

INTERNATIONAL STUDENTS: ADMISSION REQUIREMENTS

Coastal Bend College is a publicly-supported, comprehensive community college offering the first two years of university-parallel academic studies and an extensive choice of technical and occupational training varying in length from six months to two years.

The campus is located approximately 4.8 kilometers from downtown Beeville, Texas in a rural setting. The general locale is 96 km from the Gulf of Mexico in the Texas Coastal Plains. The population of Beeville is about 15,000. The nearest larger cities are Corpus Christi, Victoria, each about 96 km from Beeville, and San Antonio, about 135 km from Beeville.

Admission Requirements: *International students are required to submit the following documents.*

1. An admissions form completed online at www.coastalbend.edu/applynow/ must be submitted at least 90 days prior to the beginning date of registration.
2. An official transcript, translated into English, of the last four years of Secondary school, showing that graduation was accomplished. (In countries where the educational system is organized with 3 years of final secondary preparation, a transcript of these years is satisfactory.)
3. Applicants who have attended schools, colleges or universities since secondary school graduation must also submit official original transcripts, translated into English, of grades and credits at colleges attended, showing good standing at the school most recently attended.
4. Evidence of the level of proficiency that had been attained in English. We require a score of 500 on the paper-based TOEFL test, a score range of 173-187 on the computer-based test, or 71 on the Internet based version (iBT).
5. A completed Coastal Bend College medical form. A valid "Certificate of Immunization," signed by a physician or public health official, must be submitted. It must give evidence of immunization against tetanus, diphtheria, poliomyelitis, measles and rubella.
6. Proof of meningitis.
7. Proof must be submitted showing that the applicant has sufficient financial resources for support during the entire period of study in the United States. Such proof may be in the form of a letter of credit from a bank, Form I-134, Affidavit of Support; a certificate from a bank showing sufficient funds on deposit or similar documentation. The minimum which should be in the bank is at least \$20,000 USD.
8. Completed Affidavit of Support form.
9. Insurance.

The U.S. Immigration and Naturalization Service Form I-20 will not be issued until admission procedures are completed to the satisfaction of the college. International students are required to purchase illness and accident medical insurance coverage specified by the college during their entire period of study at CBC unless they are already covered by health insurance that covers medical cost incurred in the U.S. After acceptance by CBC, and before registration, the college requires international students to take a series of assessment tests in English, Mathematics, and Reading to comply with the Texas Success Initiative (TSI). Results of these tests will determine courses in which a student may register. International students are subject to TSI requirements as are all students at CBC.

STUDENT HOUSING: The CBC has a dormitory which houses 138 men and women students and 20 one-bedroom apartments. Completed housing application form and property deposits of \$250 are required to reserve housing. There is always a waiting list so reservations should be made as soon as possible. Some private housing may be available in the community. Local realtors would have listings.

TRANSPORTATION: There is no public transportation available in Beeville. Students who find housing in the community will need an automobile or bicycle in order to travel to and from the college campus.

EXPENSES: An international student enrolled in a full program of study should expect to pay to the college a sum of approximately \$2,301 for tuition and student fees, approximately \$1,000 for books, approximately \$2,550 for dorm and meal plan, approximately \$600 for CBC apartment rent. This must be paid directly to the college. Personal expenses can easily add another \$1,000 each semester.

STUDENT ACCIDENT AND SICKNESS INSURANCE: All international students are required to purchase accident and sickness medical expenses insurance each semester of their attendance at Coastal Bend College. Brochures and applications are available at the Business Office at the time of registration.

CHECKLIST

ADMISSION REQUIREMENTS – International students are required to submit the following documents:

- _____1. A completed Application of Admissions for Coastal Bend College.

- _____2. An official transcript, translated into English, of the last four years of secondary school, showing that graduation was accomplished. (In countries where the educational system is organized with 3 years of final secondary preparation, a transcript of these years is satisfactory.)

- _____3. An official transcript of grades and credits from any other schools or college attended since secondary school graduation.

- _____4. Evidence of the level of proficiency that had been attained in English. We require a score of 500 on the paper-based TOEFL test, a score range of 173-187 on the computer-based test, or 71 on the Internet based version (iBT).

