



## Fall 2022 International Student Packet

**Please submit ALL international student packet requirements by Friday, June 3<sup>rd</sup>, 2022.  
The Fall 2022 Semester is scheduled to begin on August 25<sup>th</sup>, 2022**

Thank you for your interest in Housatonic Community College. This is our **International Student Packet** and serves as a guide to help you complete our international admissions requirements. Please review this packet in its entirety. Every single page must be completed in order for Housatonic Community College to begin the admissions process. Any incomplete applications will not be reviewed. Complete the following steps to ensure that you successfully submit all application requirements.

1. **ENGLISH PROFICIENCY:** HCC is not a certified language training school. Therefore, all students must submit evidence of their ability to read, write, and speak English well enough to pursue college courses. An applicant whose dominant or primary language is not English must take the TOEFL Exam and submit their scores to our college. To register for this exam, please visit the following website: [www.toefl.org](http://www.toefl.org)
  - **Required TOEFL EXAM Scores:** Computer Based Exam = Minimum Score of 173, Internet Based Exam = Minimum Score of 61, Paper Based Exam = Minimum Score of 500.
  - **TOEFL can only be waived if:** (1) You come from an English-speaking country, (2) You graduated from a U.S. high school, or (3) You completed a U.S. Advanced Level ESL Program (English as a second language).
  - TOEFL results can take more than 6 months to receive, please plan ahead.
2. **ADMISSIONS APPLICATION:** Complete our Admissions application (Student Data Sheet). Return this application (along with all other international student requirements) to our Admissions Office. Please include the country where you were born and your permanent address in your home country. The application must be completed in full stating the CT address where you intend to reside. In order to pursue a full course of study, you must enroll in a degree program. You may add a certificate program as a secondary major.
3. **IMMUNIZATION/VACCINES:** Proof of Measles, Mumps, Rubella and Varicella (MMRV) immunization. (See attached form on page 10-11).
4. **PROOF OF HIGH SCHOOL COMPLETION:** You are required to submit proof of high school completion. This can be a copy of your High School Diploma or your High School Transcripts. They **must** be in **English**.
5. **TRANSFERABILITY OF COLLEGE CREDITS:** If you have earned college credit at a previous institution and would like HCC to provide you with a transfer credit evaluation, we must receive the following:
  - If you attended a U.S. College or University, please request that an official copy of your college transcripts be sent to our Admissions Office to be evaluated.
  - If you attended a College or University **outside** of the U.S., you are required to have your official college transcripts evaluated by an accredited agency. Once your college transcripts are evaluated, and Housatonic Community College receives an official copy of the evaluation, a review of your transfer credit will be provided to you.



## Applicant Information Sheet

The following are a list of approved evaluation agencies by our institution:

