INTERNATIONAL STUDENT INFORMATION AND APPLICATION PACKET

This application packet should be completed by applicants who want to qualify for an I-20 form from Lenoir Community College. This includes:

1. Individuals who are living outside the United States who want to receive an I-20 to apply for a student visa at the U.S. Embassy or Consulate in their home country. (NOTE: The application must be completed by the applicant in his or her home country and not be a friend or relative in the United States).

2. Individuals who are currently in the United States on a student visa but hold an I-20 from another college or university and are interested in transferring to Lenoir Community College. (NOTE: You must first attend the college or university that issued your current I-20 for one academic period before you are eligible to transfer).

3. Individuals who are in the United States on another non-immigrant visa (such as: B-1/B-2, F-2, J-1/J-2, H-4, L-2, R-1) and who want to receive an I-20 to apply to change their visa status to student status. (NOTE: Lenoir Community College will process a change of visa status application from B-2 status only if the applicant has a “prospective student” annotation printed on the visa).

THIS APPLICATION PACKET SHOULD NOT BE COMPLETED BY individuals who are citizens or permanent residents of the United States, or by refugees, political asylees, conditional permanent residents and in some cases pending permanent residents.

These individuals should complete a Lenoir Community College Application for Admissions, submit official transcripts from high school and any college or universities previously attended and take the placement assessment.

If you have any questions regarding the application process for international students, please contact Kim Hill at 252-527-6223 ext. 301. If any documentation needs to be faxed, the number is 252-233-6893.
Dear International Student Applicant:

Thank you for your interest in Lenoir Community College. Enclosed you will find the admissions requirements for new students.

**Please read the admissions requirements carefully and fill out all the forms completely.** Financial documentation must be submitted exactly as described in the instructions for completing Financial Documentation to Qualify for an I-20. A deposit of $30,000, the amount necessary to cover the first year’s tuition, may be required if your financial documentation is deemed inadequate. Your accuracy in providing us with all the necessary information will save us time in reviewing your application.

**Please submit your International LCC application at least six (6) months prior to the semester in which you plan to enroll.** Once the Admissions Office receives all required information and documents, a decision will be made concerning your enrollment at this college. If the application you submit is incomplete, you will receive notification of additional information needed to process your application. The College will hold an incomplete application file for one year. **After that time the contents of your file will be destroyed and you will be required to resubmit all application materials if you are still interested in attending the college.**

Upon approval of all your application documents, you will be issued an I-20 for an Associate Degree program. You must take this form to the U.S. Embassy or Consulate office in your country and complete a nonimmigrant visa application to apply for a student visa.

Again, thank you for your interest in Lenoir Community College. I wish you good luck in the application process.

Sincerely,

Kim Hill
Enrollment Management Coordinator

Enclosures
International Student Application Instructions
PLEASE, READ THIS CAREFULLY AND FOLLOW THE CHECKLIST.

Step 1:
Complete the enclosed Lenoir Community College International Application for Admission. Be sure to indicate the program of study and to sign the application. A list of all Associate degree programs has been provided in the packet.

Step 2:
Submit a $100 non-refundable application fee. Please send a cashier’s check or money order payable to Lenoir Community College.

Step 3:
Have official high school or secondary school transcripts and official transcripts from any college(s) previously attended sent directly to the college or include them with your application in sealed envelopes. All foreign transcripts must be evaluated. In the case of evaluated transcripts, certified-copies of the original transcripts may be included with the official translation. The name you are currently using should appear on each transcript. Documentation of a legal name change should be included.

Step 4:
Have the official Test of English as Foreign Language (TOEFL) score of 500 (paper), 173 (computer), or 70 for Internet Based Test (IBT) sent from Educational Testing Services. Computer based tests are only valid for two years from the test date. To submit a TOEFL score, applicants must provide a copy of their official TOEFL score report or have the score reported directly to Lenoir Community College. The TOEFL code for Lenoir is 5378.

Applicants from English speaking countries may submit SAT or ACT scores. The scores must be high enough to waive college placement test requirements. SAT scores for critical reading, writing, and math require a minimum score of 500 on each test. The ACT score for math is 22 and English and reading require a minimum of 20 in each category.

