



I-20 Application and Checklist - New Students

1 Complete I-20 Application

Mail complete packet to:

San Antonio College
International Student Services- Box 709
1819 Main Ave.
San Antonio, Texas 78212-3941

For additional information visit our website:

<https://www.alamo.edu/sac/>

Select: Menu

Select: Admissions & Aid

Select: How to Apply

Select: International Students

Contact us by email at: sac-iso@alamo.edu

2 Proof of Financial Resources

Applicants must provide financial documentation in English that verifies the ability to cover the cost for each year of attendance.

- Submit official bank letter stating the amount of funds available in the account (checking or savings)
- Bank letter must be dated within 30 days of application.
- **Bank statements are not accepted.**
- Affidavit of support may be required by U.S. Embassy.

Estimated cost per year:

- Student: **\$25,000** (includes tuition, fees, books, housing and living expenses)
- Spouse and children: **\$5,000 (per dependent)**

3 Official Academic Record

- Submit original foreign transcript evaluation from high school and/or all colleges/universities attended
- All foreign documents must be translated and evaluated by a member of the National Associate of Credential Evaluation Services (NACES) organization. **Only evaluations from NACES members will be accepted.**
- For the list of NACES members, go to: www.naces.org

4 Passport

Submit copy of passport

5 English Proficiency

All applicants will be given the Michigan exam to determine English proficiency.

6 Photo

Attach a photograph to your I-20 Application

7 Statement of Understanding

Carefully read and sign the Statement of Understanding included in the application

8 \$100.00 Application Fee (non-refundable)

To pay fee online, go to:

https://secure.touchnet.com/C20015_ustores/web/classic/index.jsp

Select: Alamo Colleges District International Services

Select: International Application Fee

Select: Add to Cart

Print receipt: and submit with I-20 application

9 Bacterial Meningitis Vaccination

Applicants under the age of 22 of age must provide proof of having received the Bacterial Meningitis vaccination before you will be permitted to register for classes.

- You may receive the vaccination in your home country or once you arrive in the U.S.
- The documentation must be submitted **10 days** prior to the first day of class.

Application Deadlines:

New Students (applying from outside U.S.):

Fall semester (August): May 15

Spring semester (January) October 15

All documents must be submitted at one time.

International students are admitted for Fall and Spring



Student Information

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: _____ / _____ / _____ Male _____ Female _____
MM DD YYYY

Passport Number: _____ Passport Expiration Date _____ / _____ / _____
MM DD YYYY

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Email: _____ Telephone: _____

Address in your home country

Street Address: _____ City: _____

State/Province: _____ Postal code: _____ Country/Territory: _____

Address in the United States

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Admission Information

I am Applying for: Fall (August) _____ Spring (January) _____
Year Year

- I am applying as:
- New (from home country)
 - Transfer (currently enrolled at U.S. college/university)
 - U.S. high school graduate
 - Change of Status (from another visa category)

Program of Study/Major at SAC: _____ Name of current college: _____

(U.S. College Transfer Students only)

English Language Proficiency

- APPLYING **ONLY** FOR ESL (ENGLISH AS A SECOND LANGUAGE) PROGRAM
- APPLYING FOR ESL (ENGLISH AS A SECOND LANGUAGE) AND AN ASSOCIATE DEGREE

What degree will you pursue once you complete ESL? _____

NOTE: Transfer students from a U.S. college or university who have completed academic courses may be exempt from the Michigan English language exam.

Visa Information

Are you currently in the United States? Yes No if yes, what type visa do you have? _____

Will you return to your home country to apply for the F-1 visa? Yes No

Delivery of I-20:

Mail to address in home country I will pick-up in person my representative will pick up Form I-20 *Mail I-20 to my representative

***NOTE: Under U.S. immigration regulations, the I-20 must be mailed to the applicant. The I-20 cannot be sent to the applicants agent.**

I _____ authorize the representative named below to receive or collect my Form I-20.
(Applicant name)

Signature Required: _____ Date: _____

Representative Information

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country/Territory: _____

Telephone: _____ Email: _____

Relationship to applicant: _____

Emergency Contact Information

(Name of a family member in your home country)

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country/Territory: _____

Relationship to applicant: _____ Telephone: _____

I certify the information on this application is true and correct. I understand any false or misleading information could result in the cancellation of my San Antonio College I-20 application.