- Educational Credential Evaluators ([www.ece.org](http://www.ece.org))
  - World Educational Services ([www.wes.org](http://www.wes.org))
  - Center for Educational Doc. ([www.cedevaluations.com](http://www.cedevaluations.com))
  - Globe Languages Services Inc. ([www.globelanguage.com](http://www.globelanguage.com))
6. **LETTER OF RESIDENCE:** A (**NOTARIZED**) letter of residence must be submitted stating the local residential address you intend to reside in Connecticut while attending Housatonic. (See attached form, page 7). **NOTE:** This is a commuter school; there are no housing facilities for students.
  7. **FINANCIAL RESPONSIBILITY:** The prospective international student, relative or sponsor(s) must provide a (**NOTARIZED**) Sponsor's Financial Affidavit Letter. This letter states "who" will be responsible for your total college expenses of **\$40,716.00** (Funding must be available to cover the cost of all school and living expenses during the entire period of anticipated study in the U.S.). **NOTE:** This is a commuter school; there are no housing facilities for students.
  8. **FINANCIAL PROOF:** All visa/I-20 applicants must provide proof that they have sufficient funds readily available and accessible to meet all expenses for the first year of study of **\$20,358.00**. These funds are expected to cover tuition, fees, books, and estimated living expenses.
  9. Any or all parties responsible for the applicant's college expenses must provide "financial proof" demonstrating that they have sufficient funds from an identified and reliable financial source to cover the cost of tuition, fees, books, and estimated living expenses. All financial documents must be in liquid or cash value and easily converted assets. You must ensure that **all financial documents are current (within 3 months) and converted into U.S. currency. Please see page 8.**
  10. **Copy of Current PASSPORT/I-94 CARD:** (Students who have a passport must submit a copy to our Admissions office along with their application packet. If an I-94 has been issued, you may download your copy online by visiting the following website: [www.cbp.gov/travel/international-visitors/i-94-instructions](http://www.cbp.gov/travel/international-visitors/i-94-instructions))
  11. **I-901:** Once your I-20 has been issued, please complete the **I-901 form**. All students are required to send a **\$350.00** payment to the Student/Exchange Visitor Program. To pay this fee online, please visit the following website: [www.fmjfee.com](http://www.fmjfee.com) **All NEW students are required to complete this form.** On item Number 14, add our School Code for SEVIS I-20: BOS214F10372000. If you are a Transfer Student, you are NOT required to complete this form. You may download the I-901 form from the following website: [www.ice.gov/sevis/i901](http://www.ice.gov/sevis/i901)

**For more information on Admission of International Students, please review page 13 of the 2019-2020 Housatonic Community College Catalog:** [www.housatonic.edu/images/PDF/catalog/2019-2020catalog.pdf](http://www.housatonic.edu/images/PDF/catalog/2019-2020catalog.pdf)

**NOTE: An I-20 will be issued ONLY to applicants who meet the international student admission requirements.**



## Student Contract

The USCIS has made recent changes in the record keeping of International Students. This letter will update you as to your duties and obligations under these changes. We also wish to remind you that:

1. You are responsible for maintaining your F-1 status. If you are not registered as a full-time student, you may lose your F-1 Status.
2. You must maintain your Passport, I-20, and I-94. Staple your I-94 to your passport. You must have all three when traveling.
3. You must see the Designated School Official (DSO), Ms. Wanda Mulero, before you leave the country. Be sure the back of your I-20 is signed every six months by a Housatonic Community College Principle Designated School Official Rebecca Rodriguez, (PDSO) before leaving the United States.
4. If your passport has expired, go to your embassy or consulate in the New York City to extend your passport.
5. You cannot skip a semester; you must remain enrolled in each of the semesters.
6. You must notify us when you change your HCC program or major.
7. You must notify the PDSO if you're applying for practical training (Practicum, experiential learning, or internship). **For post-completion OPT, you can file the Form I-765 up to 90 days before your program end date and no later than 60 days after your program end date. This is your responsibility to inform the PDSO.**
8. You must notify the Admissions Office or PDSO, Registrar's Office and the USCIS when you change your local address. For more information, please visit the following website: [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange)
9. You must notify the Admission Office or PDSO 60 days prior to the expiration of your I-20 if you plan to request a program extension.
10. You will need authorization by the USCIS to work while in the United States.
11. You must apply for graduation evaluation if you have completed more than 30 credits.
12. It is **mandatory** for all F1 students to attend International Student Workshops, Orientations, and Advising sessions.
13. If you have academic difficulty or medical illness, please notify PDSO or DSO in Admissions Office. **Only PDSO or DSO is authorized to reduce your course load not your professors or academic advisors.**
14. All enrolled students should purchase medical insurance coverage through an independent agency. This is your responsibility, not the college.