An international student whose country has English as the only official language is not required to demonstrate proficiency in the English language.

Step 5:
Review the enclosed instructions for completing financial documentation to qualify for an I-20. Complete the Affidavit of Financial Support form and attach an official letter, in English, from sponsor’s bank verifying that there are sufficient funds available for applicant and any accompanying dependents to complete one year of study (fall, spring, and summer terms). A Form I-20 will not be issued until all financial documentation is received and approved.

Step 6:
Complete the enclosed International Student Medical Form. It must be signed by a licensed practicing physician. A TB test is required and must be administered within the last 12 months. You must also provide documentation of medical insurance.
Step 7:
Provide a certified statement from a United States citizen stating that the citizen agrees to accept responsibility for sponsoring and assisting the applicant as may become necessary for the applicant to pursue their educational objective.

Step 8:
Complete the enclosed Student Responsibility under Sevis form.

Step 9: Return the completed packet and supporting documentation to:

Lenoir Community College
Admissions Office
Attn: Kim Hill
PO Box 188
Kinston, NC 28502-0188
INTERNATIONAL APPLICATION FOR ADMISSION

NOTICE TO STUDENT: The information that you provide below will be placed in our master file. If any of this data changes, please notify the Admissions Office immediately. Information on race and sex is requested for data gathering purposes only. Answer all questions completely and accurately. Incomplete forms may cause delay in your acceptance. PLEASE PRINT OR TYPE.

The college serves all applicants, students, or employees regardless of race, color, national origin, religion, sex, age, or disability. Persons with disabilities should contact the Student Services Department at 252-527-6223.

Legal Name: _____________________________________________________________________________________________

Last    First    Middle    Former

Foreign Address: _________________________________________________________________________________________

City: __________________________ State: __________________ Zip: __________________________

Country: __________________

Cell Phone: ( ) __________________ Home: ( ) __________________ Business: ( ) __________________

Social Security Number: __________________ Gender: ______ Male    Birth Date: __________________________

____ Female

Ethnicity: ___________________ Race: ________________ Select one or more of the following racial categories

Are you Hispanic or Latino? _____ AN – American/Alaska Native

___ YES (HIS)                        ___ HP – Hawaiian/Pacific Islander

___ No (NHS)                        ___ AS – Asian

___ WH – White                      ___ BL – Black or African American

Email Address information requested: _______________________________________________________________________

Semester to Enroll: ______ Fall  ____ Spring  ____ Summer  ________ Year

Program Number  Program Name

Enrollment: _____ Freshman  Long-Term Goal at LCC:  ____ Transfer  GR – Degree, Diploma, or Certificate

____ Returning  ____ PE – Personal Enrichment

CITIZENSHIP & IMMIGRATION INFORMATION

Country of Citizenship: __________________________ Country of Birth: __________________________

For Applicants already in U.S.:

Visa Type (F1, F2, B2, etc.): __________________ I-94 expiration Date: __________________

If you already hold an F-1 Visa, what school issued the I-20: __________________
Are You Currently attending this school?  _____Yes _____No I-20 expiration date: ______________________

EDUCATIONAL BACKGROUND
Name of High School: _____________________________________________________________________________________
State/Country: ___________________________________________________________________________________________

____Yes, Graduated Graduation Date or expected date of graduation _________________________________

List ALL colleges attended after high school (DO NOT INCLUDE CONTINUING EDUCATION)
Forward official English interpreted copies of all college transcript(s) to Lenoir Community College

<table>
<thead>
<tr>
<th>NAME</th>
<th>CITY</th>
<th>STATE/COUNTRY</th>
<th>Dates of Attendance</th>
</tr>
</thead>
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</tbody>
</table>

Highest Grade Completed:  ____8      9      10      11      12      13 (Adult High School)
____14 (Post High School Vocational)  ____15 (Associate Degree)  ____16 (Bachelor’s Degree)
____17 (Master’s Degree or higher)  ____-- (GED)

