



18422 Bear Valley Road
Victorville, CA 92395-5850
(760) 245-4271
FAX (760) 843-7707

**ADMISSIONS, RECORDS
and REGISTRATION**

Dear International Student Applicant,

Thank you for your interest in Victor Valley College. Please find enclosed the Admission Requirements for F1 Students, the F1 Visa Student Agreement with Victor Valley College, the International Student Application, Visa Information, the Financial Statement and the Health Questionnaire.

Please submit all required forms, transcripts and test results at least 5 months before your anticipated first semester of attendance. A deposit of US\$100 is required with your application materials. This deposit will be credited toward your first semester's tuition when you complete enrollment. The deposit is non-refundable if enrollment is not completed.

Again, thank you for your interest in Victor Valley College.

Sincerely,

Norma Riley

Norma Riley
Admissions and Records



Victor Valley College

INTERNATIONAL STUDENTS Application Procedures

Admission checklist for International Students

Please print in ink or type and mail to: Victor Valley College
Admissions and Records
18422 Bear Valley Rd
Victorville, CA 92395

- Complete application. Please sign and date.
- Official TOEFL score or IELTS report:
(minimum score -TOFEL 94 internet based, or IELTS 7)
- Official transcripts (high school, university, college) with official English translation.
Foreign Evaluation Services: (See below)
- Evidence of financial responsibility and sponsor information required. Bank verification showing sufficient funds in a bank account to cover total educational and living expenses for one year. This amount must be a minimum of \$22,700 U.S. dollars. Bank verification should be dated within 30 days of your I-20 application.
- Health form completed and signed by a physician.
- Proof of accident and health insurance is required and must be presented before a student may enroll.
- \$100 deposit, non-refundable. (U.S. dollars). Bank check, international money order/bank draft.

Acronym	Evaluation Service	Contact
APIE	Academic & Professional International Evaluations, Inc	www.apie.org
ACEI	Academic Credentials Evaluation Institute	www.acei-global.org
ACREVS	Academic & Credential Records, Evaluation & Verification Services	www.acerevs.com
AERC	American Education Research Corporation	www.aerc-eval.com
ECE	Educational Credential Evaluators, Inc.	www.ece.org
ERES	Educational Records Evaluation Service	www.eres.com
FCSA	Foreign Credential Services of America	www.foreigncredentials.org
FSCA-WEST	Foreign Credential Services of American West, Monterey, CA	www.foreigncredentials.org
IERF	International Education Research Foundation, Inc. Credentials Evaluation Service	www.ierf.org
WES	Word Education Services	www.wes.org



Victor Valley College

18422 Bear Valley Road
Victorville, CA 92395
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Admissions Requirements for F1 Students

- The applicant must possess knowledge of the English language as evidenced by either: Test of English as a Foreign Language (TOEFL) minimum scores of 94 (internet based) *or* IELTS 7 is required. Information regarding the TOEFL test and testing centers can be found at www.toefl.org or IELTS at www.ielts.org
- The applicant must offer evidence of a degree of academic achievement equivalent to an American high school education. The student must submit a transcript of an official school record accompanied by a certified English translation. Evaluations of foreign transcripts and other admission documents will be based upon the recommendations of World Education Services, the American Association of Collegiate Registrars and Admissions Officers, or other sources.
- The applicant must offer evidence of financial responsibility. Certification of parent, self, or sponsor support required. Official bank statements must be translated into English and represent American currency. A minimum of \$22,700 is required for an academic year of study and living expenses.
- It is the responsibility of the International student to find his/her own housing and transportation.
- F1 visa applicants who have attended other American schools or colleges may be considered for admission provided the applicant meets the above requirements and is in status with the United States Citizenship and Immigration Services (USCIS). Applicants who have completed two or more years of college will be advised to seek admission to an institution offering upper division courses.
- A physician must complete the medical form. Proof of accident and health insurance is required and must be presented before a student may enroll.
- A deposit of \$100 is required with the completed application before an I-20 will be issued. This sum will apply toward tuition for the first semester. If, for any reason, the student finds he/she cannot attend Victor Valley College, the \$100 deposit shall be deemed a processing cost. **NO REFUND WILL BE MADE.**
- After completion of the listed requirements, the applicant will be considered for admission and will be notified of acceptance or non-acceptance by mail. When accepted, the applicant will be sent an acceptance letter and a form I-20.

