

Center for Global Languages

Intensive English Program Application Packet F-1 Visa Transfer Applicant Checklist

- Review the **IEP Information Packet**
- Complete the **Oral Evaluation** (407-582-6720 or 6721)
- Get your **Oral Evaluation Results** at <http://valencia.cc.fl.us/institute/cgl/OralEvalResults.cfm>
- Complete the following and mail at least 90 days prior to start date:
 - \$150 Visa Application Fee (non-refundable)*
 - \$200 Program Deposit (non-refundable)*
 - IEP Application Form
 - Declaration of Finances Form
 - Original Bank Statement
 - Insurance Compliance Form
 - SEVIS Transfer Eligibility Form
 - A clear copy of Passport with Photo and Expiration Date
 - Photocopies of both sides of your 1-94 Form
 - Two (2) passport photos (optional)
- *Fees can be combined and made payable to Valencia Community College
- Contact **ABCIsland.com** directly for housing arrangements
- Receive your **Intensive English Program Confirmation** and **I-20 Form**
- Submit **Program Payment Balance** 30 days prior to course start date

1. Incomplete / inaccurate applications will not be processed.
2. Classroom space is not guaranteed without program deposit or adherence to deadline dates:
(valenciacc.edu/english/dates.asp).
3. Students must be 18 years or older to apply. Students under 18 must have parental permission.
4. If your application is not accepted, you will receive a complete refund.
5. If you cancel your program prior to the start date, you be eligible for a refund on prepaid tuition, less the \$150 application fee, the \$200 program deposit and agent commission (if applicable). If your visa is denied, the refund policy still applies.
6. There are NO refunds after the program start date.
7. If you must leave the country during your program for a family or national emergency, you will receive a prorated refund, less the \$200 program deposit, \$150 F-1 Application Fee, and agent commission (if applicable).

Contact Information:

Center for Global Languages
2411 Sand Lake Road
Orlando, FL 32809 USA

Myrna Caban, Program Coordinator
phone: (407) 582-6651
fax: (407) 582-6670
email: globalinfo@valenciacc.edu
website: valenciacc.edu/global (Intensive English Program)

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IEP Application Form 2005

Please complete this form in English with **BLOCK CAPITAL LETTERS**.

PERSONAL INFORMATION:

Family Name
First Name
Date of Birth (mm/dd/yyyy)
Gender Age
Country of Birth
Country of Citizenship
Native Language
Level of Education High School Bachelor's Master's

VISA TYPE:

U.S. Citizen Social Security # _____
 Legal permanent resident of U.S. /No.# _____
 B-1/ B-2 Tourist visa (16 hours/wk only) Expires: _____
 F-1 student visa applicant (18 hrs/wk, 10-wk programs +)
 Other: _____ Expires: _____
Passport #: _____

F-1 Applicant Dependents (name/relationship/date of birth):

INTERNATIONAL ADDRESS: (As Written On Envelope)

Address Line 1
Address Line 2
Address Line 3
Address Line 4
Country & Postal Code
Telephone
Fax
E-mail

STATUS:

First Time Student
 Returning Student, Current Session End Date _____
 Transfer Student From: _____
Date of Arrival in U.S. _____ Visa Type: _____
Date you began studies: _____

LANGUAGE LEVEL

See website for instructions to complete the oral evaluation.

PROGRAM DATES: Check all that apply.