ADDITIONAL INFORMATION
Employment:  R   ___ 1 Retired       E2  ____5 Employed 11 - 20 hours per week
UN  ____2 Unemployed – not seeking employment E3  ____6 Employed 21 - 39 hours per week
US  ____3 Unemployed – seeking employment E4  ____7 Employed 40 or more hours per week
E1  ____4 Employed 1 – 10 hours per week

Local U.S.A. Contact Information
Name: _______________________________________ Relationship: ___________________________________
Address: _____________________________________________________________________________________
Work Telephone: ____________________________ Home Telephone: _______________________________

Special Information
Have you ever been suspended or expelled from a college or university for non-academic reasons?  ____Yes ____No
Have you taken the SAT or ACT?  ____SAT  ____ACT  ____TOEFL  ____Neither
A score of 500 or above on the SAT; or a score of 22 on the ACT Math or a score of 20 ACT English and ACT Writing may
allow waiver of the placement exam requirement. Please have an official score report sent from the testing agency.

Certification
If you have been convicted of a crime other than a minor traffic violation, those convictions will not prohibit your admission to
the College. However convictions for certain crimes may disqualify you from participation in clinical or co-op experiences in the
health, law enforcement and early childhood type programs. Your inability to complete these requirements will prohibit you from
progressing and completing your program. I certify that the information on this application is correct. I have read and agree to
abide by the rules, policies, and regulations of Lenoir Community College during my enrollment at the College.

Signature of Applicant   Date   Signature of Parent or Guardian (if applicant is under 18)
Associate Degree Programs

Transfer Programs
Associate in Arts – A10100
Associate in Fine Art- A10200
Associate in Science – A10400

Associate in Applied Science Programs

Accounting – A25100
Aerostructure Manufacturing & Repair Technology – A50450
Associate Degree Nursing – A45110
Automotive Customizing Technology – A60190
Automotive Systems Technology – A60160
Business Administration – A25120
Business Administration- Marketing – A25120A
Business Administration- Public Administration – A25120B
Computer Engineering Technology – A40160
Computer Information Technology – A25260
Computer-Integrated Machining – A50210
Criminal Justice Technology – A55180
Culinary Arts – A55150
Dietetic Technician – A45310
Early Childhood Education – A55220
Emergency Medical Science – A45340
General Occupational Technology – A55280
Global Logistics Technology – A25170
Graphic Arts & Imaging Technology – A30180
HealthCare Management Technology – A25200
Horticulture Technology – A15240
Human Services Technology – A45380
Human Services Technology/Mental Health Concentration – A4538C
Human Services Technology/Social Services Concentration – A4538D
Industrial Engineering Technology – A40240
Industrial Management Technology – A50260
Medical Assisting – A45400
Medical Office Administration – A25310
Networking Technology – A25340
Occupational Education Associate – A55320
Office Administration – A25370
Polysomnography – A45670
Radiography – A45700
Sustainability Technologies – A40370
Sustainable Agriculture- A15410
Therapeutic Massage – A45750
Welding Technology – A50420
Instructions for Completing Financial Documentation to Qualify For an I-20

Refer to this page when completing the Affidavit of Financial Support and when obtaining supporting evidence of financial support from your bank. Similar documentation will be required by the U.S. Consulate or Embassy with your application for a nonimmigrant visa.

Requirements:

1. **A notarized Affidavit of Financial Support**– completed by your parent or sponsor.
   
   * In #9 your sponsor must write a clear statement of intention to support you. **For example**, “I intend to provide all educational and living expenses for (applicant’s name) for the duration of his or her studies.

   *The signature of your sponsor must be notarized or certified by a public official.

2. **An original letter from your sponsor’s bank or financial institution giving the following information:**
   
   o Date account was opened.
   o Current account balance (showing a minimum of $ 30,000.00 on deposit)
   o A current exchange rate or U.S. dollar equivalent.
   o This letter must be on bank stationary and signed by a bank official. **A photocopy or original copy of your sponsor’s monthly bank statement DOES NOT QUALIFY!**

If you plan to support yourself (no sponsor), an Affidavit of Financial Support is not required. You must, however, submit a letter from your bank with the above information and the bank account must be in your name.