**Please sign stating that you have read and understand your duties and obligations as an F-1 Student.**

Name: \_\_\_\_\_ Banner ID (if known): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Applicant Information Sheet

**FULL NAME:** Mr. /Ms. \_\_\_\_\_  
Last (family name)    First    Middle

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security No (If applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Major/Program: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

U.S. Driver's License Number: (If applicable) \_\_\_\_\_ Driver's License State Issue: \_\_\_\_\_

**ADDRESS IN HOME COUNTRY: Please provide a complete address.**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**ADDRESS IN UNITED STATES:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone# \_\_\_\_\_

**DEPENDENT(S): (Spouse & children only): If more than 1 dependent, please list their information on the back of this sheet.)**

FULL NAME: \_\_\_\_\_  
Last (family name)    First    Middle

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Passport NO: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ I 94 Card NO: \_\_\_\_\_

**IMMIGRATION INFORMATION**

**Visa Classification/Current Visa Status (Please check one)**

- F-1 visa Admission Number (11 digits from I-94): \_\_\_\_\_
- J-1 Program Visa Sponsor -Section 2 of your Form DS2019-(Formerly IAP-66) \_\_\_\_\_ Program#: \_\_\_\_\_
- Form DS2019 Expiration Date: \_\_\_\_\_ Subject to 2 yr. Residence (see visa page) \_\_\_\_\_ Yes \_\_\_ No \_\_\_
- Other Visa (B1/B2, F2, H4, please specify): \_\_\_\_\_ Apply for a change of Status: \_\_\_\_\_
- Passport Number: \_\_\_\_\_ Expiration Date of Passport: \_\_\_\_\_

Expiration Date of US Entry Visa: \_\_\_\_\_ Expiration Date of Form I-94: \_\_\_\_\_

Expiration Date of Form I-20 (number 5 on the form I-20): \_\_\_\_\_ Date of U.S. Port of Entry: \_\_\_\_\_



## Important F-1 Visa Student Applicant Check List

**Please submit requirements early to allow enough time for the foreign student advisor to review your mandatory requirements in order to advise the applicant of any items still missing or necessary changes that need to be made.**

“All” requirements must be submitted in order for the student advisor to issue the applicant a complete I-20 form for their F-1 (International Student) visa. There will be no exceptions; all requirements must be submitted to receive an I-20 form. This I-20 Form (F-1 status) is required by the United States Immigration Office in order to study at Housatonic full time. The I-20 is only issued to students who submit all requirements. I-20 applicants are accepted as FULL-TIME students in a DEGREE program and must remain in good academic standing.

Visa regulations allow you to enter the United States up to **30 days** before the first day of classes (the reporting date shown on your I-20). If you attempt to enter the U.S. earlier, you will be denied entry at the airport immigration area.

**\*\*\*THE COLLEGE CANNOT PROVIDE INTERNATIONAL STUDENTS WITH ANY FORM OF FINANCIAL ASSISTANCE (FINANCIAL AID).**  
(You are responsible for providing all of your own college expenses.)

#	Comp. Y/N	Check list summary of all required items you are responsible for providing:
1		International Student Information form for SEVIS registration
2		T.O.E.F.L. Test Results (UNLESS STUDENT IS FROM ENGLISH SPEAKING COUNTRY)
3		Admissions Application – click on the link to submit application: <a href="http://ct.elluciancrmrecruit.com">ct.elluciancrmrecruit.com</a>
4		Proof of Measles, Mumps, Rubella, and Varicella (MMRV) immunization
5		All High School and College Records in English
6		Residence Letter (NOTARIZED) (Page 7)
7		Affidavit Letter of Financial Responsibility of <b>\$40,716.00</b> (NOTARIZED) (Page 9)
8		Financial Proof - available and accessible funds to meet all expenses for the first year of study, including the tuition, fees, books, and estimate living expenses. (notarized financial documents)
9		Transfer SEVIS I-20 Release Form For Transfer Students Only (Page 12)
10		Copy of current Passport/I-94 CAR. Must bring original passport and Admissions will make copies of front and back
11		Complete the I-901 form for SEVIS application and send \$200.00 fee to USCIS. (transfer students do not need to complete this form) The school code is: BOS214F10372000. Please download the I-901 Form at <a href="http://www.ice.gov/sevis/i901/">www.ice.gov/sevis/i901/</a>

