Dear Applicant:

Thank you for your interest in attending Los Angeles Mission College. In order to be considered for an F1 Student Visa (I-20) an applicant must address the following:

1. Applicant must write a letter to this office giving a brief biographical sketch that includes: Educational background and the goals you wish to achieve. Identify your major field of study, and why you selected Mission College.

2. Submit a passport size photo.

3. **TOEFL Scores:** May be waived. There are many variables that are considered by the D.S.O. in waiving the TOEFL.

4. Applicant agrees to stay at Mission a minimum of one year, (two semesters). Applicant must take a minimum of twelve units per semester.

5. **Applicant agrees to pay the Mandatory Health Insurance Fee for each semester enrolled, excluding winter and summer sessions.**

6. A financial statement accompanying the application must verify the availability of funds to cover the cost of one year.

7. Please complete and return the attached forms and materials to this office via regular mail, fax or scan and e-mail. The $35 application fee must be paid prior to the release of the I-20 visa.

**If you have any questions, please contact our office at (818) 364-7741 or (818) 364-7739**

**Email:** estradgm@lamission.edu **Website:** http://www.lamission.edu/international/

Sincerely,

Georgia Estrada
Georgia Estrada, Director/DSO

*The college is not obligated to issue an I-20 to the applicant. The Designated School Official (DSO) determines which applicant will receive an I-20, after an initial evaluation of application and documents received. In addition, the DSO may withdraw the approval of an applicant request for an I-20 at any time.*
PRELIMINARY ABROAD APPLICATION

Name __________________________ M __ F ____________

Family Name/Surname First Name/Given name Middle Name

Date of Birth __________________ Country of Birth ______________ Country of Citizenship ______________
Month/Day/Year

Home Country Address
Street/Apt. # City Country

College/University __________________ Dates Attended __________________

TOEFL Score __________________ Date Taken __________________ (TOEFL may be waived)

Degree Sought: __________________ I seek initial enrollment for 20_____
( ) A.A. Degree ( ) Fall Semester (September-December)
( ) A.A. Degree ( ) Spring Semester (February-May)
( ) University Transfer
( ) Certificate

Major Field of Study: __________________

Current Non-Resident Tuition and Fees: $212* per unit plus $46* per unit enrollment fee. Student must enroll for a Minimum of 12 units. A non-refundable application fee of $35 must be included (See Credit Card Form attached or send an International money order or certified check) in U.S. Dollars payable to Los Angeles Mission College to begin processing I-20.

These fees are subject to change without prior notice.

FINANCIAL STATEMENT: A CURRENT FINANCIAL GUARANTEE, STATEMENT FROM A BANK, OR SCHOLARSHIP PROGRAM WITH AN OFFICIAL BANK SEAL MUST ACCOMPANY THIS APPLICATION.

1. FINANCIAL STATUS (Please refer to ESTIMATED LIVING EXPENSES page 4 for required amount) Money you will receive: US$ ____________ Total Yearly

2. NAME OF PERSON OR INSTITUTION SUPPORTING YOU IF THE MONEY IS NOT YOUR OWN:

Print Name of Sponsor or Company/Agency Relationship to Applicant Country

Applicant please read and sign below: I certify that the statements on this form are correct and I accept the conditions stated above. In addition, I certify that the funds listed above will be available each year to complete my educational objective at Los Angeles Mission College. Should any change in my financial status occur I will notify the Foreign Student Advisor at once.

Student Signature Date

E-MAIL ADDRESS: ____________________________

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Abroad Application - Page 2
October 23, 2012
*All fees subject to change without notice
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PRELIMINARY ABROAD APPLICATION

ESTIMATED INTERNATIONAL STUDENTS EXPENSE FOR ONE ACADEMIC YEAR

There is a one-time fee of $35.00 for the processing of the F1/I-20 Visa

<table>
<thead>
<tr>
<th>Item of Expense</th>
<th>Per Semester</th>
<th>Per Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonresident Tuition</td>
<td>$212 x 12 Units</td>
<td>$2,544.00</td>
</tr>
<tr>
<td>Enrollment Fee</td>
<td>$46 x 12 Units</td>
<td>$552.00</td>
</tr>
<tr>
<td>Health Service Fee</td>
<td>$11.00</td>
<td>$22.00</td>
</tr>
<tr>
<td>Representation Fee</td>
<td>$1.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>District SEVIS fee</td>
<td>$25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Mandatory Health Insurance</td>
<td>$522.00</td>
<td>$1,044</td>
</tr>
<tr>
<td>Total: Tuition and Fees</td>
<td>$3,655.00</td>
<td>$7,310.00</td>
</tr>
</tbody>
</table>

Student is responsible for additional costs of books and/or supplies.

