



# International Student Admission Requirements

Application Deadlines: \_\_\_\_\_

SISA AMERICAN LANGUAGE CENTER  
12714 Hoover Street  
Garden Grove, California 92841  
Tel: (714) 899-2929 Fax: (714) 379-0451  
E-mail: sisaalc@hotmail.com

SISA AMERICAN LANGUAGE CENTER welcomes your application as an international student. If you have questions in completing your international student application, please contact our school International Student Services by telephone (714)899-2929, by fax (714) 379-0451, or by e-mail at sisaalc@hotmail.com. Our staff will make every effort to assist you.

The requirements for admission are as follows:

Check List

1. Complete the attached "International Student Application."
2. Complete and submit the enclosed "Int'l Student Financial Statement". In addition, the applicant and/or sponsor(s) must submit a current Bank Statement(Dated within 6 months) showing a minimum of \$19,600 to meet SISA ALC's estimated Tuition & Fees and Living Expenses.
3. Submit official transcripts, certificates, and/or diplomas from any college/universities/language schools attended, and copy of English Language Test (i.e., TOEFL) score report, if any, to help determine the applicant's level placement.
4. Submit the nonrefundable application fee of \$100.00, and take the Level Placement Test.
5. Read, clearly understand, sign and/or initial the \*Disclosure of Documents to the Students. (\*Current School Catalog, Notice of Student Rights, SEVIS Fact Sheet & Money Receipt(s), Notice of Cancellation & Withdrawal Rights and Responsibilities, Refund Tables)
6. If you are currently attending another U.S. school in the United States, submit a Transfer Eligibility/Evaluation (Notice of Intention to Transfer) Form completed by the school you are currently attending or attended.
7. Submit photocopies of valid passport showing visa information and I-94 Departure Record.

*We will notify you of admissions decisions after we have received and reviewed your complete application.*

## International Student Application (For F-1 Visa Student)

Date: \_\_\_\_\_

Indicate Program Start Date: \_\_\_\_\_

Applying for (check one)  Intensive English Language Program (IELP)

Intensive TOEFL Preparation Program

Name \_\_\_\_\_  Male  Female  
Last (Family) First Middle

Date of Birth \_\_\_\_\_  
Month / Day / Year

Driver's License # \_\_\_\_\_

Social Security # \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Foreign Address

Address in the United States

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship

Cellular Phone \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

\*Please keep us informed of any change in your address(es). If you need an Alien's Change of Address Card (AR-11), our International Student Services will provide it for you.

Applying as a (check one)  Initial attendance from abroad

School transfer from another U.S. institution

Level of education the student is pursuing or will pursue in the United States: Language Training

Major course of study (check one)  Intensive English Language Program (IELP)

Intensive TOEFL Preparation Program

## EDUCATIONAL BACKGROUND

Please list all schools attended.

Begin with your current school or most recent school.

Name of School	Address	From	To
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Native (First) Language \_\_\_\_\_

Indicate your TOEFL score, if any \_\_\_\_\_

## FINANCIAL INFORMATION

Please indicate the funds available to you. It is estimated that you will need a minimum of \$19,600.00 per year. You must also complete and submit the enclosed "International Student Financial Statement". In addition, the applicant and/or sponsor(s) must submit a current bank statement (dated within 6 months) showing a minimum of \$19,600.00 to SISA ALC's estimated tuition and living expenses. Further financial documentation may be required.

SOURCE:

- a. Student's personal funds \$ \_\_\_\_\_
  - b. Funds from this school (specify type) \$ \_\_\_\_\_
  - c. Funds from another source (specify type and source) \$ \_\_\_\_\_
  - d. On-campus employment (if any) \$ \_\_\_\_\_
- Total \$ \_\_\_\_\_

**SISA AMERICAN LANGUAGE CENTER  
INTERNATIONAL STUDENT FINANCIAL STATEMENT**

Applicant's name: \_\_\_\_\_  
Family name First name Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

I am applying for: \_\_\_\_ Spring \_\_\_\_ Summer I \_\_\_\_ Summer II \_\_\_\_ Fall Year \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL\* OR FAMILY SPONSOR INFORMATION**

Name of Applicant's Sponsor: \_\_\_\_\_  
Family name First name Middle

SISA AMERICAN LANGUAGE CENTER requires F-1 visa students to show a minimum support of U.S.\$19,600.00 per year.  
By signing this affidavit of support, I will be financially responsible for the applicant indicated above for tuition, fees, living expenses and other relevant expenses in the amount of \$\_\_\_\_\_ per year.

SIGNATURE OF SPONSOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

IMPORTANT:

**Sponsors who are U.S. citizens or permanent residents also must complete an affidavit of support. The form is available in the International Education Center.**

Applicants with several sponsors must have each sponsor complete the International Student Financial Statement and affidavit of support if applicable.

\*PERSONAL FUNDS: If you are funding your education using your own resources, please have your bank provide verification of your personal account.

**BANK VERIFICATION**

THIS FORM WILL NOT BE ACCEPTED UNLESS THIS SECTION IS COMPLETELY FILLED OUT AND BEARS THE STAMP OF THE BANK OR AGENCY.

I certify that the above-named sponsor has the minimum equivalent of \$19,600 on deposit with our institution. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Bank (or agency) \_\_\_\_\_

***BANK SEAL OR STAMP***

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

Telephone number: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of account: \_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_ Cert. of Deposit \_\_\_\_ Other

Date account opened: \_\_\_\_\_