**Issuance of I-20:** Once all requirements are submitted on time and reviewed, the College will issue the student the I-20, “Certificate of eligibility for Non-Immigrant “F” Student Status.” This form will be forwarded to your attention. If you are applying from overseas, please be aware that you will need to sign this form at the American Embassy in your country, in front of them, to approve your F-1 visa status. You may be refused entry into the United States if you attempt to arrive more than 30 days before the program start date listed on your SEVIS I-20 form. You should report to their school within 30 days of the date that appears on the SEVIS I-20 form to register for courses or to validate your intended participation. Failure to do so may result in serious consequences. You will not be allowed to enroll in classes if you fail to report to Housatonic Admission Office by the date on your I-20 form! No exceptions. Failure to report to Housatonic will result in your name being reported to the USCIS as “Out of Status”, at their request.



## Applicant Information Sheet

### **IMPORTANT NOTICE:**

### **Enrollment in a course of study is prohibited for B1 and B2 visas.**

An alien who is admitted as, or changes status to, a B-1 or B-2 nonimmigrant on or after April 12, 2002, or who files a request to extend the period of authorized stay in B-1 or B-2 nonimmigrant status on or after such date, violates the conditions of his or her B-1 or B-2 status if the alien enrolls in a course of study. Such an alien who desires to enroll in a course of study must either obtain an F-1 or M-1 nonimmigrant visa from a consular officer abroad and seek readmission to the United States, or apply for and obtain a change of status under section [248](#) of the Act and 8 CFR part [248](#). The alien may not enroll in the course of study until the Service has admitted the alien as an F-1 or M-1 nonimmigrant or has approved the alien's application under part [248](#) of this chapter and changed the alien's status to that of an F-1 or M-1 nonimmigrant. (Added 4/12/02; [67 FR 18062](#))

A B visitor who begins a course of study prior to the approval of a change of status application is considered to have violated a condition of his or her immigration status. USCIS will deny a change of status request if the B-1 or B-2 nonimmigrant enrolled in a course of study before filing the application for change of status or while the application is pending before the USCIS.

### **Study restrictions: B1/B2 VISAS**

A B1/B2 visa holder cannot begin a course of study or student employment until his or her application for a change of status to F-1, M-1, or J-1 is approved. This is a change in policy and B-2 visa holders must be careful not to begin a course of study that is unauthorized.

“A course of study” is considered to be a focused program of classes, such as a full-time course load leading to a degree or certification. Casual, short-term classes that are not the primary purpose of the visitor’s presence in the United States, such as a single English language class would not constitute ‘a course of study’ [*INS Field Memorandum, April 12, 2002*].

A B1/B2 visa holder may engage in part-time study incidental to visit - e.g., may enroll in short-term English language or recreational courses such as crafts class.



**LETTER OF RESIDENCE**  
(Must be notarized)

This letter is to certify that \_\_\_\_\_ of  
(Student Name)

\_\_\_\_\_ will be living  
(Country of Citizenship) (Country of Birth)

with me in my home at the following address until his/her studies are completed at  
Housatonic Community College.

**THIS MUST BE A CONNECTICUT ADDRESS:**

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**HOME COUNTRY ADDRESS: The Address Must be a Complete Address.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone and Country Code: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Needs to be Notarized - By Notary Public)



## Applicant Information Sheet

### Mandated Estimate College Tuition for International Students

<u>Tuition &amp; Fees</u>	<u>One Year</u>		<u>Two Years</u>
	<b>2 Semesters</b>	(x2)	<b>4 Semesters</b>
Tuition	\$11,952.00	(x2)	\$23,904.00
College Service Fees	\$1,476.00	(x2)	\$2,952.00
Student Activities Fees	\$40.00	(x2)	\$80.00
Transportation Fees	\$40.00	(x2)	\$80.00
<b>Total:</b>	<b>\$13,508.00</b>	<b>(x2)</b>	<b>\$27,016.00</b>

