

# GADSDEN STATE COMMUNITY COLLEGE

International Programs
Post Office Box 227 • Gadsden, Alabama 35902-0227 • www.gadsdenstate.edu

Dear Prospective Student,

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

These forms and this information are also available on our website, and we invite you to visit the site. Go to <a href="http://www.gadsdenstate.edu">http://www.gadsdenstate.edu</a>. At the top, you will select "Future Students" and in the side bar menu "International Students." You will find the application to download and print when you select the button "Application Form" on the International Programs home page.

We are very proud of our International Programs at Gadsden State and hope that you will become part of our international family. True to the Gadsden State Community College Vision Statement: *Empowering students to\_succeed in a global environment*, we have served international students for more than 50 years, and our intensive English program, the Alabama Language Institute, has served students since 1973.

If you have any questions or need help, please feel free to email <u>international@gadsdenstate.edu</u> or call (256) 549-8438.

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

Sincerely,

Becky Duckett, Director International Programs and Alabama Language Institute

cg

Phone: 256.549.8324 Fax: 256.549.8344



## GADSDEN STATE COMMUNITY COLLEGE

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

## APPLICATION PROCEDURES

To apply to Gadsden State Community College / Alabama Language Institute, complete and submit the Application Packet (Documents1-8). For students transferring from a school in the United States, complete and submit the Application Packet (Documents1-8) and the Transfer Clearance Form (Document 9).

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nal bank letter
oloma.
English
ficiency
tional code
merican

Mail all documents together to: GADSDEN STATE COMMUNITY COLLEGE

**International Programs Office** 

P.O. Box 227, Gadsden, AL 35902-0227

**GADSDEN STATE COMMUNITY COLLEGE International Programs Office** 

1001 George Wallace Dr., Gadsden, AL 35903

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 Gadsden State's homepage: www.gadsdenstate.edu

or

.....GNST

#### PROGRAM OF STUDY

#### **ACADEMIC DIVISION**

AS - ASSOCIATE IN SCIENCE	
GENERAL STUDIES	GNST
Areas of Interest* (Concentration Codes):	
*AGRICULTURE	
*AQUATIC BIOLOGY	AQB
*BIOLOGY	
*BUSINESS ADMINISTRATION	
CHEMISTRY	
*COMPUTER INFORMATION SYSTEMS	
*COMPUTER SCIENCE SCIENTIFIC	
*CRIMINAL JUSTICE	CRMJ
*DIAGNOSTIC MEDICAL SONOGRAPHY	
*EARLY CHILDHOOD EDUCATION	
*EDUCATION* *ELEMENTARY EDUCATION	
*EMERGENCY MEDICAL SERVICES	
*HEALTH. PHYSICAL ED & RECREATION	
*HISTORY	
*MATHEMATICS	
*MEDICAL LABORATORY TECHNOLOGY	
*MASSAGE THERAPY	
*POULTRY SCIENCE	
*PRE-DENTAL	
*PRE-ENGINEERING	
*PRE-FORESTRY	
*PRE-LAW	LAW
*PRE-MEDICINE	PMED
*PRE-NURSING-ADN 2-YEAR TRACK	PNUR
*PRE-NURSING-BSN 4-YEAR TRACK	PNUT
*PRE-PHARMACY	
*PRE-VETERINARY MEDICINE	
*PSYCHOLOGY	
*RADIOLOGIC TECHNOLOGY	
*REALTIME BROADCAST CAPTIONING	
*REALTIME REPORTING	
*RELIGION	
*SOCIOLOGY	SOCI

#### **AA - ASSOCIATE IN ARTS**

GENERAL STUDIES.....