- _____5. A completed Coastal Bend College medical form.

- _____6. Bank Verification of sufficient financial support to sustain the student for the entire stay at Coastal Bend College, which should be a minimum of \$20,000 (U.S. Dollar Account Statement)

- _____7. Completed Affidavit of Support form.

- _____8. \$200 SEVIS I-901 fee. Go to the www.fmjfee.com website for more information on making payment.

- _____9. Insurance.

Print Name in Full _____

Last

First

Middle

EDUCATIONAL DATA

RECORDS OF SECONDARY AND HIGHER EDUCATION

PREVIOUS EDUCATION

Column 1 - Actual years of schooling. The first year of schooling is Number 1, the second year Number 2. etc.

Column 2 - For each year write the grade, form, standard or class, using the terminology of the educational system attended.

Column 3 - List in chronological order every academic year in which you attended school, including any in which you remained in one grade for more than one year. If you were out of school for a year or more explain the interruption on a separate sheet of paper.

Column 5 - Write the type of school you attended during each academic year, such as elementary, colegio, ecole secondaire, gymnasium, istituto, university, etc, using the terminology of the educational system.

Column 8 - Write the name of any examinations passed, or certificates, diplomas, or degrees earned, such as Certificate of Education, Bachillerato, Abitur, Maturita, Baccalaureate, Studentereksamen, etc, using the terminology of the educational system.

1 Year In School	2 Grade Level	3 Academic Year	4 Age	5 Kind of School	6 Name and Address of School (City and Country)	7 Primary Language of Institution	8 Certificates, Diploma, Degrees, & Graduations
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

LIST ANY ACADEMIC HONORS YOU HAVE RECEIVED – prizes, scholarships, fellowships, etc:

INTERNATIONAL STUDENT RECORD OF IMMUNIZATION

Name of Applicant: _____
Please Print

Before being accepted to Coastal Bend College, an international applicant must show proof of immunization against the disease listed below. Please have this form filled out and signed by your medical doctor.

- 1. Measles - Has the above named applicant ever had measles? _____
If yes, when? _____
If no, has he/she been immunized against measles? _____
If yes, when? _____
- 2. Rubella - Has the applicant been immunized against rubella? _____
If yes, when? _____
If no, has he/she had a positive serologic test? _____
- 3. Tetanus/Diphtheria - Has the applicant been immunized against tetanus/diphtheria within the last ten (10) years? _____
If yes, when? _____
- 4. Poliomyelitis - Has the applicant been immunized against poliomyelitis? _____
If yes, when? _____

Comments (of doctor): _____

Signature of Medical Doctor

Date



Affidavit of Support
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-134
 OMB No. 1615-0014
 Expires 11/30/2018

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You (the Sponsor)

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 7.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Sponsor's Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

4. Are your mailing address and physical address the same? Yes No

If you answered "No" to Item Number 4., provide your physical address in Item Numbers 5.a. - 5.h.

Sponsor's Physical Address

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Other Information

6. Date of Birth (mm/dd/yyyy)

7.a. Town or City of Birth

7.b. Country of Birth

8. Alien Registration Number (A-Number) (if any)
 ▶ A-

9. U.S. Social Security Number (if any)
 ▶

10. USCIS Online Account Number (if any)
 ▶

Citizenship or Residency or Status

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

11.a. I am a U.S. citizen through naturalization. My Certificate of Naturalization number is

11.b. I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is

Part 1. Information About You (the Sponsor)
(continued)

- 11.c. I derived my U.S. citizenship by another method.
(Provide an explain in Part 7. Additional Information.)
- 11.d. I am a lawful permanent resident of the United States. My A-Number is
▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 11.e. I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is
▶

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12. I am years of age and have resided in the United States since (Date) (mm/dd/yyyy)

Part 2. Information About the Beneficiary

This affidavit is executed on behalf of the following person:

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Gender Male Female
4. A-Number (if any)
▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5. Country of Citizenship or Nationality
6. Marital Status
 Single or Single, Never Married
 Married
 Divorced
 Widowed
 Legally Separated
 Marriage Annulled
 Other
7. Relationship to Sponsor