*Tuition & fees listed above are approved by the Board of Regents for Connecticut Community Colleges. These costs may increase at any time, and you will be billed for any increase accordingly.*

**\*\*Note: Acceptable proof of financial responsibility:**

- **Readily available and accessible funds for the first year must be \$20,358.00**
- **Applicants must also provide proof of adequate funds for each subsequent year to cover the remaining of their studies.**
- **Proof of income:**
  - a. Current official bank statements within 3-6 months.
  - b. Letter of employment verification from sponsor (s).
  - c. Current payroll stubs from the employer within 3-6 months.
  - d. Copy of current tax returns from sponsors (s).
  - e. Reliable financial funding source in liquid or cash value: scholarship, free room and board, student loans.

**HCC will not accept financial documents from investments such as retirement accounts, mutual funds, stocks, bonds, commodity trading accounts, property deeds, etc.**

- ◆ Full tuition & fees “must” be paid at time of registration for “each” semester.
- ◆ Refer to the attached “Out of State” tuition and fee cost sheet
- ◆ All International students (F-1) are considered “Non-Residents. It means that you will pay Out of State Tuition”, even if you have resided in Connecticut for over 1 year.
- ◆ All International Students “must” remain full time status (12 credits or more/4 courses or more)
- ◆ Payment plan is available. See the Bursar’s Office for the application and instructions.
- ◆ **All tuition and fees are subject to change without notice.**

In addition to the above tuition and fees, USCIS mandates Living expenses as well to provide appropriate housing, food, clothes, etc. for all International Students. (The estimates below do not need to be paid at time of registration)

### Fall 2022 Semester Estimate College Tuition, Fees & Living Expenses

<u>Estimated Expenses</u>	<u>One Year</u>		<u>Two Years</u>
	<b>2 Semesters</b>	(x2)	<b>4 Semesters</b>
Living Expenses	\$6,250.00	(x2)	\$12,500.00
Books	\$600.00	(x2)	\$1,200.00
Tuition and Fees	\$13,508.00	(x2)	\$27,016.00
<b>Total:</b>	<b>\$20,358.00</b>	<b>(x2)</b>	<b>\$40,716.00</b>





(Example)

## “Sponsor’s Financial Affidavit Letter”

Must be Notarized

This letter is to certify that I, \_\_\_\_\_ will be  
 (Sponsor’s name)  
 responsible for \_\_\_\_\_ ‘s total college expenses of  
\$40,716.00 while pursuing a college degree at Housatonic Community College.

Sponsor’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Notarization)

### MORE THAN ONE SPONSOR?

Affidavit Letter: If there’s more than one sponsor for the student, each sponsor’s name must be stated on the letter as responsible for the \$40,716.00 (tuition, fees, & living expenses) and notarized. (This is treated like a co-signed contract). Each sponsor needs to complete this form separately.

Each sponsor can submit his/her own proof of financial support. *Funding must be available to cover the cost of all school and living expenses during the entire period of anticipated study in the U.S.*

This is USCIS regulations and Housatonic Community College policies. USCIS mandates proof that the student be provided with a shelter, clothes, food and their college expenses paid for.

All International Students (F-1, status visas) must pay “Out of State” (NON-RESIDENT) tuition and college fees. (See attached form) This is true even if the student has lived here in Connecticut for years. Once the student registers and enrolls in classes full time, the college tuition and fees for that semester must be paid immediately. Each semester, full time, will be approximately **\$6,754.00**

(Needs to be Notarized by Notary Public)

**\*\*\*\*NOTE\*\*\*\*All tuition and fees are subject to change without notice**



## Applicant Information Sheet

### State Immunization Policy

BANNER ID# \_\_\_\_\_

If unknown, leave blank  
900 Lafayette Blvd. Bridgeport, CT 06604

Students must return this completed document to the Admissions Office or the Health Records Office prior to registration. If you were born after December 31, 1956,

Connecticut State Law requires that all full-time (degree seeking and non-degree/non-matriculating) and part-time matriculating students enrolled in postsecondary schools be adequately protected against measles, mumps and rubella. In addition, beginning on August 1, 2010 all full-time and matriculating students, except those born in the continental United States prior to January 1, 1980, must provide proof of immunization against varicella (chicken pox). Students must have two (2) doses of each vaccine administered at least one (1) month apart to insure adequate immunization.