Areas of Interest\* (Concentration Codes):

*ART *ENGLISH *LIBRAL ARTS *MUSIC *PSYCHOLOGY *SPEECH	.ENGL LAR MUSC PSYC
NCA - COURSES ONLY	
PHLEBOTOMY	ALI
AAS - ASSOCIATE IN APPLIED SCIENCE	
ACCOUNTING TECHNOLOGY CHILD DEVELOPMENT COMPUTER NETWORK ADMINISTRATIVE COMPUTER SCIENCE TECHNOLOGY DIAGNOSTIC MEDICAL SONOGRAPHY EMERGENCY MEDICAL SERVICES HUMAN SERVICES MARKETING MANAGEMENT MEDICAL LAB TECHNOLOGY OFFICE ADMIN.—GENERAL OFFICE ADMIN.—HEALTH INFORMATION TECH OFFICE ADMIN.—HEALTH INFORMATION TECH OFFICE ADMIN.—TRANSCRIPTION & CODING POFFICE ADMIN-TRANSCRIPTION & CODING PARALEGAL PUBLIC SAFETY TELECOMM. (C0 ADM-JSU) RADIOLOGIC TECHNOLOGY REGISTERED NURSING	CDVNWACOMTDMSEMSHUSMRKTMLTOADOAHLEGMDSTRCPST
CERT - CERTIFICATES	
COMPUTERBUSINESS COMPUTINGCOMPUTERMICROCOMPUTER REPAIR	

#### Must have separate acceptance letter:

DMS – Diagnostic Medical Sonography EMS - Emergency Medical Services

MSG - Massage Therapy

MLT - Medical Lab Tech

RAD – Radiology RN – Registered Nursing

BCC – Real Time Broadcast Captioning RTR - Real Time Reporting/Broadcast

#### **TECHNICAL DIVISION**

#### **AAS - ASSOCIATE IN APPLIED SCIENCE**

AIR CONDITION & REFRIGERATION	ACR
AUTO MANUFACTURING TECHNOLOGY	AUT
CIVIL ENGINEERING TECHNOLOGY	CET
DRAFTING & DESIGN TECHNOLOGY	DDT
ELECTRICAL TECHNOLOGY	ELT
ELECTRONIC ENGINEERING – INDUSTRIAL	ILT
ELECTRONIC ENGINEERING GENERAL	EET
INDUSTRIAL AUTOMATION TECH	INT
MECHANICAL DESIGN TECHNOLOGY	MDT
PRECISION MACHINING TECHNOLOGY	PMT
REALTIME BROADCAST CAPTIONING	BCC
REALTIME REPORTING	RTR
SALON & SPA MANAGEMENT	SAL

#### **CERT - CERTIFICATES**

AIR CONDITION & REFRIGERATION	
AUTO COLLISION REPAIR	ABR
AUTO MANUFACTURING TECHNOLOGY	AUT
AUTOMOTIVE SERVICE. TECHNOLOGY	AUM
CIVIL ENGINEERING TECHNOLOGY	CET
DIESEL TECHNOLOGY	DEM
DRAFTING & DESIGN TECHNOLOGY	DDT
ELECTRICAL TECHNOLOGY	ELT
ELECTRONIC ENGINEERING TECHNOLOG	YEET
INDUSTRIAL AUTOMATION TECH	INT
MECHANICAL DESIGN TECHNOLOGY	MDT
PRECISION MACHINING TECHNOLOGY	PMT
SALON & SPA MGM COS TECHNOLOGY	SAL
WELDING TECHNOLOGY	WDT

