial statement of support reflecting sufficient funds to cover all expenses while in the United States (see International Student Information Sheet, pg. 4).

Meet all admission requirements by July 1 for Fall admission, November 1 for Spring admission, and April 1 for Summer admission.

Submit an application fee of \$50 in US funds. (This fee is non-refundable.)

If transferring from a U.S. school, include copy of visa, passport, I-94 card, I-20, and a transfer clearance form completed by the international advisor at your current institution (see International Student Information Sheet, pg. 6).

Submit official verification of required immunization during the first semester of enrollment (see International Student Information Sheet, pg. 5).

Complete required testing upon arrival at the College.

The Office of Student Admissions shall notify students of tentative acceptance and shall provide the necessary forms and information related to entering the United States on a Student Visa.

# McLennan Community College

## International Student Information Sheet

### FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ FEE PAY STATUS \_\_\_\_\_

START DATE \_\_\_\_\_ COUNTRY CODE \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

**NOTE: All files must be completed by July 1 for Fall Admission and by November 1 for Spring Admission.**

Please print clearly.

NAME (AS PRINTED ON PASSPORT):

A # \_\_\_\_\_

STUDENT/SOCIAL SECURITY NUMBER: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last or Family Name

First Name

Middle

Name you want to be called

PRESENT MAILING ADDRESS (OR U.S. ADDRESS):

Street Number and Name

Apartment Number

City

State or Province

Country

Postal Code

PERMANENT MAILING ADDRESS (HOME COUNTRY):

Street Number and Name

Apartment Number

City

State or Province

Country

Postal Code (if any)

DAYTIME TELEPHONE: \_\_\_\_\_

EVENING TELEPHONE: \_\_\_\_\_

E-MAIL (IF ANY): \_\_\_\_\_

FAX (IF ANY): \_\_\_\_\_

FEMALE  
 MALE

Birthdate:  
Mo. Day Year  
\_\_\_\_/\_\_\_\_/\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_

TYPE OF U.S. VISA (IF NONE, STATE "NONE")

Please attach a copy of passport visa page

EXPIRATION DATE: \_\_\_\_\_

### CHECK THE SEMESTER YOU WISH TO ATTEND:

20\_\_\_\_  FALL SEMESTER  
(end of August)

SPRING SEMESTER  
(middle of January)

SUMMER SESSION  
(2 sessions: end of May & middle of July)

ANTICIPATED MAJOR OR FIELD OF STUDY:

McLennan Community College does not discriminate on the basis of sex, disability, race, creed or religion, color, age or national origin.

**EMERGENCY INFORMATION**

FAMILY MEMBER OR FRIEND IN THE U.S. TO CONTACT IN CASE OF AN EMERGENCY:

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*Last or Family Name* *First*

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*Daytime Telephone* *Evening Telephone* *Fax (if any)*

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*Street Number and Name* *Apartment Number*

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*City* *State or Province* *Country* *Postal Code (if any)*

FAMILY MEMBER OR FRIEND OUTSIDE OF THE U.S. TO CONTACT IN CASE OF EMERGENCY:

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*Name and relationship to you* *Daytime and Evening Telephone Numbers*

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*Street Number and Name* *Apartment Number*

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*City* *State or Province* *Country* *Postal codes (if any)*

## FINANCIAL RESPONSIBILITY

The estimated costs of attendance for a full-time student for a nine-month academic year are as follows:

Tuition & Fees	\$ 3,990
Books	\$ 1,172
Room/Board	\$ 6,522
Transportation	\$ 2,313
<u>Personal</u>	<u>\$1,743</u>
<b>TOTAL</b>	<b>\$15,740</b>

*These figures are estimates and may change without notice or obligation.*

*If student is planning to bring any F-2 dependents to the U.S, you must also add \$2,500 to the estimated cost for each dependent*

## FINANCIAL STATEMENT

McLennan Community College requires certification and declaration of adequate financial support from applicants with student visas. This statement must be on file before admission will be considered.