If you have a family member or friend who lives in the Kinston area and plans to provide you with housing free of charge, that person must submit an Affidavit of Financial Support Form for International Students. In #9 of the form, a clear statement of intention to provide room & board free of charge for the duration of studies must be written and the signature must be notarized. In such a case, the estimated living expenses of $30,000.00 per year does not have to be documented. The blank Affidavit of Support form may be duplicated for this purpose (or if you have multiple sponsors).

**IF YOUR FINANCIAL DOCUMENTATION IS INSUFFICIENT, YOU WILL NOT BE ISSUED AN I-20.** A deposit of **$11,000**, the estimated cost of the first year’s tuition, may be required if financial documentation is deemed inadequate.
**Estimated Cost of Attendance (12 month)**

<table>
<thead>
<tr>
<th></th>
<th>1&lt;sup&gt;st&lt;/sup&gt; semester</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; semester</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; semester (Summer)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$3,227.00</td>
<td>$3,227.00</td>
<td>$2,159.00</td>
<td>$8,613.00</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$600.00</td>
<td>$600.00</td>
<td>$300.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$4,500.00</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>$4,929.00</td>
<td>$4,929.00</td>
<td>$4,929.00</td>
<td>$14,787.00</td>
</tr>
<tr>
<td>Medical Insurance</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>$500.00</td>
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<tr>
<td>Sevis Registration</td>
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<td>--</td>
<td>$100.00</td>
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<td></td>
<td></td>
<td></td>
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<td>$30,000.00</td>
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</tbody>
</table>

**Tuition and fees are subject to change by the Board of Trustees and the North Carolina State Legislature.**

The above estimates are based on costs for a full-time single student. Any student who plans to bring dependents with him or her to the U.S. will have to document additional funds to accommodate increased living expenses and health insurance costs.

Estimated Additional Funds needed for dependents:
1. Spouse (Husband or wife) - $5,000.00
2. Children - $2,000.00 per child

The complete **name, birth date and country of birth** of each dependent must be recorded on the Affidavit of Financial Support form. This information is essential for completing the I-20.

**SUMMARY OF FINANCIAL DOCUMENTATION REQUIREMENTS:**

- In order to qualify for an I-20, a single student must document at least $30,000 in available funding per year. Students with dependents must document additional funding. Tuition and book expenses are paid per semester or term. Living expenses are not paid to the College, but must be documented as available to qualify for the I-20.

- Students should not expect to be able to support themselves through part-time employment while they study. For the first academic year the only employment opportunity available to F-1 students is on-campus employment and this is extremely limited at Lenoir Community College. After the first academic year, limited off-campus employment opportunities are available for some students.

- Inadequate financial support will result in failure to maintain F-1 student status and possible deportation from the U.S. Please be sure that your financial resources or those of your sponsor are readily available to meet your educational and living expenses throughout your studies.
Affidavit of Financial Support for International Student Applicants  
Lenoir Community College

APPLICANT INFORMATION

Applicant’s Name: _________________________________  ____________________________________  
Last Name  First Name

Applicant’s Address: ____________________________________________________________________________

Applicant’s Date of Birth: _________________________________  Citizen of (Country): _____________________

Marital Status: __________________________________  Relationship to Sponsor: __________________________

Name of spouse and children accompanying or following to join student:

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Child</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Sex</td>
<td>Date of Birth</td>
<td>Child</td>
<td>Sex</td>
<td>Date of Birth</td>
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<tr>
<td>Child</td>
<td>Sex</td>
<td>Date of Birth</td>
<td>Child</td>
<td>Sex</td>
<td>Date of Birth</td>
</tr>
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</table>

SPONSOR INFORMATION & AFFIDAVIT

Sponsor’s Name: ____________________________________  (Complete name)

1. That I reside at _______________________________________________________________________________

   (Complete address, including country)

2. That I am a citizen of  ____________________________________  (Country)

3. I make this affidavit for the purpose of assuring Lenoir Community College that the person(s) named above will not become a public charge in the United States.

