



Richland College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Semester you plan to enroll:	
Fall (Aug. – Dec.) _____	(yyyy)
Spring (Jan. - May) _____	(yyyy)
Summer (Jun. – Jul) _____	(yyyy)

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

(PLEASE PRINT)

1. _____

Family Name _____ First Name _____ Middle Name _____

Date of Birth: (mm/dd/yyyy) ____/____/____ Gender: Male____ Female____

Country of Birth: _____ Country of Citizenship: _____

Email: _____

2. U.S. Address (Required if currently in the United States)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Cell Phone _____

3. Home Country Address (Required)

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone _____ Cell Phone _____

4. Major/Field of Study (Required) _____

5. Dependent Information (Please Print). Dependent is defined as spouse or child of F-1 student.

Family Name	First Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student

6. Friend or relative who has permission to discuss your file or to pick up your I-20:

Name: _____

Relationship (i.e. uncle, friend, etc): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone #: _____ Email: _____

7. Address if I-20 is to be mailed: (DCCCD does not send documents by courier service)

Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

8. Family member or emergency contact in home country:

Name: _____

Relationship (e.g. uncle, friend): _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Country telephone #: _____

Email: _____

Does this person speak English? Yes No If no, what language? _____

9. Are you currently in the U.S.? Yes No

If yes, state your current immigration status (F1, J1, etc) _____, and enclose copies of your immigration documents (I-94, I-20, I-797, etc).

IMPORTANT! Please read before signing.

Health Insurance is strongly recommended. Upon arrival, you may request a brochure with insurance policy information from the International Office.

Permission for Emergency Treatment: In the event of an emergency illness, accident, or injury I hereby grant permission for the DCCCD staff to give first aid and/or to call an ambulance to have me transported to a hospital at my expense.

Student's Signature: _____ Date: _____



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STUDENT GUIDELINES TO MAINTAIN LEGAL F-1 STATUS

- Maintain a passport valid for at least six months into the future.
- Attend the college or university that the United States and Immigration Services (USCIS) has authorized you to attend.
- Continue to carry a full course* of study each regular semester (fall and spring). If a problem arises, talk to your International Student Advisor prior to dropping below full course of study.
- 9 credit hours of the 12 required hours must be taken as in-class lecture courses.
- CLEP exams and credit by exam courses may not be used as part of the required 12 hours.
- Registration for the required 12 hours must be done prior to the first day of the semester.
- Concurrent enrollment at other DCCCD colleges or other colleges/universities must be approved by your International Student Advisor.
- Maintain good academic standing of 2.0 GPA or better.
- A change in educational level from the Intensive English Program to college level programs or change of major requires a new I-20. Please contact your International Student Advisor at least 30 days prior to the beginning of the new program.

Printed Name

Signature

Student ID

Date

- Do not change schools without first contacting your International Student Advisor for the proper procedures.
- Limit on-campus employment to 20 hours per week while school is in session. **
- Do not engage in off-campus employment without authorization from the USCIS.
- Report a change of address, phone number, or email address to the International Office within 10 days.
- Meet all financial obligations at Richland College. If problems arise, talk to your International Student Advisor.
- Request travel authorization from the International Student Office at least two weeks before leaving the U.S.
- Please contact the International Office regarding any immigration issues or questions.

***FULL COURSE OF STUDY**

- A **minimum** of 12 credit hours for college level. (**no more than the equivalent of one online/distance education class or three credits per session may be counted toward the “full course of study” requirement; 9 credit hours of the 12 required hours must be taken as in-class lecture courses**)
- 18 clock hours for the Intensive English Program

Students who fail to maintain a full course of study are out of status and ineligible to work on campus, or to apply for off campus employment. Failure to maintain status may also affect the ability to transfer to another school. You must meet with an International Student Specialist to file for Reinstatement.

****ON-CAMPUS EMPLOYMENT:** F-1 students who maintain their legal status and are in good standing at Richland College are eligible to work on campus up to 20 hours per week without immigration authorization. When classes are not in session, the student may work additional hours with supervisor’s approval.

Printed Name

Signature

Student ID

Date



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AFFIDAVIT OF SUPPORT (NON-U.S. SPONSORS)

PART A: STUDENT INFORMATION

Applicant's Name: _____

PART B: SPONSOR INFORMATION (TO BE FILLED OUT BY SPONSOR)

I, _____, make oath and state as follows:
(Name of Sponsor)

1. I am the _____ of Mr./Mrs./Ms. _____
(Relationship) (Name of student)
who has applied for admission at Richland College.

2. I will meet all educational, living, and miscellaneous expenses of the said applicant.

3. I am currently employed by _____, (**attach a copy**
(Name of company)
of letter of employment) and my annual income is equivalent to U.S. \$_____.

4. I have attached an *original bank statement* or a *bank letter (not more than three months old)* reflecting a minimum **CURRENT BALANCE** of \$17,000 U.S. dollars. (Please see general information regarding additional funds required for any dependents).

- *Please note: USCIS requires the three most recent bank statements for processing changes of status or reinstatements within the United States.*

5. A minimum of \$3,000 U.S. dollars must be available to the student at the time of initial registration.

OATH OR AFFIRMATION OF SPONSOR

I swear (affirm) that the above statements are true and correct.