Beneficiary's Physical Address

- 8.a. Street Number and Name
- 8.b. Apt. Ste. Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Beneficiary's Spouse (accompanying or following to join beneficiary)

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Date of Birth (mm/dd/yyyy)
11. Gender Male Female

Beneficiary's Children

Child 1

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Date of Birth (mm/dd/yyyy)
14. Gender Male Female

Child 2

- 15.a. Family Name (Last Name)
- 15.b. Given Name (First Name)
- 15.c. Middle Name
16. Date of Birth (mm/dd/yyyy)
17. Gender Male Female

If you need additional space to complete this section, use the space provided in Part 7. Additional Information.

Part 3. Other Information About the Sponsor

Employment Information

I am currently:

1.a. Employed as a/an

1.a.1. Name of Employer (if applicable)

1.b. Self employed as a/an

Current Employer Address (if employed)

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. State 2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

Income and Asset Information

3. My annual income is \$

(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See Instructions for nature of evidence of net worth to be submitted.)

4. Balance of all my savings and checking accounts in United States-based financial institutions
\$

5. Value of my other personal property
\$

6. Market value of my stocks and bonds
\$

I have listed my stocks and bonds in **Part 7. Additional Information** (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

7.a. I have life insurance in the sum of \$

7.b. With a cash surrender value of
\$

Real Estate Information

8.a. I own real estate valued at \$

8.b. I have mortgages or other debts amounting to
\$

My real estate is located at:

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State 9.e. ZIP Code

Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship to Me:

12. Date of Birth (mm/dd/yyyy)

13. This person is:
 Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Me:

16. Date of Birth (mm/dd/yyyy)

Part 3. Other Information About the Sponsor
(continued)

17. This person is:

- Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19. Relationship to Me:

20. Date of Birth (mm/dd/yyyy)

21. This person is:

- Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Submitted (mm/dd/yyyy)

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Date Submitted (mm/dd/yyyy)

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

27. Relationship to Me:

28. Date of Birth (mm/dd/yyyy)

29. Date of Filing (mm/dd/yyyy)

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

31. Relationship to Me:

32. Date of Birth (mm/dd/yyyy)

33. Date of Filing (mm/dd/yyyy)

34.a. Family Name (Last Name)

34.b. Given Name (First Name)

34.c. Middle Name

35. Relationship to Me:

36. Date of Birth (mm/dd/yyyy)

37. Date of Filing (mm/dd/yyyy)

38. I intend do not intend to make specific contributions to the support of the person(s) named in Part 2.

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in Part 7. Additional Information. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Part 4. Sponsor's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-134 Instructions before completing this part.

Sponsor's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

1.b. The interpreter named in **Part 5.** read to me every question and instruction on this affidavit and my answer to every question in

,
a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 6.**,

,
prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. **Sponsor's Daytime Telephone Number**

4. **Sponsor's Mobile Telephone Number (if any)**

5. **Sponsor's Email Address (if any)**

Sponsor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my affidavit;
- 2) I understood all of the information contained in, and submitted with, my affidavit; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2.** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in **Part 2.** become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in **Part 2.** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in **Part 2.** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in **Part 2.** is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled **Sponsor and Beneficiary Liability** in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

Sponsor's Signature

6.a. **Sponsor's Signature**



6.b. **Date of Signature (mm/dd/yyyy)**

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny your affidavit.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language provided in **Part 4., Item**

Number 1.b., and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7.b. I am an attorney or accredited representative and my representation of the sponsor in this case
 extends does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; type or print the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
 ▶ A-

3.a. Page Number	3.b. Part Number	3.c. Item Number
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

3.d. _____

4.a. Page Number	4.b. Part Number	4.c. Item Number
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

4.d. _____

5.a. Page Number	5.b. Part Number	5.c. Item Number
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

5.d. _____

6.a. Page Number	6.b. Part Number	6.c. Item Number
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

6.d. _____

7.a. Page Number	7.b. Part Number	7.c. Item Number
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

7.d. _____