4. I am willing and able to receive, maintain and support the applicant; I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States.

5. I understand this affidavit will be binding upon me for the duration of study of the person(s) named above.

6. I am employed by, or engaged in the business of _______________________________________, with  

   ______________________________________________  at _______________________________________________  

   (Street and Number)  

   (City) (State) (Zip Code)

   I derive an annual income of $________________

   I have on deposit in savings banks in the United States or $________________
7. The following other persons are dependent upon me for support: (Place an “X” in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Wholly Dependent</th>
<th>Partially Dependent</th>
<th>Age</th>
<th>Relationship to Me</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8. I have previously submitted affidavit(s) of support for the following person(s). If none, state “None”.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Submitted</th>
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</tbody>
</table>

9. Please specifically describe what support you intend to provide for the student. (For example: If you live in the Kinston area and are providing room and board, please state this.) Give many details of the level of support you will be providing

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct

**Signature of Sponsor: ________________________________

********************************************************************************************
Sponsor’s signature must be notarized as follows:
Witnessed at ___________________________________,
(City)
_______________________________________________,
(Province/State AND Country)
this _________________, (Date)
by ________________________________,
(Government official or notary public)
My commission expires on: _______________________

**A government official or notary public must witness and place their seal of office on this official document, as indicated above.

To complete the financial documentation this affidavit must be accompanied by an original bank letter confirming that the sponsor has the financial means to support the applicant.
LENOIR COMMUNITY COLLEGE
INTERNATIONAL (F-1) STUDENT MEDICAL FORM

To the Student: Please take this form to your physician or clinic for completion.

Important: The following sections must be completed before submitting this form to the Admissions Office. Health forms lacking completion of these sections will not be considered valid. Failure to submit a valid health form by the indicated deadline will result in your admission application being incomplete. Students should make and retain a copy of their health forms for their personal records prior to submitting it to the College. A physician, physician assistant, or nurse practitioner must complete your physical exam.

REPORT OF MEDICAL HISTORY REPORT OF MEDICAL HISTORY
(Please print in black ink) To be completed by student

Last Name (print) First Name Middle Name

Permanent Address City State Zip Code Area Code/Phone Number

Date of Birth (mo/day/yr) ___________________ Gender _____M _____F Martial Status _____S _____M _____Other

Previously enrolled here _____Yes _____No Semester Entering: _____Fall _____Spring _____Summer

Hospital/Health Insurance (Name and Address of Company) Area Code/Phone Number

Name of Policy Holder Employer

Policy or Certificate Number Group Number Is this an HMO/PPO/Managed Care Plan? _____Yes _____No

Name of person to contact in case of an emergency Relationship

Address City State Zip Code Area Code/Phone Number

The following health history is confidential, except in an emergency situation or by court order, will not be released without your written permission. Your health history does not affect your admission status. Please attach additional sheets for any items that require fuller explanation.

Personal Health History

Please answer all questions, indicate comments on all positive answers on a separate paper.

<table>
<thead>
<tr>
<th>HAVE YOU HAD</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Trouble</td>
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<td>Frequent or Severe</td>
<td>Kidney or Bladder Disease</td>
<td>Diseases</td>
<td></td>
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<tr>
<td>Ear, Nose, Throat Trouble</td>
<td></td>
<td></td>
<td>Rheumatic Fever or Heart Mummer</td>
<td>Disease or injury of Bones or Joints</td>
<td>Infectious</td>
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</tr>
<tr>
<td>Frequent or Severe Headaches</td>
<td></td>
<td></td>
<td>Stomach or Intestinal Trouble</td>
<td>“Tick” Knee, Shoulder, etc.</td>
<td>Female Only</td>
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<tr>
<td>Epilepsy</td>
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<td>Hepatitis or jaundice</td>
<td>Anemia</td>
<td>Irregular Periods</td>
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<td>Asthma, High Fever</td>
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<td>Tuberculosis</td>
<td>Extensive Flow</td>
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Do you have any conditions or disabilities that limit your physical activities? (If yes, please describe)

Have you ever been a patient in any type of hospital? (Specify when, where, and why)

Has your academic career been interrupted due to a physical or emotional problems? (Please explain)

Is there loss or seriously impaired function on any paired organs? (Please describe)

Other than for a routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe)

Have you ever had any serious illness or injuries other than those already noted? (Specify when and where and give details)

Important Information….Please read and complete statements by student (or parent/guardian, if student under age 18): I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter’s) medical record to a physician, hospital, or other medical professional involved in providing me (him/her) with emergency treatment and/or medical care.

