



GADSDEN STATE COMMUNITY COLLEGE INTERNATIONAL PROGRAMS

P.O. Box 227 - Gadsden, Alabama 35902-0227 (256) 549-8324 - Fax (256)549-8344

Dear Prospective Student,

Thank you very much for your inquiry. We have attached the information and forms that you will need for the Alabama Language Institute and for Gadsden State Community College.

The forms and information are also on our web site. We invite you to also visit the site. Go to <http://www.gadsdenstate.edu> At the top you will click "Prospective Students" and in the drop-down menu "International Students." At that point you can choose "International Programs Office" or "Alabama Language Institute."

We are very proud of our International program at Gadsden State and hope that you will become part of our international family.

If you have any questions or need help, please feel free to email us or call (256) 549-8324.

Again, thank you for your interest and we hope to see you soon.

Sincerely,

*Dr. Paula Ross Derrick, Coordinator
International Programs
Alabama Language Institute*



GADSDEN STATE COMMUNITY COLLEGE

P.O. Box 227, Gadsden, Alabama 35902-0227 (256) 549-8324 Fax (256) 549-8344
international@gadsdenstate.edu

APPLICATION PROCEDURES

To apply to Gadsden State Community College/Alabama Language Institute, complete and submit the Application Packet (Documents 1-8) and I-20 Application Form. For students transferring from a school in the United States, complete and submit the Application Packet (Documents 1-8) and the Transfer Clearance Form (Document 9).

- 1) _____ **Application for Admission — Complete** all blank spaces with the information requested.
- 2) _____ **Affidavit of Financial Support** — Submit evidence of sufficient funds to cover the cost of attending Gadsden State Community College. Have your financial sponsor complete and **sign** the affidavit. Signature needs to be certified or notarized. Include an original bank letter from your sponsor's financial institution, showing the balance in your sponsor's bank account in US dollars.
- 3) _____ **Medical Records** — Have physician complete and sign the form. **Note that a Tuberculin Skin test** is required.
- 4) _____ **Official high school transcript** — Submit original or recently certified true copy of secondary school (high school) grades and diploma in your native language as well as an official English translation. Photo copies must be recently certified.
- 5) _____ **Official university transcript** — Submit original or recently certified copy of transcripts from universities you have attended. English translations are required of any transcripts not in English.
- 6) _____ **Test of English as a Foreign Language** — If applying for college, submit a TOEFL score of 500 (on the written-based test) or 173 (on the computer-based test), or 61 (on the internet-based test) indicating proficiency in the English language. Your TOEFL score must be sent directly to GSCC from the TOEFL Office (Institutional Code 1262). No TOEFL score is required for the Alabama Language Institute.
- 7) _____ **Small photograph of yourself.**
- 8) _____ **A photocopy of the ID page of your passport.**
- 9) _____ **Transfer Clearance Form** — completed by your International Student Advisor if you are a transfer student from an American university or college.

**Mail all documents together to: INTERNATIONAL PROGRAMS OFFICE
GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227
GADSDEN, AL 35902-0227**

Your application will be carefully evaluated and a decision made. If approved, you will receive an acceptance letter and the 1-20 form. If you wish to have your 1-20 sent by Federal Express or DHL, it is your responsibility to pay for the charges. The 1-20 form is a legal document and cannot be faxed. You will need to take the 1-20 form to the nearest U.S. Embassy or Consulate to apply for a student visa. For program information, visit GSCC's homepage: www.gadsdenstate.edu

PROGRAM OF STUDY

ACADEMIC DIVISION

AAS ASSOCIATE IN SCIENCE College Transfer • Area of Concentration

47013 AGRIBUSINESS ED.....	AGE
47012 AGRICULTURE.....	AGR
47017 AQUATIC BIOLOGY.....	AQB
47000 BIOLOGY.....	BIO
11002 BUSINESS ADM.....	BUS
47001 CHEMISTRY.....	CHM
19001 COMPUTER SCIENCE SCIENTIFIC.....	CSS
19014 COMPUTER INFORMATION SYSTEMS.....	CIS
59010 CRIMINAL JUSTICE.....	CRJ
54002 ELEM. ED/EARLY CHILDHOOD PRE-SCH.ED.....	ECE
11010 FINANCIAL PLANNING & COUNSELING.....	CFP
26001 GENERAL STUDIES.....	GCS
55000 HEALTH, PHYSICAL ED. & RECREATION.....	PED
58001 HISTORY.....	HIS
42001 MATHEMATICS & MATH EDUCATION.....	MTH
11005 OFFICE ADMINISTRATION.....	OAD
42000 PRE-ENGINEERING.....	EGR
47003 PRE-FORESTRY.....	FOR
47005 PRE-MEDICINE OR PREDENISTRY.....	MED
47008 PRE-PHARMACY.....	PPH
47009 PRE-VETERINARY MEDICINE.....	VET
58003 REGLION.....	REL
47010 SCIENCE EDUCATION.....	PHS
58006 SOCIOLOGY.....	SOC