(OVER)

Attending on an F1 Visa:

The following regulations govern the admission of F1 student to Victor Valley College:

- The number of F1 students admitted is limited to two percent of the full-time enrollment of the previous semester. F1 students will not be accepted for admission into any program where applications by qualified United States citizens exceed spaces available.
- A limited number of International students may be admitted from the same country during a school year.
- Only persons who qualify for F1 visas are eligible for admission.
- F1 students are required to pay non-United States citizen tuition, enrollment and health fees. It is strongly recommended that F1 students purchase a campus photo identification card.
- F1 students are required to complete a full-time program (12 or more units) each semester of attendance. Failure to do so is reported to United States Citizenship and Immigration Services (USCIS), and the student may not be permitted to continue.
- Enrollment of F1 students is limited to a maximum of six semesters.
- The F1 student shall be held to the same scholastic requirements, rules and regulations set by the college and the United States Citizenship and Immigration Services (USCIS)

F1 Visa Student Agreement with Victor Valley College

Victor Valley College will make every effort to help International students accomplish their academic goals. There are certain regulations that must be followed by all F1 Visa students in order to satisfy conditions set by the United States Citizenship and Immigration Services (USCIS), so we ask that you read and agree to the following requirements and restrictions.

I, _____, in order to be accepted for admission to
Victor Valley College, and to remain in lawful attendance during my studies, understand and agree to the following (please initial each item):

First Name Middle Name Last (Family) Name (PLEASE PRINT)

- _____ 1. **I am** familiar with the United States Citizenship and Immigration Services (USCIS).
- _____ 2. **I know** that **I am required to be enrolled in and successfully complete at least 12 units of college coursework each semester** in order to maintain my lawful F1 status. I am not to withdraw from any classes without the **written permission** of an International Student Program Designated School Official.
- _____ 3. **I understand** that if I drop below 12 units during any academic semester, without prior permission from an International Student Program Designated School Official or International Student Counselor, that I will be considered out-of-status with the United States Citizenship and Immigration Services (USCIS). I will remain out-of-status until I appear before an immigration officer for a decision on my case. I also understand that my visa may be canceled if reinstatement is not approved.
- _____ 4. **I will** meet with a counselor **at least once per semester**. I will follow the program of study recommended and will attend classes regularly as required by Victor Valley College.
- _____ 5. **I understand** that I must notify the International Student Program Designated School official when I am finishing my studies at Victor Valley College or when I choose to transfer to another school or university.
- _____ 6. **I am fully aware** of the expenses which will be incurred while living in the United States and attending Victor Valley College. I have the necessary financial resources to pay for my classes upon registration and to complete my course of study. I accept the responsibility to secure housing and dependable transportation.
- _____ 7. **I understand** that I am only allowed to register for one online class each semester
- _____ 8. **I understand** that I must maintain the minimum of a 2.0 grade point average. Failure to do so will place me on academic probation, and I understand that if my grade point average falls below 2.0 in the subsequent semester, I will be academically dismissed from Victor Valley College.
- _____ 9. **I understand** that if I have academic transcripts from my previous university evaluated by a credential evaluation agency, Victor Valley College reserves the right to determine which of these classes will be accepted for the Associate Degree.
- _____ 10. **I understand** that by law, I must notify the International Student Program Designated School Official within 10 days if I change my address or if any other changes occur which might affect my lawful status as an F1 student. I understand that failure to do so may result in fines or imprisonment at the discretion of the U.S. Citizenship and Immigration Services (USCIS).

Please sign below to indicate that you understand and agree to comply with these requirements.

Signature

Date



Victor Valley College

International Student Application (For F-1 Visa)

Date: _____

**Information required to process your application*

Indicate Semester Start Date: Fall 20____ Spring 20____

*Name _____

(Last Name / First / Middle – As it appears on your passport)

*Date of Birth _____

*Male *Female

*Country of Birth _____

*City of Birth _____

*Country of Citizenship _____

*Country Passport Issued _____

*Foreign Address

Address in the U.S.

Telephone Number _____

Telephone Number _____

Fax _____

Fax _____

E-mail _____

E-mail _____

Please keep us informed of any change in your address(es).

Applying as a Freshman (first year student – directly from secondary level, high school education)

Transfer (student who has completed some college or university education).

*Major Course of Study: _____

*EDUCATIONAL BACKGROUND

Please list all schools attended. Begin with secondary/high school and end with your current or most recent school.

	Name of School	City, Country	Dates of Attendance		Language Of Instruction	Examinations, Certificates, Diplomas	Date Received
			From (mo/yr)	To (mo/yr)			
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

Native (First) Language _____

Indicate your TOEFL score or when you plan to take the test (*a minimum TOEFL score of 94 IBT– or 7 IELTS – is an admission requirement.*) Please submit an **official** TOEFL/IELTS score:

(Month/Year) TOEFL/IELTS Date _____ TOEFL/IELTS Scores _____

VISA INFORMATION

**Information required to process your application.*

Are you currently in the United States? Yes No

If yes, what is your current status? (i.e. F-1, H-1, J-1)

If F-1, what institution issued your I-20?