Signature of Student Date

Signature of Parent/Guardian, if student under age 18 Date
**Physical Examination (required)**

(Please print in black ink.) To be completed and signed by physician or clinic.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone Number</th>
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<tr>
<th>Height _______</th>
<th>Weight _______</th>
<th>BP <em><strong><strong>/</strong></strong></em></th>
<th>Pulse _____/min</th>
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</table>

**Vision:**

- Corrected Right 20/ _____
- Left 20/ _____
- Uncorrected Right 20/ _____
- Left 20/ _____
- Hearing (gross) Right _______
- Left _______

**Urinalysis**

- Hematocrit
  - Sugar __________
  - _________%
  - Albumin _______
  - Micro _______

**IMMUNIZATIONS**

<table>
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<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>mo/day/yr</th>
<th>mo/day/yr</th>
<th>mo/day/yr</th>
<th>mo/day/yr</th>
</tr>
</thead>
</table>
| (Please note: IF YOU HAVE NOT HAD THE BCG VACCINE, A TB test is required and must be administered within the last 12 months. Tuberculin (PPD) Test Date Read (within 12 months) mm induration)
| Head, Ears, Nose Throat | DTP or TD (within last five years) | | | | | |
| Eyes | TD Booster | | | | | |
| Respiratory | Polio | | | | | |
| Cardiovascular | MMR (after first birthday) | | | | | |
| Gastrointestinal | MR (after first birthday) | | | | | |
| Hernia | Measles (after first birthday) | | | | | |
| Genitourinary | Mumps | | | | | |
| Musculoskeletal | Rubella | | | | | |
| Metabolic/Endocrine | BCG Vaccine | | | | | |
| Neuropsychiatric | | | | | | |

**Skin**

- Chest X-ray, if positive PPD Date
  - Results
  - Date

**Mammary**

- Treatment, if applicable
  - Date

**A.** Is there loss or seriously impaired functions on any paired organs? Yes ____ No ____
  - Explain ____________________________________________________________________________________________________________________

**B.** Is student under treatment for any medical or emotional condition? Yes ____ No ____
  - Explain ____________________________________________________________________________________________________________________

**C.** Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _______ Limited _________
  - Explain ____________________________________________________________________________________________________________________

**D.** Is student physically and emotionally healthy? Yes ____ No ____
  - Explain ____________________________________________________________________________________________________________________

**Signature or Clinic Stamp REQUIRED:**

Signature of Physician/Physician Assistant/Nurse Practitioner

__________________________

Date of examination

__________________________

Print Name of Physician/Physician Assistant/Nurse Practitioner

__________________________

Area Code/Phone Number

__________________________

Office Address

__________________________

City

__________________________

State

__________________________

Zip Code

13
RESPONSIBILITIES OF F-1 OR M-1 STUDENTS UNDER SEVIS

MAINTAINING YOUR LEGAL STATUS

1. Keep your passport, I-20, and other immigration documents current. If you need to leave the country, you will need a Primary Designated School Official (PDSO) signature on your I-20 and possible a new I-20. Please allow two weeks for your records to be checked. If you have not maintained your status, we cannot sign the I-20. If you plan to transfer to another school upon your return, you must let us know so that you can be official “released” in SEVIS and can then obtain a new I-20 from the new school.

2. Register and maintain a minimum of 12 semester hours every Fall and Spring Semester and minimum of 9 semester hours to complete your final semester. Any leave of absences and reduced course loads for medical reason or other reasons must be approved in advance by the PDSO (Academic advisors cannot grant approval).

