



**RIVERSIDE COMMUNITY COLLEGE DISTRICT  
INTERNATIONAL STUDENT APPLICATION**

ATTACH TWO  
PHOTOGRAPHS OF  
APPLICANT HERE

If you are a U.S. Citizen or a Lawful  
Permanent Resident, do not use this form.

<b>For Admission Beginning</b>	
___ Fall Semester (Deadline June 1)	___ Year
___ Spring Semester (Deadline November 1)	___ Year
___ Summer Session (Deadline April 1)	___ Year

**COMPLETE AND MAIL TO:**

Center for International Students and Programs  
Riverside Community College District  
4800 Magnolia Avenue - Bradshaw Center 130  
Riverside, CA 92506-1299  
Telephone (951) 222-8160 / Fax (951) 222-8376

Male  
 Female

PRINT OR TYPE \_\_\_\_\_  
CLEARLY: Last (Family Name) First Middle

ADDRESS FOR REPLY \_\_\_\_\_  
(Where I-20 will be sent)  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If you have one)

CITIZEN OF \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ INTENDED MAJOR \_\_\_\_\_  
Month Day Year

MARRIED? \_\_\_ YES \_\_\_ NO ANY CHILDREN? \_\_\_ YES \_\_\_ NO

WILL THE DEPENDENT(S) ACCOMPANY YOU TO THE U.S.? \_\_\_ YES \_\_\_ NO  
If "Yes", please list their name(s), relation to you, date of birth, country of birth, and country of citizenship on a separate sheet and attach to the application.

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

OFFICIAL LANGUAGE OF YOUR COUNTRY \_\_\_\_\_

TOEFL SCORE OR DATE YOU PLAN TO TAKE TOEFL EXAM \_\_\_\_\_ IELTS Score \_\_\_\_\_

YEARS OF FORMAL STUDY OF THE ENGLISH LANGUAGE \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

DATES ATTENDED: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ DATE OF GRADUATION: \_\_\_\_\_  
Month Year

NAME OF COLLEGE / UNIVERSITY \_\_\_\_\_

DATES ATTENDED: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ DATE OF GRADUATION: \_\_\_\_\_  
Month Year

DO YOU PLAN TO TRANSFER TO A 4-YEAR UNIVERSITY? \_\_\_ YES \_\_\_ NO

**PLEASE ANSWER THE QUESTIONS BELOW:**

**I AM LIVING IN THE UNITED STATES:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YOU ARE LIVING IN THE UNITED STATES, ANSWER THE QUESTIONS BELOW:**

Date of Entry \_\_\_\_\_ Type of Visa at Entry \_\_\_\_\_

Expiration date of I-94 \_\_\_\_\_ Current Immigration Status \_\_\_\_\_

If F-1, which institution issued immigration Form I-20?

Name \_\_\_\_\_

Address \_\_\_\_\_

Have you attended that institution? \_\_\_\_\_ Dates: From: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

How many units completed? \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

**HAVE YOU ATTENDED ANY OTHER U.S. INSTITUTION? \_\_\_ YES \_\_\_ NO (If yes, please list)**

Name of School \_\_\_\_\_ Dates: From: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Name of School \_\_\_\_\_ Dates: From: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**IN CASE OF EMERGENCY – U.S. CONTACT (if applicable):**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Parents \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Other

**READ CAREFULLY; SIGNATURE REQUIRED**

**Submission of any false information or fraudulent documents will result in immediate dismissal.**

**Your signature below indicates you agree to:**

- **Subscribe to an accident and health insurance policy (if you are not being covered through a sponsoring agent or your government);**
- **Maintain F-1 visa student status including being enrolled in a minimum of 12 units, with a G.P.A. of 2.0 or above; and**
- **Enroll in two 1-unit orientation courses in the first semester.**

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN  
IF STUDENT IS UNDER 18 YEARS OF AGE

\_\_\_\_\_  
DATE

**RIVERSIDE COMMUNITY COLLEGE  
 CENTER FOR INTERNATIONAL STUDENTS AND PROGRAMS  
 Financial Certification Form**

**NAME OF STUDENT** \_\_\_\_\_

(Last)

(First)

Every applicant must present evidence of financial resources (for example, a recent original bank statement) to cover the costs during the period of attendance at Riverside Community College.