What institution are you now attending?

Have you ever applied for an extension? Yes No

*Passport Number _____ *Passport Expiration Date _____

Have you applied for permanent residence (green card)? Yes No

Do you plan to travel outside the U.S. prior to the beginning of the semester? Yes No

If yes, please indicate date of travel: _____

Address where the form I-20 should be mailed:

(Name)

(Address)

(Address)

(Address)

Father's Name _____ Occupation _____
(Last Name) (First)

Address _____

Mother's Name _____ Occupation _____
(Last Name) (First)

Address _____

IMPORTANT RELEASE OF INFORMATION

I do not wish to have information released.

I hereby give permission to Victor Valley College to release information concerning my student status to the following person(s):

Father: _____ Mother: _____

Guardian: _____ Sponsor: _____

Student Signature _____
Date

I hereby certify that the information set forth in this application is true to the best of my knowledge. If accepted to Victor Valley College, I hereby agree to abide by all of the rules and regulations set forth by the College.

Student Signature _____
Date

Mail to:

Victor Valley College, Admissions & Records, 18422 Bear Valley Road, Victorville, CA 92395 USA
Telephone: (760) 245-4271 ext. 2373 Fax: (760) 843-7707 Internet: <http://www.vvc.edu>

VICTOR VALLEY COLLEGE HEALTH QUESTIONNAIRE

International Student

NAME _____
Last First Middle

DATE _____

Male Female Height _____ Weight _____ Birth Date ____/____/____ Telephone _____

EMERGENCY CARE: In case of emergency, school officials are authorized to provide what they deem to be appropriate emergency care and licensed physicians and hospitals to provide treatment as needed.

Student's Signature (if over 21 years old)

Parent or Guardian Signature (if under 21 years old)

MEDICAL HISTORY (to be filled out by applicant):

IF YOU HAVE EVER HAD ANY OF THE FOLLOWING CONDITIONS CHECK "YES" AND GIVE DATES

Frequent headaches	<input type="checkbox"/> YES	Repeated abdominal pain	<input type="checkbox"/> YES
Hearing difficulty	<input type="checkbox"/> YES	Digestive or stomach problems	<input type="checkbox"/> YES
Rheumatism or rheumatic fever	<input type="checkbox"/> YES	Hernia (rupture)	<input type="checkbox"/> YES
Disease of heart	<input type="checkbox"/> YES	Arthritis or joint difficulty	<input type="checkbox"/> YES
Shortness of breath	<input type="checkbox"/> YES	Dizziness or fainting	<input type="checkbox"/> YES
Persistent cough	<input type="checkbox"/> YES	Epilepsy or convulsions	<input type="checkbox"/> YES
Disease of lungs or chest pain	<input type="checkbox"/> YES	High blood pressure	<input type="checkbox"/> YES
Operations or severe injuries (specify) _____	<input type="checkbox"/> YES	Kidney or bladder trouble	<input type="checkbox"/> YES
		Diabetes	<input type="checkbox"/> YES
		Other (specify) _____	

Give year of most recent test, vaccination, or immunization:

Diphtheria: 20__ Smallpox: 20__ Tetanus: 20__ Rubella: 20__ Measles: 20__

Rubella Measles: 20__ Poliomyelitis: type__ number__ last date_____

Do you have a vision problem? YES NO If yes give nature of difficulty_____

Do you have a hearing loss? YES NO If yes, severity_____

Do you have a speech defect? YES NO If yes, give nature of difficulty_____

Have you ever been treated for a nervous, mental, or emotional problem? YES NO

If yes, give approximate dates_____ Nature of problem_____

I certify to the best of my knowledge the information shown above is correct.

Student's Signature

PHYSICIAN'S REPORT OF MEDICAL EXAMINATION

Height _____	Weight _____	Dental Caries _____	Thyroid _____
Nutritional Status _____		Gums _____	Chest _____
Skin _____		Disease of Ears _____	Lungs _____
Nose and Throat _____		Hearing _____	Abdomen _____
Disease of Eyes _____		Heart _____	Hernia _____
Vision R20/___ L20/___		Pulse Rate _____	Back _____
Corrected Vision R20___/L/20___		Blood Pressure _____	Extremities _____
Tuberculin test or chest x-ray: _____			

Results (May be submitted to the college as a separate report)

Does this student have any condition, which would prevent participation in regular physical education?

YES _____ NO _____

Remarks on significant abnormalities found _____

Is the applicant receiving treatment for defects noted? _____

Is the applicant under medical supervision? _____

What is the applicant's mental attitude? _____

Date of Examination _____ Signature of Physician _____

Address _____ City _____ State or Country _____