3. Make satisfactory progress toward your degree goal.

4. If you change your program of study, you must obtain a new I-20, and possibly show new financial support documents. If you need to extend your studies beyond the date authorized on your I-20, you must request an extension of stay and show new financial support documents before the completion date. An extension cannot be granted after your completion date. A letter from your academic advisor explaining the reasons will be required.

5. Report any changes of legal name, address, telephone numbers, or receipt of social security number to the PDSO. Do no rely on a new registration form each semester for this purpose.

6. Notify the PDSO when you are planning to leave Lenoir Community College for any reason. We must notify the USCIS through the SEVIS system.

7. Keep your health insurance and driver’s license (if you have one) valid throughout your stay in the United States. Observe all federal, state, and local laws. We must report any criminal activity.

8. You have been admitted to the United States for “duration of status”, which means as long as you are pursuing a full course of study and making normal progress toward completion, plus any time working in authorized “Optional Practical Training” (if you qualify). **IF YOU FAIL TO MAINTAIN YOUR STATUS, YOU WILL BECOME “OUT-OF-STATUS.”**

EMPLOYMENT

1. You are not permitted to work off campus in your first year as an F-1 or M-1 student. Although on-campus employment for less than 20 hours per week is permitted, Lenoir Community College rarely has an on-campus job available. **Working illegally off campus will put you “out-of-status”.**

2. If you are experiencing economic hardship caused by unforeseen circumstances, you may apply for an Employment Authorization Document (EAD) authorizing off-campus work. You must
have been in F-1 or M-1 status for one full academic year, be in good academic standing, demonstrate the employment will not interfere with your studies, and explain to the USCIS the reasons for your economic hardship. There is a substantial fee for this application and some students are not approved. You will also need a new I-20. Please allow at least two weeks for Lenoir Community College to process this application and several months to receive a response from USCIS.

3. You may apply for 12 months of temporary employment called Optional Practical Training (OPT) in your field of study as you near completion. Application is made prior to completion of studies. You cannot apply for OPT after graduation. To be eligible, you must have been in F-1 or M-1 student status for at least nine months, and the employment must be directly related to major area of student indicated on your I-20. Non-degree students are not eligible.

4. Any Employment Authorization Documents approved by USCIS for F-1 or M-1 students are automatically terminated when you transfer to another school.

5. F-2 dependents (spouse and children) of an F-1 student are not eligible for employment at any time. If an F-2 dependent wishes to take courses for credit, the F-2 dependent must apply for a change of status to F-1, and may not enroll until the approval is received.

TRANSFERRING TO ANOTHER SCHOOL

1. You are not eligible to transfer to another school if you have attended the school that issued your original I-20 for at least one academic year and have maintained your F-1 or M-1 status.

2. Please notify the PDSO of your intention. We have to “release” your record in SEVIS before the new school can issue a new I-20. It is NOT advisable to have Lenoir Community College put you in “transfer status” with the USCIS until you have been officially accepted by the new school and are definite about your plans, as it is very difficult to reverse the process.

3. If you are transferring to Lenoir Community College from another school, we cannot issue and I-20 to you until the previous school releases your record in SEVIS.

OVERVIEW OF F-1 OR M-1 ENTRY PROCESS

1. Student applies to Lenoir Community College and gains admission.

2. School generates the Form I-20 and sends it to the student.

3. After receiving the Form I-20, the prospective student must pay the SEVIS I-901 fee at www.fmjfee.com, the United States Immigration and Customs Enforcement Student and Exchange Visitor Program processing website.

4. The student takes the Form I-20 to an American Embassy or Consulate for an interview and obtains and F or M Visa no earlier than 90 days before the reporting date on the Form I-20.

5. Student presents the Form I-20 and Visa at the U.S. Port of Entry no more than 30 days before the program start date on the Form I-20.

MAINTAINING F-1 AND M-1 STATUS

1. Register and maintain a minimum of 12 credit hours every fall and spring semester. If you have difficulty with this requirement, you must meet with the Primary Designated School
Official (PDSO) to discuss your situation before you register. F-1 and M-1 Visa status has no provision for part-time study.

