

MiraCosta College

International Student Application (for F-1 Visa)



Indicate semester or session start date:

College Program

- ☐ Fall, year 20 ____
☐ Spring, year 20 ____
☐ Summer, year 20 ____

Priority Deadline

July 1
November 15
May 1

English Language Institute (ELI) (website: www.miracosta.edu/eli)

- ☐ Session August-October year 20 ____
☐ Session October-December year 20 ____
☐ Session January-March year 20 ____
☐ Session March-May year 20 ____
☐ Session June-July year 20 ____

Your goal:

- ☐ Associate degree
☐ University transfer degree
☐ Academic Certificate
☐ English language training only

Major/Field of Study: _____

STUDENT PERSONAL INFORMATION

Name: _____
Last name (Family name) First name Middle name

Country of Birth: _____

Date of Birth: ____/____/____
Month Day Year

City of Birth: _____

Age: _____

Country of Citizenship: _____

Sex: ☐ Male ☐ Female

Native (first) language: _____

Social Security Number (if you have one): _____

NOTE: College students must be at least 18 years old by first day of class.
Please check ELI for policy regarding students under 18 years old

Student e-mail address: _____

STUDENT HOME COUNTRY PERMANENT ADDRESS

Country Code _____ Phone Number: _____

Country Code _____ Fax Number: _____

STUDENT ADDRESS IN UNITED STATES

Area Code _____ Phone Number: _____

Area Code _____ Fax Number: _____

ENGLISH SKILLS

Please check one of the following:

- ☐ I have a TOEFL or other English test score and will enroll directly into college program at MiraCosta College.
Name of the test: _____; Score: _____; Test Date(month/year): ____/____
A minimum TOEFL score of 450 PBT/133 CBT/46 iBT is required for admission. Please ask ETS to send an official TOEFL score to MiraCosta College (School Code: 4582). Check www.miracosta.edu/iip for options to complete English language requirement.
- ☐ I do not have a TOEFL or other English test score and will enroll in English Language Institute prior to starting College program.
- ☐ I will enroll in English Language Institute only.

HOW DID YOU HEAR ABOUT MIRACOSTA COLLEGE?

☐ Website: www.miracosta.edu ☐ Friend/Family ☐ Agent: _____ ☐ Other (please specify): _____

EDUCATIONAL BACKGROUND List all schools attended. If more space is needed, please attach a separate sheet with additional information.

Name of School	City, Country	Date of Attendance From(mo/yr) To(mo/yr)		Language of Instruction	Certificates, Diplomas (yes or no)	Date Received mo/yr
High School						
College/University						
U.S. School (language school or college)						
U.S. School (language school or college)						

VISA INFORMATION

Are you currently in the United States?

☐ Yes

☐ No

If no, have you ever been issued an F-1 visa before?

☐ Yes

☐ No

If yes, what is your current status?

☐ F-1

☐ B-1/B-2

☐ Other: _____

Please send copies of (1) your passport; (2) visa page; (3) SEVIS I-20 form and (4) Printed I-94

Do you plan to travel outside the U.S. prior to attending MiraCosta College? Yes ☐ No ☐

If yes, where are you traveling? _____ date of travel: _____

FEDERAL LAW REQUIRES SEVIS I-20 FORM BE SENT DIRECTLY TO STUDENT.

Provide student mailing address to receive express mail (cannot be a PO box).

Name			
Address			
City	Province/State	Zip Code	Country
Phone Number		Email	

***If you move before receiving your admission, please send us your new address to: iip@miracosta.edu**

RELEASE OF INFORMATION

I hereby give permission to MiraCosta College to release information concerning my student status to the following person(s).

Please provide name and email address:

☐ Father: _____

☐ Mother: _____

☐ Guardian: _____

☐ Sponsor: _____

☐ Agent: _____

☐ Other: _____

I certify that all information written on this application is complete and accurate. I understand that providing false information or excluding information is considered academic dishonesty and will result in denial of admittance and the denial will be entered into the students record. If accepted to MiraCosta College, I hereby agree to abide by all the rules and regulations set forth by the college and the Department of Homeland Security.