Applicant Signature

Date

NOTE: Receipt of the Form I-20 does not guarantee you will be issued the F-1 visa

Dependent Form

This form is used to identify family members (spouse and/or minor child) who will apply for the F-2 dependent visa. A form I-20 will be issued to eligible dependents. If there are more than 3 dependents, please print additional copies of this page.

DEPENDENT - 1

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: _____ / _____ / _____ Male _____ Female _____
MM DD YYYY

Passport Number: _____ Passport Expiration Date _____ / _____ / _____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

City of Birth: _____ Country of Citizenship _____

DEPENDENT - 2

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: _____ / _____ / _____ Male _____ Female _____
MM DD YYYY

Passport Number: _____ Passport Expiration Date _____ / _____ / _____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

City of Birth: _____ Country of Citizenship _____

DEPENDENT - 3

Last Name: _____ First Name: _____

Middle Name: _____ Date of birth: _____ / _____ / _____ Male _____ Female _____
MM DD YYYY

Passport Number: _____ Passport Expiration Date _____ / _____ / _____
MM DD YYYY

Relationship to Student: _____ Country of Birth: _____

City of Birth: _____ Country of Citizenship _____



International Student Statement of Understanding

1. I and/or my sponsor will have sufficient funds for tuition, fees, and living expenses every semester I am enrolled at San Antonio College. I understand the cost of living is high and international students are not allowed to work and financial aid for international students is generally not available.
2. I understand meeting the international student admission requirements does not guarantee admission to all programs offered by San Antonio College. I further understand programs offered in specialty areas in Health Sciences or Nursing, have separate application and admission requirements.
3. I understand if my college placement exam scores in Reading, English, and Math are not at college level, I must enroll in developmental courses.
4. By U.S. immigration law, I must enroll full-time (12 semester hours or more) every fall and spring semester; otherwise, I will be in violation of my F-1 status.
5. I understand tuition must be paid in full by the tuition payment deadline or my courses will be dropped for non-payment.
6. I understand upon request, San Antonio College must release information required by the United States Citizenship and Immigration Service (USCIS) to determine my compliance with U.S. immigration laws. I further understand San Antonio College must report in the Student and Exchange Visitor Information System (SEVIS) those students who are not registered for classes or who are not pursuing a full-time course of study.
7. I certify that San Antonio College is not liable, legally or otherwise, under any circumstance for any expenses or difficulties (financial, health related or legal) I may incur while in the United States.
8. I understand students who were placed on academic dismissal or academic suspension at their previous institution and are seeking transfer to San Antonio College must follow the academic dismissal policy outlined in the Alamo Colleges District catalog.
9. I understand I must have written permission from the International Student Office at San Antonio College to enroll in courses at another college/university including the colleges within the Alamo Colleges District.
10. I understand only one internet course is allowed per fall and spring semester.
11. I understand instructors will drop students for non-attendance. I also understand the consequences for falling below the USCIS full-time enrollment requirement will result in the termination of my SEVIS record.
12. I understand as an international student I am required to have adequate health insurance while in the U.S. and I must provide verification of health insurance every semester I am enrolled.
13. I understand I and/or my sponsor are solely responsible for paying my tuition, fees and living expenses while I am enrolled at San Antonio College. I further understand, San Antonio College or the International Student Office will not seek funding on my behalf.

I certify that I have read and understand the information on this form and all documents I have submitted to support my application are true and correct. I further understand false information could result in my dismissal from San Antonio College in accordance with the college's rules and regulations.

Applicant Name (**PRINT**)

Date