I, \_\_\_\_\_, affirm that (1) I will have sufficient funds available to pay all of my necessary expenses in the amount indicated above, and will be able to pay for travel to and from my home country; and (2) that I understand that I will not receive financial aid (a scholarship, grant or loan) from the College. The sources of my funds and the amount in **U.S. dollars** to be received from each are listed below:

<u>SOURCE</u>	<u>REQUIRED DOCUMENTS</u>	<u>GUARANTEED SUPPORT - U.S. \$</u>
Personal Savings	Original Copy of bank statement signed by bank official	\$ _____
Parent or Sponsor	Signed affidavit (below) and original copy of bank statement signed by bank official	\$ _____
Scholarship, government or other agency	Original or certified copy of the award letter	\$ _____
TOTAL (min. \$15,740)		\$ _____

I hereby certify that the information provided above is accurate and complete to the best of my knowledge, and that I will have the full amount outlined to provide for my personal and academic expenses. I shall notify McLennan Community College of any changes in my financial circumstances or academic status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### AFFIDAVIT OF SUPPORT (to be completed by parent or sponsor)

I hereby certify that I am willing, able and do promise to provide the amount of \$ \_\_\_\_\_ payable in U.S. dollars for

the educational expenses of \_\_\_\_\_ who is my \_\_\_\_\_  
(name of student) (relationship to student)

Documentation of my financial ability is attached.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Sponsor

**HEALTH REQUIREMENTS FOR INTERNATIONAL STUDENTS**

1. A tuberculin test must be obtained within one week of enrollment at the College and interpreted by a licensed physician in the United States. If the test results are positive, a chest x-ray will also be required.
2. Evidence of having begun a series of polio virus vaccine inoculations must be provided to the Office of Student Admissions at the time of enrollment and should be completed as soon as it is medically possible after enrollment.
3. Documented evidence of rubella, rubella (measles), tetanus, and diphtheria vaccination must be submitted to the Office of Student Admissions at the time of enrollment. Vaccinations should be received prior to departing for the United States, since it may be necessary for some to be separated by a four week period.

**NOTE:** Live virus vaccines should be avoided during pregnancy and pregnancy should be delayed for three months following rubella vaccination.

**DOCUMENTED PROOF OF HAVING MET THESE REQUIREMENTS MUST BE ATTACHED TO THE CERTIFICATE OF HEALTH. PLEASE HAVE A PHYSICIAN COMPLETE THE FORM BELOW.**

<i>VACCINE</i>	<i>YES</i>	<i>NO</i>	<i>DATE OF LAST INJECTION</i>
Diphtheria/Tetanus			
Polio Virus Vaccine			
Rubella Vaccine			
Rubella Vaccine			
TB Skin Test Negative_____ Positive_____ Date_____			

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print physician's name : \_\_\_\_\_

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

McLennan Community College  
 1400 College Drive  
 Waco, TX 76708  
 (254) 299-8657  
[astraten@mclennan.edu](mailto:astraten@mclennan.edu)

## TRANSFER STUDENTS COMPLETE

Please have the International Student Advisor complete this section if you are currently attending another college, university, or language school in the United States and wish to transfer to McLennan Community College. To be eligible to transfer to McLennan Community College, you must have maintained your F-1 student status at the school you are currently authorized to attend and have a GPA of 2.0 or higher.

STUDENT'S NAME: \_\_\_\_\_ Was student enrolled in full time studies?  
*Last or Family Name* *First*  Yes  No

Last Semester attended and dates completed: \_\_\_\_\_

If student was not enrolled in full time studies, please explain:

\_\_\_\_\_

When does the student's current I-20 expire? \_\_\_\_\_ Student's cumulative G.P.A. \_\_\_\_\_

SEVIS ID# \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Has the student been granted Practical Training?  Yes  No If yes, please specify type(s), academic level(s), and dates:

\_\_\_\_\_

Would you recommend that this student transfer?  Yes  No

Why or why not? \_\_\_\_\_

\_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Official Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Please return to:

Amanda Straten  
Coordinator, Student Admissions  
McLennan Community College  
1400 College Drive  
Waco, TX 76708  
(254) 299-8694- fax

# INTERNATIONAL STUDENT CONSENT FOR RELEASE OF RECORDS

(Only fill out this form if you want to allow someone else to be allowed to discuss your student status with the college.  
For example, a parent, sponsor, close relative or friend)

**TO: *McLennan Community College***  
**1400 COLLEGE DRIVE**  
**Waco, TX 76708**

**FROM:** \_\_\_\_\_  
Name of Student \_\_\_\_\_ Student I.D. Number \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

\_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Duration of Request:***

<b><i>Fall Semester</i></b>	_____
<b><i>Spring Semester</i></b>	_____
<b><i>Summer Session I</i></b>	_____
<b><i>Summer Session II</i></b>	_____
<b><i>Duration of Enrollment at MCC</i></b>	_____
<b><i>After Graduation</i></b>	_____

***Information to be released:***

\_\_\_\_\_  
\_\_\_\_\_

***Purpose:*** \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year)

\_\_\_\_\_  
Signature of Student