LOS ANGELES MISSION COLLEGE

International Students Program

LOS214F01061000
13356 Eldridge Avenue, Sylmar, CA 91342
818-364-7741
IntStudents@lamission.edu

Dear Applicant:

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

1. Applicant must write a brief Personal Statement that includes:
   Educational background and the goals you wish to achieve. Identify your major field and why you selected Mission College.

SAMPLE Personal Statement

> I am the youngest of four children. My family is religious and my parents have always taught me to value education and they are aware of my resolve to become a Doctor. Since I was a child, I have always been interested in becoming a doctor and helping people. I have shown my determination by volunteering at local clinics and hospitals helping to care for ill patients. I have scored excellent grades in all my biology and mathematics courses. In my free time, I enjoy watching videos on medical procedures and read as many scientific articles as I can. I am a dedicated, responsible student and I know I will achieve my educational goals.
> Thank you for considering my application.

2. Submit a copy of your passport information and photo.

3. An ESL placement process will be required to determine your appropriate level of English proficiency for enrollment purposes. TOEFL, IELTS or TOEIC results are not required for Admissions.

4. Applicant agrees to stay at Los Angeles Mission College a minimum of one year (two semesters). Applicant must be enrolled full time at the campus, enroll in a minimum of twelve (12) units per semester (equivalent to approximately 4 classes).

5. Applicant agrees to pay the Mandatory Health Insurance Fee ($761.00) each semester enrolled, excluding winter and summer sessions.

   Per LACCD Board Rule 2309.30: *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 Designated School Officials (DSO) determine whether applicants will receive an I-20, after an initial evaluation of application and after all documents received. The DSO may withdraw the approval of an applicant request for an I-20 at any time.

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6. A stamped Financial Statement from a banking institution accompanying the application must verify the availability of funds to cover the cost of one year, estimated costs for one year is currently **$18,500** (and subject to change at any time without notice).

   Additional costs if being accompanied by family members are:
   - $35.00 for F-2 dependent/Spouse
   - $25.00 for each F-2 dependent child up to 17 years old

7. Submit proof that you completed Secondary Education and/or High School Diploma and all College Transcripts for any Postsecondary Education completed in the US.

8. Please complete and return the attached forms and materials to this office via regular mail, fax or scan and e-mail to InstStudents@lamission.edu .

Applicants please read and sign below: *I certify that I have read the above statements and documents being requested of me 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 anything change in my financial status occur I will notify the Foreign Student Advisors at once.*

Student Signature Date

Sincerely,

International Students Program

Dr. Larry Resendez,
Vice President, Student Services

Ludi Villegas-Vidal
Dean of Student Services

Katherine Kirst, PDSO
Counselor/Coordinator

If you have any questions, please contact our International Students Program
Phone: (818) 364-7741
Email: IntStudents@lamission.edu

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APPLICANT INFORMATION (Please Print)

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

Passport Number:_____ **Email Address:**_____

College/University_____ **Dates Attended**_____

Program of Study: _____

Degree Sought:
( ) AA/AA-T Associates Degree
( ) AS/AS-T Associates Degree
( ) University Transfer
( ) Certificate

I seek Initial Enrollment for 20 _____
( ) Fall Semester (August-December)
( ) Spring Semester (February-May)

I will Require:
( ) Change of Status - B1/B2 to F1
( ) Request F2 Status for Dependent
____ Spouse and/or
____Child/Children

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

1. **FINANCIAL STATUS** (Please refer to **ESTIMATED LIVING EXPENSES** on **PAGE 4** for the required amount). Total Yearly Money you will receive: **US** $ _____
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

Applicants please read and sign below: *I certify that the statements on this form are correct and I accept the conditions stated above. 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

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ESTIMATED INTERNATIONAL STUDENTS EXPENSE FOR ONE ACADEMIC YEAR

Item of Expense		Per Semester	Per Academic Year
Nonresident Tuition	$282 x 12 Units	$ 3,384.00	$6,768.00
Enrollment Fee	$ 46 x 12 Units	$ 552.00	$1,104.00
Health Service Fee		$ 19.00	$ 38.00
Representation Fee		$ 2.00	$ 4.00
District SEVIS Fee		$ 25.00	$ 50.00
Mandatory IMED Fee		$ 761.00	$ 1,522.00
	TOTAL:	$ 4,743.00*	$9,486.00*

Note: Estimated expenses above are subject to change without prior notice

1. The College Application Fee is $50.00 and must be paid prior to the release of the Form I-20. The one-time SEVIS Fee of $50.00 is for the processing of the F-1 Visa/Form I-20.

2. Students are responsible for personal living expenses, room and meals, as well as any additional costs of books, class supplies and incidentals.

   - Books, Class Supplies and/or Incidentals (Approximate) **$1,000.00**
   - Personal Living Expenses, Room and Meals (Approximate) **$10,000.00**

TOTAL MINIMUM ESTIMATED AMOUNT REQUESTED PER YEAR: **$18,500.00***

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

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