If you are not exempt, please complete one of the options below and attach the necessary documentation.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

New \_\_\_\_\_ Continuing \_\_\_\_\_ Transfer \_\_\_\_\_ Readmit \_\_\_\_\_

OPTION 1: RECORD OF IMMUNIZATION			OPTION 2: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE		
This section must be completed by either a physician or someone operating under the direction of a physician (ex. School nurse, physician's assistant, or nurse practitioner).			Test results (Titer) for lab evidence must be attached to this form or document that you have already had the disease(s). If you cannot document a confirmed case of the disease(s), then you must submit immunity results from a medical laboratory.		
Vaccination Type	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	Date of Test	Result of Test	Date of Disease
Measles	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		
Mumps	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		
Rubella	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____		

OR

MMR	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____	
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AND

Varicella (Born after 1/1/1980)	mo/day/yr ____/____/____	mo/day/yr ____/____/____	mo/day/yr ____/____/____	
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Enter on Banner \_\_\_\_\_ Hold Removed \_\_\_\_\_ Reviewed \_\_\_\_\_ Letter Sent \_\_\_\_\_ Letter Sent On \_\_\_\_\_

Health Records Fax (203) 332-5063

#### Immunization waivers

**OPTION 1 & 2:** This must be completed by your physician. I hereby certify that this student has received the immunization(s) or has laboratory evidence of immunity as indicated.

\_\_\_\_\_  
Signature of physician or authorized person

\_\_\_\_\_  
Date

Physician's stamp or DEA number

#### OPTION 3: MEDICAL EXEMPTION

Students with medical exemptions shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the college. All susceptible students will be excluded from college based on public health officials' determination that the college is a primary site for disease exposure, transmission and spread into the community. Students excluded from college for this reason will not be able to return to school until:

1. the danger of the outbreak has passed as determined by public health officials
2. the student becomes ill with the disease and completely recovers, or
3. the student is immunized.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that a given immunization is medically contraindicated should attach a statement to the form signed by their physician stating that in the physician's opinion, such immunization is medically contraindicated and why it is contraindicated (ex. hypersensitivity to a vaccine component, demonstrated reaction to vaccine etc.) In addition, the student should complete the following statement and return it to the HCC Admissions Office (LH-A106) or Health Records Office (LH-A113).

\_\_\_\_\_  
I am submitting the enclosed documentation from a physician that immunization is medically contraindicated. Therefore, I am exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

#### OPTION 4: RELIGIOUS EXEMPTION

Students with religious exemptions shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the college. All susceptible students will be excluded from college based on public health officials' determination that the college is a primary site for disease exposure, transmission and spread into the community. Students excluded from college for this reason will not be able to return to school until:

1. the danger of the outbreak has passed as determined by public health officials
2. the student becomes ill with the disease and completely recovers, or
3. the student is immunized.

For example, for measles, the complete incubation period is 18 days from the onset of symptoms for the last case in the community. Outbreaks like measles may last for several months.

According to State statutes, (Connecticut General Statutes Sections 19a-7f and 10-204a) no student may be admitted to school without proof of immunization or a statement of exemption. Students seeking an exemption on the basis that immunizations would be contrary to their religious beliefs should complete the following statement and return it to the HCC Admissions Office (LH-A106).