AA ASSOCIATE IN ARTS College Transfer • Area of Concentration

23000 ART.....	ART
26000 ENGLISH.....	ENG
20002 LIBERAL ARTS.....	LAR
23001 MUSIC.....	MUS
58002 PRE LAW.....	LAW
58005 PSYCHOLOGY.....	PSY
23002 SPEECH COMMUNICATION.....	SPH

AAS ASSOCIATE IN APPLIED SCIENCE

11001 ACCOUNTING TECHNOLOGY.....	ACT
54006 CHILD DEVELOPMENT.....	CHD
34003 CLINICAL LAB TECHNOLOGY.....	CLT
<i>COMPUTER SCIENCE (2 OPTIONS)</i>	
19027 NETWORKING ADMINISTRATIVE.....	NWA
19024 PROGRAM. & E-COM.....	PEC
34000 EMERGENCY MEDICAL SERVICES.....	EMP
54001 HUMAN SERVICES.....	HUS
11009 MARKETING MANAGEMENT.....	MKT
<i>OFFICE ADMINISTRATION (4 OPTIONS)</i>	
11018 OFFICE ADM. GENERAL.....	OAD
11006 LEGAL SECRETARY.....	LEG
11019 MEDICAL SECRETARY.....	MDS
11020 TRANSCRIPTION & CODING.....	HIT
11004 PARALEGAL.....	PRL
34005 RADIOLOGIC TECHNOLOGY.....	RAD
34001 REGISTERED NURSING.....	NUR

CRT CERTIFICATES

<i>COMPUTER SCIENCE (3 OPTIONS)</i>	
19039 BUSINESS COMPUTING TECHNOLOGY.....	BCT
19029 WEB DEVELOPMENT TECHNOLOGY.....	WDV
19049 MICROCOMPUTER REPAIR TECHNOLOGY.....	MRT
79011 LICENSED PRACTICAL NURSING (WAL).....	LPN
79013 LICENSED PRACTICAL NURSING (MCC).....	LPN

NCA COURSES ONLY

26004 ALABAMA LANGUAGE INST.....	ALI
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TECHNICAL DIVISION

AAS ASSOCIATE IN APPLIED SCIENCE

99032 AIR CONDITION & REFRIGERATION.....	ACR
89040 AUTO MANUFACTURING TECHNOLOGY.....	AUT
89023 CIVIL ENGINEERING TECHNOLOGY.....	CET
89028 DRAFTING & DESIGN TECHNOLOGY.....	DDT
89025 ELECTRICAL TECHNOLOGY.....	ELT
<i>ELECTRONICS (2 OPTIONS)</i>	
89026 ELECTRONIC ENGINEERING GEN.....	EET
89037 INDUSTRIAL ELECTRONICS SPECIAL.....	ILT
99029 INDUSTRIAL AUTOMATION TECH.....	INT
99030 MACHINE TOOL TECHNOLOGY.....	MTT
89024 MECHANICAL DESIGN TECHNOLOGY.....	MDT
34009 PUBLIC SAFETY TELECOMM. (CO ADM).....	PST
79004 REALTIME REPORTING.....	RTR
79007 REALTIME BROADCAST CAPTIONING.....	BCC
89035 TELECOMMUNICATIONS.....	TCT

CRT CERTIFICATES

99032 AIR CONDITION & REFRIGERATION.....	ACR
79020 AUTO COLLISION REPAIR.....	ABR
89040 AUTO MANUFACTURING TECHNOLOGY.....	AUT
79021 AUTOMOTIVE SERVICE. TECHNOLOGY.....	AUM
89023 CIVIL ENGINEERING TECHNOLOGY.....	CET
79022 COSMETOLOGY TECHNOLOGY.....	COS
79030 DIESEL TECHNOLOGY.....	DEM
89025 ELECTRICAL TECHNOLOGY.....	ELT
89026 ELECTRONIC ENGINEERING TECHNOLOGY.....	EET
99029 INDUSTRIAL AUTOMATION TECH.....	INT
99034 MACHINE TOOL TECHNOLOGY.....	MTT
89024 MECHANICAL DESIGN TECHNOLOGY.....	MDT
89035 TELECOMMUNICATION.....	TCT
99037 WELDING TECHNOLOGY.....	WDT

Rev. 3/06/07



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APPLICATION FOR ADMISSION

**ATTACH
RECENT
PHOTO
HERE
(Required)**

DATE OF APPLICATION _____ / _____ / _____
MONTH DAY YEAR

NAME (in passport)