Student Signature _____

Date _____

Mail application and required admission documents to:

MiraCosta College
Institute for International Perspectives
One Barnard Drive
Oceanside, CA 92056
USA
Phone: +1(760)795-6897
Fax: +1(760)757-8209
E-mail: iip@miracosta.edu
Website: www.miracosta.edu/iip

APPLICATION FEE FOR English Language Institute

Students attending the English Language Training program are required to pay a non-refundable \$50 application fee. Please indicate payment method:
☐ Check in US dollars ☐ money order in US dollars ☐ credit card

Credit Card Type: ☐ Visa ☐ MasterCard

Print name as it appears on Credit Card:

Signature of Card Holder

Credit Card Number:

Credit Card expiration _____ / _____ (month/year)

Please staple a \$50 check or money order for ELI only



International Student (F-1) Financial Support Instructions

INSTRUCTIONS

U.S. immigration regulations require all F-1 visa international applicants to provide proof of sufficient financial support to cover the cost of attendance for one academic year (2 semesters/9 months). To receive a SEVIS I-20 from MiraCosta College, please submit a signed Affidavit of Financial Support along with supporting financial documents issued within the past six months.

1. Complete the Affidavit of Financial Support with required sponsor signatures. This form can be copied and used by multiple sponsors if necessary.
2. Completed form and supporting financial documents in PDF file can be sent to: iip@miracosta.edu

ESTIMATED COSTS OF ATTENDANCE

The costs outlined below are an **estimate** of the minimum tuition and enrollment fees, living expenses, and books for one academic year (2 semesters/9 months) at MiraCosta College. Summer session will require additional tuition fees and living expenses. *NOTE: Tuition and fees are subject to change without notice.*

1) COLLEGE PROGRAM

Estimated Costs Per Academic Year (2 Semesters/9 Months)	Estimated Cost
Tuition/Enrollment Fees. <i>Estimate based on 24 units (\$46 enrollment fees per unit + \$356 nonresident tuition per unit = \$402 per unit) for one academic year</i>	\$9,702
Health Insurance Fee	\$1,666
Living Expenses	\$15,832
Books and Supplies	\$1,000
TOTAL	\$28,200

2) SHORT-TERM ENGLISH LANGUAGE INSTITUTE (ELI) PROGRAM FOR 4 MONTHS

Estimated Costs Per 2 Sessions (4 Months)	Estimated Cost
Application Fee	\$50
Tuition/Enrollment Fees	\$3,850
Health Insurance Fee	\$884
Living Expenses	\$6,976
Student Services Fee + Supplies	\$240
TOTAL	\$12,000

3) LONG-TERM ENGLISH LANGUAGE INSTITUTE (ELI) PROGRAM FOR 1 YEAR

Estimated Costs for (1 Year)	Estimated Cost
Application Fee	\$50
Tuition/Fees	\$9,625
Health Insurance Fee	\$2,210
Living Expenses	\$21,015
Student Services Fee + Supplies	\$600
TOTAL	\$33,500



International Student (F-1) Affidavit of Financial Support

STUDENT INFORMATION (completed by student)

Student's Name (as it appears on passport) _____
(First Name) (Middle Name) (Last/Family Name)

SOURCE OF FINANCIAL SUPPORT

Funding Sources (Enter amounts for all that apply)	Amount in US Dollars (\$US)
Student's Personal Funds	\$
Family/Relative/Friend Sponsor(s)	\$
Government/Employer/Sponsoring Organization	\$
Scholarship	\$
Total	\$

SPONSOR STATEMENT OF SUPPORT (if applicable)

Sponsor's Name: _____ Relationship to Student: _____

Address: _____

Telephone: _____ Email: _____

This is to certify that I am willing and able to provide funds in the amount of \$_____ in support of the above-named student for their tuition, fees, health insurance, and living expenses per academic year (9 months) at MiraCosta College and have provided proof of funds available.

Signature of Sponsor: _____ Today's Date: _____

DEPENDENT INFORMATION (if applicable)

Do you plan to come with dependents (spouse/children)? Yes ☐ No ☐

If you plan to bring a spouse and/or children with you to the U.S. in F-2 dependent visa, please complete the Dependent Information and attach copies of passport ID pages for all dependents. You must demonstrate the ability to support your dependents by providing proof of additional funding (\$1000/month for spouse and/or \$500/month for each child) in addition to the funds used to cover your tuition, fees, and living expenses.

Name of Dependent (as shown on passport)	Relationship (Spouse or Child)	Date of Birth	City of Birth	Country of Birth	Country of Citizenship

STUDENT STATEMENT OF SUPPORT

This is to certify that the statements given by me in this form are complete and accurate. Furthermore, should my source of funding, as specified above, be interrupted or stopped, I understand that I remain responsible for all financial obligations.

Signature of Student: _____ Today's Date: _____

4/12/2024