COMPUTER--WEB DEVELOPMENT.....WDV



# GADSDEN STATE COMMUNITY COLLEGE INTERNATIONAL PROGRAMS

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

## **APPLICATION FOR ADMISSION**

ATTACH RECENT PHOTO HERE (Required

DATE OF APPLICATION////	(Required)
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 $\ \square$ HOME COUNTRY ADDRESS $\ \square$ U.S. A TO SEND THE I-20 FORM ?	ADDRESS UNILL PICK UP
DATE OF BIRTH:/	:  Male Female
MONTH DAY YEAR	COUNTRY OF BIRTH:
ARE YOU CURRENTLY IN THE U.S.A? Yes No	
F YOU ARE IN THE U.S., LIST TYPE OF VISA STAMPED IN PASSPORT:	VISA ISSUE DATE: / / VISA EXPIRATION DATE: / / / MONTH DAY YEAR MONTH DAY Y
ASSPORT NUMBER:	MONTH DAY YEAR MONTH DAY Y
PPLYING FOR ADMISSION TO: Intensive English Program Co	ollege
EMESTER YOU PLAN TO START: Fall Aug. Spring J	Jan. Summer May
Aug. Spring 3	, ,
PROGRAM OF STUDY (in college):	
ROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?	cond languages) L TEST?
ROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?  Yes  No (If no, list first and sec F ENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL f yes, please fill the following:  TOEFL Test Date:///	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  SENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and section of the college) FENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL yes, please fill the following: TOEFL Test Date:  MONTH / DAY DAY LAYER OF THE TOEFL YOUR STORT OF THE TOEFL YES, please fill the following: TOEFL Test Date: MONTH / DAY	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  BENGLISH YOUR FIRST LANGUAGE?	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  BENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and section of the college):  ENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL yes, please fill the following: TOEFL Test Date:  MONTH DAY  DAY  Lave your score sent directly from ETS to: International Programs  SCC INSTITUTIONAL CODE 1262  IST HIGH SCHOOL YOU HAVE ATTENDED / GRADUATED:	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  BENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and section of the college):  ENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL yes, please fill the following: TOEFL Test Date:  MONTH DAY  DAY  DAY  SCC INSTITUTIONAL CODE 1262  IST HIGH SCHOOL YOU HAVE ATTENDED / GRADUATED:  ame of High School	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  SENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and section of the property of the proof of the	cond languages)  L TEST?
PROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?  Yes  No (If no, list first and sectors of the program of the p	cond languages)  L TEST?
PROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?	cond languages)  L TEST?
ROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?  Yes  No (If no, list first and sec FENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL fer yes, please fill the following:  TOEFL Test Date:  MONTH  AND THE YOUR YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL fer yes, please fill the following:  TOEFL Test Date:  MONTH  AND THE YOUR FIRST LANGUAGE FOR THE YOUR FOR THE YOUR FIRST LANGUAGE FOR THE YOUR FOR THE YOUR FIRST LANGUAGE FOR THE YOUR FO	cond languages)  L TEST?
PROGRAM OF STUDY (in college):  S ENGLISH YOUR FIRST LANGUAGE?  Yes  No (If no, list first and sector of the program of the pr	cond languages)  L TEST?

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.

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.

### 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		
l,Name of Sponsor	,who resides at	Sponsor Address
Sponsor Address	Sponsor E-mail Address	Sponsor Telephone Number
being duly sworn, depose and say that it is my intention		Name of Student
who resides at	Student Home Country Address	
Student Home Country E-mail Address	and comes to the United States to stu	dy at Gadsden State Community College
and reside at (U.S. address, if known)	Student U.S. Addre	ss
Student U.S. Phone Number	Student	U.S. E-mail Address
I am aware that Gadsden State Community College d all tuition and fees at registration.	oes not consider students registere	d for classes unless the student pays
I am willing and able to maintain and support the pro- assuring Gadsden State Community College that the living expenses during his/her course of study and will n Employer or source of income and net amount received per year	student I am sponsoring will have s ot become a public charge during his	ufficient funds to cover tuition, fees and
Relationship to student:	Relative □ Friend □ Comp	\$any □ Other
I certify that all information provided on this Affidavit	of financial support is true and valid	d.
Signature of Sp Signature and statement signed and sworn before		Date  AFFIX STAMP OR SEAI
Signature of Notary Public, Bank Official		
Address, Location		

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.