LAST NAME / FAMILY NAME FIRST NAME MIDDLE NAME

ADDRESS IN YOUR HOME COUNTRY

U.S. MAILING ADDRESS / CONTACT PERSON (IF ANY)

STREET

NAME

APARTMENT #

STREET APARTMENT #

CITY / STATE / COUNTRY / POSTAL CODE

CITY / STATE / ZIP

TELEPHONE

AREA CODE / TELEPHONE

E-MAIL ADDRESS (Please print clearly)

E-MAIL ADDRESS (Please print clearly) CELL PHONE

WHERE DO YOU WANT US TO SEND THE I-20 FORM ? HOME COUNTRY ADDRESS U.S. ADDRESS WILL PICK UP

DATE OF BIRTH: _____ / _____ / _____ GENDER: Male Female
MONTH DAY YEAR

COUNTRY OF CITIZENSHIP: _____ CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____

ARE YOU CURRENTLY IN THE U.S.A? Yes No

IF YOU ARE IN THE U.S., LIST TYPE OF VISA STAMPED IN PASSPORT: _____ VISA ISSUE DATE: _____ / _____ / _____ VISA EXPIRATION DATE: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

PASSPORT NUMBER: _____

APPLYING FOR ADMISSION TO: Intensive English Program _____ College _____

SEMESTER YOU PLAN TO START: Fall _____ Aug. _____ Spring _____ Jan. _____ Summer _____ May _____

PROGRAM OF STUDY (in college): _____

IS ENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and second languages) _____

IF ENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL TEST? Yes No

If yes, please fill the following: TOEFL Test Date: _____ / _____ / _____ TOEFL Score: _____
MONTH DAY YEAR

Have your score sent directly from ETS to: International Programs Office, GSCC, P.O. Box 227, Gadsden, AL 35902-0227

GSCC INSTITUTIONAL CODE 1262

LIST HIGH SCHOOL YOU HAVE ATTENDED / GRADUATED:

Name of High School _____ Date of Graduation _____

LIST ANY COLLEGES AND/OR POST-HIGH SCHOOL INSTITUTIONS YOU HAVE ATTENDED:

Name of College _____ State _____ Country _____

Name of College _____ State _____ Country _____

HIGHEST DEGREE EARNED: High School or Equivalent Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

ARE YOU TRANSFERRING FROM A UNIVERSITY IN THE UNITED STATES? Yes No

HAVE YOU PREVIOUSLY APPLIED TO GADSDEN STATE COMMUNITY COLLEGE? Yes, WHEN: _____ / _____ / _____ No
MONTH DAY YEAR

HOW DID YOU HEAR ABOUT GSCC / ALI? GSCC Webpage Online - other sites _____ Family / Friend Other _____

I understand that withholding information requested in this application, or giving false information may make me ineligible for admission to, or continuation in, the College. I agree to abide by the rules, policies, and regulations of the College as outlined in the Student Handbook and College Catalog. With this in mind, I certify that all above statements are correct and complete.

APPLICANT'S SIGNATURE: _____

DATE: _____ / _____ / _____
MONTH DAY YEAR

EDUCATIONAL RIGHTS AND PRIVACY ACT ("BUCKLEY AMENDMENT") NOTICE: Under the Federal Rights and Privacy Act 20 U.S.C. 12329 Gadsden State Community College may disclose certain student information as directory information. Directory information includes the names, addresses, telephone numbers, dates of birth and major fields of study of students, as well as information about students participation in officially recognized activities and sports, the weight and height of members of athletic teams, the dates of attendance of students, degrees and awards received, and the most recent previous educational agency of institution attended by a respective student. If any student has any objection to any of the aforementioned information being released about himself/herself during any given semester or academic year, the student should notify in person or in writing the Registrar Room 124 of Allen Hall during the first three weeks of the respective semester or academic year.



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AFFIDAVIT OF FINANCIAL SUPPORT

**SUBMIT COMPLETED FORM TO:
 INTERNATIONAL PROGRAMS OFFICE, GSCC
 P.O. Box 227, Gadsden, Alabama 35902-0227**

International students or their sponsors must provide evidence of sufficient funds available to support financially two semesters of study at Gadsden State Community College. This affidavit must be signed by the sponsor and stamped or sealed by a notary public, bank official or individual authorized to certify documents. An **original** letter with an official signature on **bank letterhead** must also be submitted. The letter should verify a current account balance and whether the account is in good standing. The sponsor must have a minimum income of \$25,000 (U.S. dollars) per year.