2. Know the expiration date of your Form I-20, Visa and Passport. Your Form I-20 can be extended or changed by the PDSO. Your Visa can only be renewed outside the U.S. at a Consulate or Embassy in your home country. Your Passport can be renewed in the U.S. by your home country embassy.

3. DO NOT work without authorization. Work authorization for F-1 and M-1 students is very limited.

4. Keep the PDSO notified of any changes in your mailing address, phone number, Visa status or enrollment status.

Remember – It is always best to check with the International Student Advisor if you have questions about immigration or Visa status issues.

International Student in Distance Learning courses

Non-U.S. citizens are welcome to enroll in distance learning courses (Internet courses). Since a student taking distance learning courses will reside outside of the physical boundaries of the United States, he or she will be exempt from the Bureau of Citizenship and Immigration Services (BCIS) regulations and Visa requirements. A student follows the same admission procedure to Lenoir Community College for distance learning courses as U.S. citizens. See the section in the Lenoir Community College catalog on general admission requirements for more information. All distance learning international students will be charged out-of-state tuition rates established by the North Carolina General Assembly.
I acknowledge that I am aware of the INS-SEVIS and F-1/M-1 student requirements listed below and that \textbf{it is my responsibility to maintain my legal status.}

1. Read the document \textit{RESPONSIBILITIES OF F-1/M-1 STUDENTS UNDER SEVIS AT LENOIR COMMUNITY COLLEGE.}

2. Take a full course load of 12 semester hours or more, unless PRIOR approval has been received from the PDSO (approval cannot be granted by an academic advisor or counselor).


4. Report all changes of legal name, address, program of study, Social Security Number, and telephone number to the PDSO.

5. I am aware that Lenoir Community College is required by law to report any of the following acts:
   - Enrollment or failure to enroll each semester
   - Dropping below a full course of study without PRIOR approval.
   - Failure to otherwise maintain status
   - Change of program of study
   - Change of legal name or address for me or my dependents
   - Completion of studies (includes graduation or dropping out)
   - Termination date and reason of termination
   - Program extension
   - School transfer
   - Employment authorization
   - Criminal conviction

\underline{Student Signature} \hspace{2cm} \underline{Date}

\underline{Lenoir Community College PDSO} \hspace{2cm} \underline{Date}
INTERNATIONAL STUDENT APPLICATION FINAL CHECK LIST

Before you mail your application to the Admissions Office at Lenoir Community College, be sure that the following items are complete and included:

- **International LCC Application for Admission** is completed and signed. Your preferred program of study name and number should be written on page 1.

- **Submit a $100 non-refundable application fee.** Please send a cashier’s check or money order payable to Lenoir Community College.

- **Financial Documents** including an Affidavit of Financial Support and an original letter from your sponsor’s bank giving specific account balance information (see estimated annual expenses for international students & instructions for completing financial documentation to qualify for an I-20). Bank letters must be in English or translated if necessary.

- **Official High School or Secondary School Transcripts** translated to English if necessary. They should be mailed directly from your high school or included with your application.

- **Report of Medical History and Immunization Record** form signed by a practicing physician is required. A TB test is required within the last 12 months.

- **Official TOEFL or SAT scores** if you have taken either of these exams, request that the scores be sent from ETS. These tests are not required but may exempt you from placement testing once you arrive in the U.S. and may make it easier to obtain a student visa. (TOEFL required for applicants from non-English speaking countries.)

**Submitting an incomplete application will cause delays in the processing of your I-20 form.**

Please mail your completed application to:

Lenoir Community College  
Office of Admissions  
Attn: Kim Hill  
PO Box 188  
Kinston NC 28502-0188

If you have a local contact that you prefer that we correspond with, indicate that person’s name, address, and phone number below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Phone Number: ________________________________

It usually takes one to two weeks to process an I-20 from a complete application and 10 additional business days for an I-20 to be mailed from the college to the applicant. **I-20s and acceptance letters cannot be Express Mailed by the College. You may check the status of your application by calling 252-527-6223 ext. 301 or by faxing 252-233-6893 Attn: Admissions Office.** It is recommended that you keep a copy of your application for reference.