Personal Living Expenses/Room and Meals (Approximate) $10,000.00

Transportation Cost: Vary depending upon choice of transportation mode. (Example: Public Bus Pass- $30/month for full time students).

TOTAL: MINIMUM ESTIMATED AMOUNT REQUESTED PER YEAR: $18,000.00*

A financial statement must accompany the application verifying the availability of enough funds to cover the cost of one year.

*Please Note: Expenses above are subject to change without prior notice.
INTERNATIONAL STUDENT AGREEMENT

As a condition of admission and maintenance of my F1 Status at Los Angeles Mission College, AND to remain IN STATUS with the United States Citizenship and Immigration Services Department, I must:

* Agree to stay at Mission a minimum of one year, two semesters.
* Complete the required Assessment Examination to determine my knowledge and level of English language (ESL) or English grammar/composition and Math Skills.
* Enroll in all English classes advised by the college to acquire English proficiency.
* Meet with the International Student Counselor AND Enroll in courses programmed for me as listed on my Student Education Plan.
* Enroll and complete at least 12 units of regular classes OR Enroll in 9 regular academic units and ONE online course to equal 12 units.
* Maintain at least a “C” (2.0) scholarship average.
* Change Major and/or Classes ONLY with the APPROVAL of the International Student Advisor
* Drop below 12 units ONLY with the APPROVAL of the International Student Advisor
* Accept employment only with the written approval of the United States Citizenship and Immigration Services (USCIS) and the International Student Advisor.
* Report immediately, any changes in name, address, phone number, and field of study to the International Student office.

I understand that if I fail to meet any of the above conditions, I will be subject to dismissal, my I-20 will be terminated and my status will be reported to United States Citizenship and Immigration Services.

I have read and understood the information contained in this application. The answers that I have provided in this APPLICATION FOR ADMISSION are true and complete to the best of my knowledge. I understand that false information will invalidate the application.

APPLICANT’S SIGNATURE________________________________________ DATE____________

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PRELIMINARY ABROAD APPLICATION

(Note: An application without the applicant’s signature will be returned and may result in a delay of admission)

STUDENTS DO NOT HAVE THE OPTION OF WAIVING THIS FEE OR SUBSTITUTING COVERAGE WITH OTHER PLANS.

MANDATORY INSURANCE FEE

On August 23, 2006 the Board of Trustees adopted Board Rule 2309.30 which instituted a mandatory health insurance fee for International Students beginning with the spring 2007 semester. Effective for the fall 2007 semester: International students attending a college in the Los Angeles Community College District under an F or M visa shall be charged a medical insurance fee equal to the cost of medical insurance purchased by the District on the student’s behalf.

The fees and coverage are as follows:

Fall: (6 month period): 8/15 – 1/31
Spring: (6 month period): 2/1 – 8/31

International Students will be charged the Medical Insurance fee (IMED) at the time they register for their first class of the semester. Your eligibility will be determined by the policy rules.

The fee rate is as follows:

THE CURRENT I-MED FEE IS: $522.00* CHARGED FOR THE FALL AND SPRING SEMESTERS FOR A TOTAL OF $1044.00* FOR ONE YEAR. THIS FEE COVERS THE OPTIONAL WINTER AND SUMMER SESSIONS REGARDLESS OF STUDENT ENROLLMENT.

Your insurance identification card** will be sent to you by mail from the insurance company. It is your responsibility to inform the insurance company of any address changes. If you have not yet received an insurance identification card, go to their website www.gghstudents.com Please contact the GGH office at (818)719-6417 for assistance.

** Always carry your Medical Insurance Card with you. It may save your life.

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