Please Print

I, _____, who resides at _____

Name of Sponsor

Sponsor Address

Sponsor Address

Sponsor E-mail Address

Sponsor Telephone Number

being duly sworn, depose and say that it is my intention to support _____

Name of Student

who resides at _____

Student Home Country Address

_____ and comes to the United States to study at Gadsden State Community College

Student Home Country E-mail Address

and reside at (U.S. address, if known) _____

Student U.S. Address

Student U.S. Phone Number

Student U.S. E-mail Address

I am aware that Gadsden State Community College does not consider students registered for classes unless the student pays **all** tuition and fees at registration.

I am willing and able to maintain and support the prospective student. This affidavit is made by me for the purpose of assuring Gadsden State Community College that the student I am sponsoring will have sufficient funds to cover tuition, fees and living expenses during his/her course of study and will not become a public charge during his/her stay in the United States of America.

Employer or source of income and net amount received per year in U.S. dollars.

 _____ \$ _____
Income per year

Relationship to student:

Mother Father Relative Friend Company Other _____

I certify that all information provided on this Affidavit of financial support is true and valid.

Signature of Sponsor _____ *Date*

Signature and statement signed and sworn before me.

AFFIX STAMP OR SEAL

Signature of Notary Public, Bank Official

Address, Location

Date

An original official bank letter verifying sponsor's financial account information must be attached. These documents will not be returned. We suggest that you request an additional copy to submit to the U.S. Embassy or Consulate with your visa application.



MEDICAL RECORD FORM
CONFIDENTIAL INFORMATION

Information from the medical record form may not be released to a third party unless a proper acceptable authorization is furnished. This release must comply with State and Federal Regulations.

Name: _____ Sex: _____ Date of Birth: _____
Family Name First Middle Month Day Year

In case of illness or accident, notify in my country:	In case of illness, notify in U.S.
Name: _____	Name: _____
Telephone: _____	Telephone: _____
Address: _____	Address: _____
_____	_____
Email Address: _____	Email Address: _____

PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES:

I hereby authorize the physicians at area hospitals, to perform diagnostic and treatment procedures on the student named above, which in their judgment may become necessary while he/she is at Gadsden State Community College. I waive all claim to prior notification. I understand that if in the judgment of the professional staff, the student's parents or guardian should be notified, this will be done.

Signature of Parent/Guardian: _____ Date: _____
Parent/Guardian Signature Month Day Year

PERSONAL HEALTH HISTORY

TO BE COMPLETED BY A PHYSICIAN

IMMUNIZATION HISTORY

1. Tetanus Booster (within past 10 years) _____
2. MMR Vaccine(Measles, Mumps, Rubella) 1st _____ 2nd _____
3. Measles 1st _____ 2nd _____
4. Polio _____ Last Booster _____
5. DPT OR TB _____ Last Booster _____

REQUIRED PPD Mantoux (tuberculosis or TB) SKIN TEST:
 Students must have TB skin test in the last 12 months before entering school.

Date: _____/_____/_____ RESULTS: NEG _____ POS _____
Month Day Year

A **POSITIVE** Skin Test result requires chest x-ray. SEND ONLY THE DOCTOR'S MEDICAL REPORT ON THE X-RAYS. DO NOT SEND THE X-RAYS.

Please answer all questions about your personal medical history and comment on "YES" ANSWERS on a separate sheet. (dates, complications, etc.)

	YES	NO		YES	NO
Rheumatic Fever			Asthma		
Hepatitis			Hay Fever		
Poliomyelitis			Diminished hearing		
Infectious Mononucleosis			Severe visual problem		
Sexually transmitted disease			Skin problems		
Typhoid Fever			Gall bladder or liver disease		
Diabetes			Repeated urinary tract infections		
High Blood Pressure			Abnormal bleeding tendency		
Epilepsy Convulsions or Seizures			Cancer		
Colitis or Colon problems			Severe headaches		
Mumps			Rubella		
Tuberculosis					

Allergies:

1. Penicillin _____ Sulfa _____ Others _____ (List) _____
2. Insect bites or stings _____
3. Food _____
4. Pollen _____

Have you been treated for any male/female disorders? If so, what? _____

Have you ever been admitted to a hospital? YES___ NO___ If yes, what year and diagnosis: _____

Have you ever had a serious injury? (concussion, broken bones, etc). _____

Have you ever had psychiatric or psychological counseling? _____

Are you taking any medication (i.e. hormones, oral contraceptives, etc.) on a regular basis? YES___ NO___
If yes, what? _____

Do you have any illness or medical condition that requires regular treatment or alteration of your manner of living?
YES___ NO___ If yes, what? _____

Doctor's Name: _____	
Address: _____	
Doctor's Phone # _____	Doctor's Fax # _____
Doctor's Signature: _____	Date: _____
Student's Signature: _____	Date: _____