Date



## **Medical History Form**

This portion is to be completed by the student

Loct					
Last	First	Middle	SS#	/ID	
Home Address					
Street		City	State	Zip	
		·		•	
C II N	/ /		76.1	<del></del>	
Cell Phone	Date of Birth		Male	Female	
Emergency Contact	Phone		Relatio	nship	
•	o serve as a baseline for medical clears  x YES or NO to the following condition  CONDITIONS		nrollment. I		_
Hypertension	CONDITIONS			NO	YE
Rheumatic fever or heart troul	hle				
Liver trouble or jaundice (Her					
Asthma or tuberculosis	outilis)				
Major surgery or injury					
Ulcers or gastroenteritis					
Backache or joint trouble					
Backache or joint trouble Kidney trouble					
Backache or joint trouble Kidney trouble Diabetes					
Backache or joint trouble Kidney trouble Diabetes Severe headaches					
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions					
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea					
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem	any emotional disorders?				
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for	any emotional disorders? her health, withdrawn from college?	If so explain			
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for Has applicant, because of his/			nent?		
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for Has applicant, because of his/ Does the applicant have any il	her health, withdrawn from college?	es regular treatm			
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for Has applicant, because of his/ Does the applicant miss school	her health, withdrawn from college? Ilness or medical condition that required regularly or frequently due to any plants.	es regular treatm			
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for Has applicant, because of his/ Does the applicant have any il Does the applicant miss school Has the applicant been hospita	her health, withdrawn from college? Ilness or medical condition that required regularly or frequently due to any plants.	es regular treatm hysical conditior			
Backache or joint trouble Kidney trouble Diabetes Severe headaches Epilepsy or convulsions Dyspnea Drug or alcohol problem Has applicant been treated for Has applicant, because of his/ Does the applicant have any il Does the applicant miss school Has the applicant been hospita	her health, withdrawn from college? Ilness or medical condition that required regularly or frequently due to any platized?	es regular treatm hysical conditior			

This portion is to be completed	by a	Physic	cian.							
Height Weig	ht				Skeletal Size	: Sm	all	Medium	_ Large	EL
B/PPul	se				Respiration				Tempe	rature
<b>Laboratory Findings</b>										
Hemoglobin or Hematocrit					WBC			Serology	У	
Urine: Sp.Gr					Alb			Suga	r	
Eyes						Ears	S			
Do you wear glasses?		No	١	Yes		Hea	ring r	normal?	No	Yes
Do you wear contacts?		No	١	Yes		Are	drum	ns intact?	No	Yes
Distant Vision	Wit	hout g	glasse	es	R20/					
	Wit	h glas	ses		R20/					
Near Vision	Wit	hout g	glasse	es	R20/					
	Wit	h glas	ses		R20/					
Head, Neck and Face								Normal ( )	A	bnormal ( )
Nose and Sinuses								Normal ( )	А	bnormal ( )
Mouth and Throat								Normal ( )	А	bnormal ( )
Teeth								Normal ( )	А	bnormal ( )
Lungs and Chest								Normal ( )	А	bnormal ( )
Heart							l	Normal ( )	А	bnormal ( )
Vascular System								Normal ( )	A	bnormal ( )
Abdomen								Normal ( )	A	bnormal ( )
Endocrine System								Normal ( )		bnormal ( )
Female: Breast								Normal ( )		bnormal ( )
Female: Pelvic								Normal ( )	-	bnormal ( )
Male: Genital								Normal ( )		bnormal ( )
Male: Hernia								Normal ( )	A	bnormal ( )
Present Health: God I certify that the above inform			_		_ Poor	D	ate of	exam:	/	/
Physician's Signature						Studen	t's Sign	ature		

Complete and return to: INTERNATIONAL PROGRAMS OFFICE GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227

TO BE COMPLETED BY COLLEGE OFFICIAL

Date Received:

Signature:



## **Immunization Form**

To ensure the health and safety of our campus, immunizations against communicable disease is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, and Meningococcal is required, as well as a negative Tuberculosis skin test. This is a requirement for all International Students. This form must be completed and submitted prior to admission in any ACCS institution.

Name				
Last	First	Middle	e SS#/ID	
Address				
Street		City	State Z	ip
Date of Birth / / Co	ontact Number		Email	
Section A: Required Immuni	zations/Tests			
			Month/Day/Year	Month/Day/Year
Meningitis Vaccine- within the last	t 5 years (Menomune,	Menactra, Menveo)		
2. Measles, Mumps, Rubella (MMR)				
3. Tetanus				
4. Tuberculosis Screening				
TB Skin Test by PPD	Date Placed	Date Read	MM	Neg Pos
Chest X-Ray (if positive PPD or lab)	Date	Result	Submit copy of	chest X-ray report
	ı		1	
Section B: Recommended Imm	nunizations			
Please attach documentation of all childho		of Blue Card)		
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
TD (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
AND/OR Tdap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio		Do not write here	Do not write here	
Hepatitis B				
Varicella (Chickenpox)			Do not write here	
I certify that the above dates and vaccina	otions are true			
r certify that the above dates and vaccina	mons are true.			
Signature of License Health Care Professional or	Authorized Individual		Г	Date