*I hereby assert that immunizations would be contrary to my religious beliefs. Therefore, I am exempt from receiving the required immunization under Section 10-201a of the Connecticut General Statutes and shall be permitted to attend college except in the case of a vaccine-preventable disease outbreak in the school.*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature



## Applicant Information Sheet

### International Student SEVIS I-20 Record Release Transfer Form

**FOR TRANSFER F-1 VISA STUDENTS ONLY**

900 Lafayette Boulevard, Bridgeport, CT 06604

<http://www.hcc.commnet.edu>

Phone: 203-332-5100 Fax 1-203-332-5294

School Code: BOS214F10372000

#### **SECTION I – TO BE COMPLETED BY STUDENT**

You should not have your SEVIS record released to Housatonic until you have been accepted to HCC. Upon acceptance, please provide the International Student Advisor of your previous school with a copy of Housatonic Community College 's acceptance letter in order to request that your SEVIS record be released to HCC. \*\*Transfer students must maintain their visa status at the current school prior to transferring to HCC.

Name of Student \_\_\_\_\_  
 Last Name First Name Middle

Semester for which you are applying to HCC: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Degree program you are applying for \_\_\_\_\_ of Associate Degree

Social Security Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

I hereby grant permission for the information requested below to be made available to Housatonic Community College.

\_\_\_\_\_  
 Student's Signature Date of Birth (mm/dd/yy) Date

#### **SECTION II – TO BE COMPLETED BY THE INTERNATIONAL OFFICE**

The student named above has applied to the Housatonic Community College for the term above. We are requesting the following information so that we may determine the student's eligibility for transfer according to Title 8 CFR 214.2 (F) (8) (ii). Please return this form to the mailing address above:

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's I-94 Admission number: \_\_\_\_\_ SEVIS Number #: N \_\_\_\_\_

Enrollment Dates: Beginning Date (Semester/Year): \_\_\_\_\_

Date of Intended Transfer: \_\_\_\_\_  
 (mm/dd/yy)

Please check appropriate statement:

1. \_\_\_ Out of Status. Semester last enrolled was \_\_\_\_\_

2. \_\_\_ Approved for OPT or CPT from \_\_\_\_\_ to \_\_\_\_\_

3. What is the expected date or last date for completion of studies in student's current degree program?  
 \_\_\_\_\_

4. What is the level of education the student last pursued? \_\_\_\_\_



5. Is he/she considered to be pursuing a full course of study and maintaining F-1 Status? \_\_\_\_\_

6. Has the student met all the financial obligations? \_\_\_\_\_

7. TRANSFER APPROVED \_\_\_\_\_ YES \_\_\_\_\_ NO

8. If no, state reason \_\_\_\_\_

9. Comments: \_\_\_\_\_

10. Has the student been released in SEVIS? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

***(Please do not release the student's SEVIS record until student has been accepted at Housatonic Community College).***

\_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Name & Title of Designated School Official completing this Form

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Applicant Information Sheet

### CONTRACT FOR F1 STUDENTS

Student's  
Initials

After receiving the Housatonic Community College I-20, you are required to take the Institutional Placement Test 2 to 3 weeks prior to the 1st day of class.

\_\_\_\_\_

\* You must be in Full-time status (12 credits or more).

\_\_\_\_\_

\* It is your responsibility to comply with all immigration regulations which apply to F-1 students.

\_\_\_\_\_

\* STUDENTS (NOT SPONSORS) ARE RESPONSIBLE FOR OUT OF STATE TUITION PAYMENT.

\*You may purchase a medical insurance coverage through an independent agency. This is your responsibility, and not the college.

I understand that I must pay tuition in full at time of registration or apply for the 3-way payment plan at least 3 weeks prior to the 1<sup>st</sup> day of school.

\_\_\_\_\_

**I promise to make full payment in accordance with the payment amounts in the agreement. I understand that if I fail to meet the full payment indicated, I will be withdrawn from the College but continue to be responsible for the entire amount. I also understand that once I have been withdrawn from the college, I will be responsible for any additional fees associated with re-instating me back into my classes and for possible losing my F-1 status. I acknowledge that I have received the Student's Copy as my official copy of this agreement, have reviewed and understood the policies and procedures covering the requirements, have accepted its term, and no future reminders need to be issued.**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
P/DSO

\_\_\_\_\_  
Date