Costs for the academic school year are estimated as:

1. Tuition and fees (two semesters) . . . . . \$4,800  
 (Non-resident tuition is \$196 per unit, with fees subject to change.)  
 Students are required to enroll in a minimum of 12 units per semester.
2. Insurance, books and supplies . . . . . 1,200
3. Living expenses . . . . . 10,000

**ESTIMATED ANNUAL COST . . . . . \$16,000**

Please show the amount of funds available to you **in each of the two years** you expect to attend this college by filling in the following appropriate blanks. Funds are to be reported in terms of U.S. Dollars.

SOURCE	FIRST YEAR	SECOND YEAR
a. From parents . . . . .	\$ _____	\$ _____
b. From own savings . . . . .	\$ _____	\$ _____
c. From government . . . . .	\$ _____	\$ _____
d. From sponsor (relative _____; other _____) . . . . .	\$ _____	\$ _____
e. From scholarship . . . . .	\$ _____	\$ _____
f. From other source . . . . .	\$ _____	\$ _____

Do you have finances to pay for your travel to and from the United States?  YES  NO

**CERTIFICATION BY REPRESENTATIVE  
 OR AGENCY**

Our records indicate the information furnished by the applicant is an accurate statement of financial resources available to him/her for use during study in the United States. Attached is a bank statement indicating his/her ability to meet financial obligations.

Name (Print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Title /Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date \_\_\_\_\_

**OR CERTIFICATION BY PARENT OR OTHER  
 FINANCIAL SPONSOR**

I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above. My ability to meet this obligation is indicated by the attached original bank statement.

Name (Print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Date \_\_\_\_\_

**FOREIGN ADDRESS (ADDRESS OF YOUR RESIDENCE *IN YOUR COUNTRY*):**

Street Number and Name _____	Apartment Number _____
City or Town _____	State or Province _____
Country _____	Zip or Postal Code _____
Telephone Number (include country code) _____	Fax Number _____

**EMERGENCY CONTACT (NAME OF PERSON AND ADDRESS *IN YOUR COUNTRY* FOR CONTACT IN CASE OF EMERGENCY):**

Name: \_\_\_\_\_  
          Mr. / Mrs. / Ms.                      First Name                      Last Name

Relationship to student:    \_\_\_\_\_ Parents    \_\_\_\_\_ Relative                      Other \_\_\_\_\_

Address: \_\_\_\_\_  
   Street Number and Name    Apartment Number

City or Town: \_\_\_\_\_                      State or Province: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_                      Country: \_\_\_\_\_

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

***Check List for Application to Riverside Community College***

Please enclose the following items:

- \_\_\_\_\_ 1. Check or Money Order for \$50.00 (in U.S. Dollars) payable to Riverside Community College for application processing fee.
- \_\_\_\_\_ 2. Completed International Application, with signature from student.
- \_\_\_\_\_ 3. Completed Financial Certification Form with signature from Sponsor – page 3 of International Application.
- \_\_\_\_\_ 4. Recent original Bank Statements (covering the last four months) verifying financial status of Sponsor. A minimum of U.S. \$16,000 must be available for one year of expenses. More financial documents may be requested if needed.
- \_\_\_\_\_ 5. Two (2) passport-size photographs.
- \_\_\_\_\_ 6. Official TOEFL score (450 minimum paper-based, 133 minimum computer-based, required) or IELTS score 4.5 or higher. If you will be taking the TOEFL in the future, indicate date on which you will send us a copy of the score. RCC school code for TOEFL report: 4658.
- \_\_\_\_\_ 7. High school and/or college transcripts (if attended college) with English translation.
- \_\_\_\_\_ 8. For students or applicants in the U.S.: Copies of passport page including expiration date and photograph, Visa page, I-94 card (front and back), and I-20(s) from previous school(s), if applicable.

How did you hear about RCC? \_\_\_\_\_

**Address all correspondence to:**

Riverside Community College  
Center for International Students and Programs  
4800 Magnolia Avenue  
Riverside, CA 92506-1299

Telephone: (951) 222-8160  
Fax: (951) 222-8376  
E-mail: [InternationalCenter@rcc.edu](mailto:InternationalCenter@rcc.edu)  
Web Address: <http://www.rcc.edu/international>

Note: All documents submitted belong to RCC and cannot be returned. The application fee is non-refundable. More documents may be requested as application is processed. Applications completed after deadline may be considered for the next available semester/session.