Complete and return to: INTERNATIONAL PROGRAMS OFFICE

GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227

## I - 20 APPLICATION FORM

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

Complete and return the 1-20 Application Form with the completed application packet to the International Programs Office. The 1-20 form will be issued when the completed I-20 application form and application packet are received by the International Office and you are accepted to GSCC. If you have dependents who will apply for F-2 visas, please provide their names and birth dates and relationship to you on a separate piece of paper. An additional \$5,000 U.S. dollars per year is required for each dependent.

#### ALL APPLICANTS MUST COMPLETE THIS SECTION:

NAME (in Passport)	Last Name / Family Name	Fi	st Name	Middle Name
HOME COUNTRY ADDRESS		• "	5	auc ramo
ADDRESS IN THE U.S. (IF ANY)				
,				
WHERE DO YOU WANT US		_		
TO SEND THE 1-20 FORM?	☐ HOME COUNTRY ☐ U.S	S. ADDRESS □ W	ILL PICK UP	
TELEPHONE NUMBER	()			
E-MAIL ADDRESS (Please print clearly)				
COUNTRY OF CITIZENSHIP				
COUNTRY OF BIRTH				
DATE OF BIRTH				
	Month	Day	Year	
PASSPORT NUMBER				
EXPIRATION DATE				
SEMESTER IN WHICH YOU PLAN TO ENTER GSCC				
PROGRAM OF STUDY	_			
APPLICANTO CUPPENTI V			5011 0WW 01150TIO	NO.
APPLICANTS CURRENTLY	IN THE U.S. MUST ALSO	ANSWER THE	FOLLOWING QUESTIO	NS:
ADMISSION NUMBER ON YOUR I - 94				
IF YOU CURRENTLY HOLD A VISA				
TO BE IN THE UNITED STATES,				
WHAT TYPE OF VISA DO YOU HOLD?			<u> </u>	
EXPIRATION DATE OF VISA	Month	Day	Year	

ALL APPLICANTS MUST COMPLETE THE APPLICATION PACKET. APPLICANTS TRANSFERRING FROM ANOTHER COLLEGE IN THE U.S. MUST COMPLETE THE TRANSFER CLEARANCE FORM AS WELL.

## TRANSFER CLEARANCE

The Student and Exchange Visitors Information System (SEVIS) requires this office to have the following information in order to process your transfer or change of school to Gadsden State Community College. <u>Please complete the information in Section A and submit this form to the International Student Advisor at your present or most recent school in the United States.</u>

Family Name	First	Middle
Present Address		
Institution Transferring From		Date of Attendance
I authorize my present International St	tudent Advisor (or designated campus o	fficer) to provide the information below
Student Signature		Date
	ETED BY INTERNATIONAL S	TUDENT ADVISOR AT YOUR PRESEN
The above named student has applied		nunity College. Your assistance is appreciated
Gadsden State C International P.O. Box 227 Gadsden, AL 35	Programs Fax I Emai	phone: 256)549-8324 Number: (256)549-8344 I Address: bduckett@gadsdenstate.edu
1-94 Admission Number		Student Visa Type
I. Is this student currently IN STAT  Yes If no, please exp	lata.	s, please give release date
2. Is this student currently applying f  ☐ Yes If yes, please prov ☐ No		ies of documents.
3. Is this student currently under pra  ☐ Yes If yes, please list a  ☐ No		ng (curricular or optional) if known.
4. Is he/she eligible to re-enroll at yo  ☐ Yes If no, please exp ☐ No		
,	ary/behavioral problems at your institudalin:	
6. Has student encountered financia  ☐ Yes If yes, please explain No	· ·	
tify that the preceding is to the best of	my knowledge true and correct.	