Sponsor's Name: _____ Signature: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Telephone #: _____ Email: _____



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AFFIDAVIT OF SUPPORT (SELF-SPONSORED APPLICANT)

I, _____, make an oath and state as follows:
(Name of Applicant)

1. I am a self-sponsored student applicant.
2. I **presently** have in my checking/savings account **the minimum sum of \$17,000 U.S. dollars** to meet my tuition, books, and miscellaneous expenses while attending Richland College. Please see general information regarding additional funds required for any dependents.
3. I have attached an *original bank statement* or a *bank letter* (**not more than three months old**) reflecting a minimum **CURRENT BALANCE** of \$17,000 U.S. dollars. (Please see general information regarding additional funds required for any dependents).
 - *Please note: USCIS requires the three most recent bank statements for processing changes of status or reinstatements within the United States.*
4. A minimum of \$3,000 U.S. dollars will be available to me at the time of initial registration.

OATH OR AFFIRMATION OF STUDENT

I swear (affirm) that the above statements are true and correct.

Applicant's Name: _____

Signature: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Telephone #: _____

Email: _____



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TUBERCULOSIS (TB) REQUIREMENT FORM

(Please Print)

Student's Name: _____
Last (Family) First (Given) Middle

Address _____

City State/Country Zip Code/Postal Code

Tuberculosis testing is mandatory and must be done in the United States.

(Tuberculosis testing done in countries other than the United States will not be accepted.)

• **Out-of-Country Applicant:**

Before test assessments and registration in classes will be allowed, you **MUST** undergo testing for freedom from tuberculosis **after you arrive in the United States.**

• **International Transfer Applicant (within the U.S.A.):**

Must provide official written medical proof of freedom from tuberculosis, through either a negative Mantoux tuberculin skin test or chest X-ray that was given **inside the United States within the last one (1) year.**

The DCCCD does recommend that all prospective students have adequate immunization for diphtheria, rubeola, rubella, mumps, tetanus and poliomyelitis. (See Texas Department of Health's Recommended Adult Immunization Schedule in the DCCCD Catalog.)

My dated signature certifies that I have read the above requirements and recommendations and understand my expectations. (Please submit this form with your application packet).

Printed Name Signature Date



BACTERIAL MENINGITIS VACCINATION FORM

Effective January 1, 2012, all new students in the State of Texas under the age of 30 must submit proof of bacterial meningitis vaccination (Meningococcal Vaccine) or booster within last five years before registering for classes. The date of the vaccination must be **at least 10 days before the first day of class, to allow time for vaccination to take effect.** **Vaccination records must be in English.**

Proof of the vaccination must include the physician or health care professional’s signature, the date the vaccination was administered, the medical facility’s stamp and seal, and contact information. The average cost of the vaccination against the bacterial meningitis is about \$140.

You must provide proof of meningitis vaccine if:

- You are enrolling for the first time at DCCCD
- You are returning after a semester break in enrollment

Exemptions: You are exempt from this Texas State law if:

- **You are 30 years of age or older** (by the first day of the semester in which you will enroll)
- You submit an affidavit stating that you decline the vaccination, based on health and well-being or for reasons of conscience, including religious beliefs. You must submit the Exemption Form from the Texas Department of State Health Services: <https://webds.dshs.state.tx.us/immco/affidavit.shtm>
This may take up to 30 days.

It is important that students consult with their doctor about the need to be immunized against bacterial meningitis to prevent the disease. Please read more information on: www.dcccd.edu/meningitis

- I understand that the vaccination must be administered before I register for classes.
- I understand that I must obtain the bacterial meningitis vaccination at least 10 days before the first day of class.
- I understand that ***I will not be allowed to register*** for courses at Richland College without the Meningococcal Vaccine.
- I understand that proof of the vaccination must be in English and must include the physician or health care professional’s signature, the date the vaccination was administered, the medical facility’s stamp and seal, and contact information.

SECTION 1: F-1 INTERNATIONAL STUDENT INFORMATION		
Please select one of the following options about your enrollment at Richland College:		
<input type="checkbox"/> New Student	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> Returning Student
Last Name	First Name	Middle Name
Date of Birth (Month/Day/Year)	Age	E-mail Address

SECTION 2: I have read and understood the Bacterial Meningitis vaccination admission requirement.	
Student’s signature (18 years of age or older)	Date (MM/DD/YYYY) ____/____/____
MINORS: Students under 18 years of age	
Signature of Parent or Legal Guardian	Date (MM/DD/YYYY) ____/____/____
Full Name of Parent or Legal Guardian	Relationship to Student



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TRANSFER STATUS FORM

*Richland College, Multicultural Center T-150, 12800 Abrams Road, Dallas, TX 75243, Tel. 972-238-6291
Fax. 972-238-6165, SEVIS Code: DAL 214F 00464 000*

This portion is to be filled out by the student

Student's Name _____
Last First Middle

SEVIS I-20 # N _____

I give permission to my present school to release the information requested on this form.

Student's Signature

Date

This portion to be filled out by the Designated School Official

Please mark all statements that are true about this student:

- Student is currently in good standing and is eligible to transfer. Cumulative GPA _____
- The student has cleared all financial obligations with our institution.
- Student is on academic probation or suspension.
- Student is on OPT. Expiration date: _____

Do not release SEVIS record without a proof of acceptance to Richland College.

Students who are out of status or on suspension/dismissal are not eligible to transfer.

Signature of DSO

Name and Title of DSO

Date

Name and Address of Institution

Phone

Fax

E-mail