

Phone: 205.391.2375

Transfer International Student Checklist (F-1 status)

Thank you for your interest in Shelton State Community College. Please submit the following items and supporting documentation for potential enrollment at Shelton State Community College.

☐ Completed online Shelton State Community College Application Select the following category: International Transfer Student After completing an online application please submit the signature page to the College. https://sheltonstate.formstack.com/forms/signature residency form ☐ Schedule and take the College placement test. https://www.sheltonstate.edu/admissions-financial-aid/testing-assessment/ If available, ACT/SAT scores should be submitted to Enrollment Services before taking the College placement test. ☐ Submit English Language Testing Scores. Minimum International TOEFL/IELTS scores accepted: TOEFL: 500 paper based, 173 computer based, 61 internet based (NO EXCEPTIONS) IELTS: 5.5 (result copy must have photo and name) (NO EXCEPTIONS) ☐ Financial Affidavit of Support Form along with official statement(s) from a financial institution documenting ability to pay costs of attendance. The Financial Affidavit of Support Form must be completed by each individual contributing financially to the student's education. All estimates are subject to change without notice. Minimum of \$28,000 (USD) If applicable, a minimum of \$3,600 (USD) is required for each additional dependent in addition to the \$28,000 for Official documentation of secondary school completion and/or college transcripts High school transcripts are required to be **EVALUATED** and **TRANSLATED** in English. The following evaluation companies translate and evaluate high school and college documents: www.wes.org (World Education Services, Inc.) www.Lisano-Intl.com (Lisano International) www.ece.org (Educational Credential Evaluators) Transfer students must have official transcripts from all previously attended colleges and universities mailed directly to Shelton State Community College. Copy of a valid visa and passport to include identification page, expiration date page, and visa page of passport ☐ Copy of I-94 (front and back) • Electronic copies of the I-94 are acceptable from https://i94.cbp.dhs.gov/194/. ☐ Copy of previous I-20 Proof of adequate health insurance (not needed to be accepted) The College requires the student to have adequate health insurance which is inclusive of a repatriation benefit. Proof of life insurance is waived with documentation of the proper insurance policy. The institution should have a recommended coverage available for international students seeking adequate health coverage. International students who do not have the proper insurance must purchase a health insurance policy through the College. Students are required to pay for one semester of coverage at the time of registration. ☐ Transfer students must complete the **F-1 Transfer Recommendation Form**. (Can fax or email this form.) Note: Shelton State Community College does not accept Terminated or Completed SEVIS records. ☐ Submit the following International Student Services Forms: Financial Affidavit of Support Form I-20 Student Information and Request Form

Student Name:

Last
First
Middle

myShelton Username ID: A
Student Email:

Initial Student

Student Current School:

Term Year:

Spring
Spring
Summer
First
Date Submitted:

Date Submitted:

Date Submitted:

Student Email:

Date Submitted:

Date

International Student Contact Information Form

International Student Services 9500 Old Greensboro Road, Box 191 Tuscaloosa, AL 35405 Phone: 205.391.2375

Financial Affidavit of Support

GUIDELINES FOR DOCUMENTATION OF FINANCIAL SUPPORT

Educational institutions are required by the Department of Homeland Security to have documentary proof of adequate financial support prior to issuing the I-20. Failure to fully and properly follow the instructions on this information sheet will result in non-issuance of the I-20 form which is required (1) to obtain a visa and enter the U.S., (2) to transfer from another U.S. school to Shelton State Community College, and (3) to extend F-1 or J-1 visa status at Shelton State Community College.

The specific amount of financial support must be a minimum of \$28,000 USD for the current academic year. Add \$3,600 USD for a dependent spouse and each dependent child accompanying you to Shelton State Community College. Please be aware that actual dependent costs may be much higher due to additional medical insurance expenses, food, clothing, and daycare for children.

FINANCIAL DOCUMENTATION REQUIREMENTS FOR STUDENTS WITH GOVERNMENT FUNDING, SCHOLARSHIPS, GRANTS, AND LOANS

The information below describes usual financial requirements. Shelton State Community College reserves the right to require original documents as well as additional or different financial documentation. You will be notified if special documentation is required.

<u>Government Funding, Scholarships, Grants, and Loans</u>: A letter of award confirming a scholarship or loan must be submitted with the F-1 I-20 request form. The award letter must meet the following requirements:

- 1. must be an original document or verifiable, true copy or unaltered scan of the original document;
- 2. must be on official letterhead stationery of the scholarship or loan organization;
- 3. must be addressed to Shelton State Community College;
- 4. must be dated within three to six months of the intended date of enrollment;
- 5. must specify the amount, terms, and duration of the award or loan, including specific beginning and ending dates; and
- 6. must contain billing instructions specifying how the scholarship or loan organization intends to pay your tuition and fee bills.

INSTRUCTIONS FOR SUPPORTING BANK LETTER FOR FAMILY/SELF-SPONSORED STUDENTS

Students whose financial sponsorship comes from family or personal funds must provide documentation of financial resources available to them. While Shelton State will accept copies and scans, Shelton State reserves the right to require original documents as well as additional or different financial documentation. You will be notified if special documentation is required.

- 1. A letter on official stationery (must be an original document or verifiable, true copy or unaltered scan of the original document), must be submitted from a bank or other financial institution where the prospective student or parent has savings deposits, certificates of deposit, money market certificates, or other types of accounts containing readily available funds.
- 2. If deposits are in more than one financial institution, a separate letter must be submitted from each bank.
- 3. The letter(s) must provide a specific amount of funds and the name of the account holder.
- 4. The letter(s) must be signed and dated less than six months from when the student plans to enroll.
- 5. No changes, alterations, or modifications may be made to any information appearing on the letter(s).
- 6. Income tax statements or returns, proof of property ownership, and letters stating that the student or the sponsor possesses "sufficient financial resources" or "earns enough" are **NOT** acceptable as evidence of readily available funds.
- 7. The bank letter must be in English; otherwise, attach a translation into English.

INTERNATIONAL STUDENT EMPLOYMENT IN THE U.S.

On-Campus Employment

On-Campus jobs are few in number and difficult to obtain. Therefore, you are advised **not** to plan on supplementing your financial support with on-campus employment.

Off-Campus Employment

It is a **violation of U.S. Department of Homeland Security regulations** for international students to be employed off-campus without <u>first</u> obtaining written work authorization. Unauthorized employment will result in loss of valid nonimmigrant status and its benefits. Do **NOT** expect to supplement your financial support by working off-campus.



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FINANCIAL INFORMATION

Please enter any and all sources of funding and the amount of finances available to support your study and living expenses while at Shelton State Community College. If funds are from an organization, grant, or government support, please include a copy of any letters of award or sponsorship. If your support will come from personal or parent funds, please include bank certification not more than 6 months old.

The specific amount of funds must total at least \$28,000 USD for the current academic year. Add \$3,600 USD for a dependent spouse and each dependent child accompanying you to Shelton State Community College.

and each dependent child accor	npanying yo	u to shelton state	Community College.			
Family/Last Name(Surname)		Given	Name (First)	Middle Name (If Any)		
Permanent Address						
Street:						
City		State	Zip			
Country of Citizenship	Country of	Birth	Telephone	Email		
Student Source(s) of Funds		Projected Support Per Year	Official Certification of Funds: By signing this form, the sponsor certifies that funding amount(s) listed is true and that funds are readily available and will be provided as indicated.			
 A. Personal Funds or Savings Attach official letter(s) from bank(s) certifying the amount listed for first year of study 		U.S. Dollars (enter amount)	A1: Name of Financial Institution:			
		\$	A2: Country of Financial Institution: B1: Parent is currently living in the U.S.?			
FatherMother • Attach official letter(s) from the parent's banks(s) certifying amount listed. C. Other Sponsors • Attach official letter(s) from the sponsors banks(s) certifying amount listed. • A sponsor who is not a relative must submit a letter describing the reasons for sponsoring you financially. • Persons in the U.S. who are not US citizens or legal permanent residents are not acceptable as financial sponsors.		U.S. Dollars (enter amount) \$ U.S. Dollars (enter amount) \$				
			Date of Signature:/			
D. Student's Home Government or Sponsoring Agency • Attach a signed copy of your Award Letter. \$ U.S. Dollars (enter amount)		Does your home government currently impose restrictions on exchange and release of funds for study in the U.S.? ☐ Yes ☐ No				
By signing below, I certify that all i admission to Shelton State Commi			understand that any misrepresentation	n may be cause for a refusing or revoking		
Students Signature: Date:/						
ISS Witness Signature: Date:						



International Student Services 9500 Old Greensboro Road, Box 191 Tuscaloosa, AL 35405 Phone: 205.391.2375

I-20 Request Form (F-1 Status)

This form will be used to complete your I-20. Please complete it accurately.

	Section	1: Stude	nt's	Information				
I-20 Request Type (check all that apply):								
□ Request for F-1 Student Non-Immigrant Status (I-20) to apply for F-1 Student Visa Outside of the U.S. (Initial Attendance) □ Request Visa/SEVIS Transfer To Shelton State Community College From Another U.S. School □ Request Change-Of-Status To F-1. Current Visa Type □ Request Reinstatement								
Name a	nd Residence Informat	tion (Nar	me o	n Your I-20 Mu	st Ma	atch Passport)		
Family/Last Name(Surname) First Name Middle Name (If Any)					lame (If Any)			
Date Of Birth(MM-DD-YYYY)	Gender □ Male □ Female	Telephone			Emai	Email		
City of Birth	Country of Birth	Co	ountry of Citizenship Cou			Country Of Per	manent Residence	
Address in Home Country (Give a Complete Address, not PO Box):			ox):	Address in U.S.				
City Province	e/Territory	Postal Code	<u>—</u>	City State		Zip Code		
	Shelton State Community College Degree Information							
myShelton User ID: A Anticipated Degree Program: Associate of Arts Associate of Science Intended Major: Anticipated Start Date: Fall (August) Spring (January) Summer (May) Year:								
Do You Have A Shelton State Community College Academic Advisor? ☐ Yes ☐ No								
If yes, please provide name:								
Shelton State Community College Health Insurance								
The College requires that the student has adequate health insurance which is inclusive of a repatriation benefit. Proof of life insurance is waived with documentation of the proper insurance policy. The institution should have a recommended coverage available for international students seeking adequate health coverage. International students who do not have the proper insurance must purchase a health insurance policy through the College. Students are required to pay for one semester of coverage at the time of registration.								
Are you using Shelton State Community College insurance? Yes No For Office Use Only: If student is not using SSCC insuran proof of personal insurance provided?				SSCC insurance, is				
If no, please provide a copy of your insurance card to ISS. Yes No								



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Section 2: Dependent Family Information (For Spouse And Children's F-2 I-20) IMPORTANT NOTE:

F-2 I-20 Documents can be issu Married children and children o	, ,	•	dependent children under 21 years of age.		
Do you have any dependents (s	spouse or children) joini	ng you in the U.S.? 🗆 Yes	If yes, how many? \square No		
For additional dependents, please copy the information below and include on a separate page.					
Dependent Number 1	Relationship: ☐ Spouse ☐ Child (Daughter) ☐ Child (Son)				
Family/Last Name(Surname)	Firs	st Name	Middle Name (If Any)		
Date Of Birth (MM-DD-YYYY)	Gender Male Female	City of Birth	Country of Birth		
Country of Citizenship	Country of Permanen	t Residence	Current Visa Status		
Dependent Number 2	Relationship: ☐ Spouse ☐ Child (Daughter) ☐ Child (Son)				
Family/Last Name(Surname)	First Name		Middle Name (If Any)		
Date Of Birth (MM-DD-YYYY)	Gender	City of Birth	Country of Birth		
Country of Citizenship	Country of Permanen	t Residence	Current Visa Status		
Section 3: Student Attestation					
By signing below, I certify that all information on this form is true. I understand that any misrepresentation may be cause for refusing or revoking admission to Shelton State Community College.					
Student Signature:			Date:		
ISS Witness:			Date:		



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International Student Contact Information Form

Student Information					
Family/Last Name(Surname)		First Name	Middle Name (If Any)		
Data Of Binth (MANA DD VVVVV)	Candan	Talauhana	Funcil Addunce		
Date Of Birth (MM-DD-YYYY)	Gender ☐ Male ☐ Female	Telephone	Email Address		
	- Male - Temale	•			
SEVIS Number	myShelton I	Jser ID	Home Country		
N	A				
Local Address					
Address					
Citv	Sta	te	Zip		
,					
	_	cy Contact Information	\ 12.1		
In Case O	f An Emergency, P	lease Notify The Person(s) Named Below.		
Name		Relationship			
		<u> </u>			
Phone Number		Additional Number	-		
Name		Relationship			
Phone Number		Additional Number			
	Dono	endent Information			
Do you have any dependents (s	· ·		7 No.		
If yes, please complete the follo	•	•			
Spouse Name:			Gender : male female		
Child 1 Name:			Gender : male female		
Child 2 Name:			Gender : male female		
Child 3 Name:			Gender : male female		



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F-1 Student Transfer Recommendation Form

US Citizenship and Immigration Services requires that an international student's eligibility to transfer to another institution in the United States be confirmed prior to the issuance of new immigration documents. Section 1 should be completed by the student who is transferring to Shelton State Community College. Section 2 should be completed by the International Advisor at the current institution. Please note, your SEVIS I-20 cannot be released to Shelton State until after the last day of studies at your current institution is complete.

Section 1: To Be Completed By Student						
Family/Last Name (Surname)			First Name	Middle Name (If Any)		
Date of Birth (MM-DD-YYYY)	Gender □ Male □ Female		Telephone			
		Current	t Visa Status	I intend to transfer to Shelton State in the: ☐ Fall ☐ Spring ☐ Summer Year:		
By signing below, I authorize m requested below.	y current scho	ool to pro	ovide Shelton St	ate Community College with the information		
Student Signature: Date:						
				llege P/DSO (International Advisor)		
above. Please answer all quest				munity College for the academic term indicated receding the anticipated transfer term.		
Please Check One: The above-named student is in good standing. The above-named student is out of status. Please explain:						
Has the above-named student ☐ No ☐ Yes — Explain:		-		n?		
Is the above-named student or ☐ No ☐ Yes — From:				/		
SEVIS ID #: N SEVIS School Code: SEVIS Record Release Date://						
What is the student's last date of academic activity at your institution?/						
Are you releasing this students SEVIS record in Active Status? ☐ Yes ☐ No − Explain:						
Today's Date:/ Please return this form and a copy of the studen				return this form and a copy of the student's SEVIS		
Institution: I-20 record to:						
P/DSO Signature: Shelton State Community College						
Printed Name:				International Student Services 9500 Old Greensboro Road, Box 191		
Title:				Tuscaloosa, AL 35405		
Email:				Phone: 205.391.2375 / Fax: 205.391.5818 School Code: ATL214F00568000		
Telephone:internationalstudents@sheltonstate.edu						
				scanned/emailed or faxed copies are preferred.		