UNITED STATES ADDRESS:

I am applying for a Family Homestay with ABCIsland.
 I will make my own reservations at a local hotel.
 I have my own accommodations at the following address:
Address Line 1
Address Line 2
City
State Zip Code
Telephone
Fax
E-mail

2-weeks (\$400)

Jan 18-27
 Jun 6-16
 Jun 20-30
 Jul 5-14
 Jul 18-28

4-weeks (\$800)

Jan 31-Feb 24
 Feb 28-Mar 31
 Apr 4-28
 May 2-26
 Jun 6-30
 July 5-28
 Aug 1-25
 Sept 6-29
 Oct 3-27
 Oct 31-Nov 29

10-weeks (\$2000)

Jan 31-April 14
 Apr 18-Jun 30
 July 5-Sept 15
 Sep 19-Nov 29

METHOD OF PAYMENT:

Bank check*
 Money order*
 Wire Transfer
 Credit Card
 Cash

CREDIT CARD INFORMATION:

Visa Expiration Date: _____
 Mastercard Card # _____
 American Express Amount \$ _____
 Discovery

*MAKE PAYABLE TO VALENCIA COMMUNITY COLLEGE

INTERNATIONAL STUDENT AGREEMENT (F-1 STUDENTS)

If I am admitted to CGL, I agree to maintain my status and follow all US Immigration Service (INS) regulations during my studies at CGL. This includes:

1. Enrolling as a full-time student (18 hours/week).
2. Maintaining a valid passport and all related documents.
3. Having adequate funds to meet all expenses during the program.
4. Carrying medical insurance that meets VCC coverage requirements.
5. Adhering to all CGL policies regarding student conduct and academic procedures.

I authorize release of medical information for treatment purposes and give permission to a medical facility to examine me in case of illness or injury.

TRUTH IN CONTENT (ALL STUDENTS)

With my signature below, I certify that:

1. All information on all forms is complete and accurate.
2. I have read and understood the cancellation policy.
3. I understand that submitting an application to CGL does not guarantee admission to Valencia Community College.
4. I have submitted all necessary documents and program fees with this application.
5. I understand the contents of this application, the program requirements, and the cancellation/refund policy.

Signature of Applicant

Date

Signature of parent/guardian if applicant is under 18

Date

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Declaration of Finances

This form is for F-1 visa applicants only.

You must submit the following **ORIGINAL** documentation with this form:

- Declaration of Finance form
- Bank account statement of student/parent/sponsor in English **OR** official bank letter detailing US Dollar amount

All F-1 visa applicants are required to certify that you will have available the sum of **\$600 per week** (including housing) for the period of study at Valencia Community College, excluding travel expenses. Additional family members such as spouse and/or child will require certification of additional funds of **\$400 per week**.

This is to certify that I, _____, will be responsible for the Educational and/or Living Expenses of _____, each year while he/she is attending Valencia Community College. I also certify that the total amount of money that I have available for expenses is \$_____ in U.S. dollars.

Please indicate your relationship to the student. I am: () Father () Mother () Brother/Sister () Self () Other

I do hereby swear or affirm that the above information is true. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to Florida Statutes, and that a false statement in this affidavit may subject the above named student to the penalties of making a false or fraudulent statement.

Totals in this section must match the total written above and must have supporting original documents.

FAMILY	\$
GOVERNMENT SPONSOR	\$
PERSONAL SAVINGS	\$
OTHER:	\$
TOTAL:	\$

The following are estimates of expenses for an International Student for a **10-week program**:

(Fees are subject to change without notice)

	10-week Program	Other: _____ weeks (write totals below)
TUITION AND FEES (\$200/week)	\$ 2,000.00	\$
LIVING EXPENSES (\$100/week)	\$ 1,000.00	\$
HOUSING EXPENSES (\$200/week)	\$ 2,000.00	\$ if applicable
OTHER (\$100/week) transportation, etc.	\$ 1,000.00	\$
TOTAL:	\$ 6,000.00	\$

If student is staying with family members, housing expenses will not apply.

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

SPONSOR'S SIGNATURE: _____

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Insurance Compliance Form

F-1 Applicants must carry sufficient insurance for themselves and all dependants for program duration.

STUDENT INFORMATION:

First Name	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> Age <input type="text"/>
Country of Birth	<input type="text"/>
Citizenship	<input type="text"/>
Telephone	<input type="text"/>
Insurance ID#	<input type="text"/>
Group #	<input type="text"/>

MAILING ADDRESS:

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
Province/State	<input type="text"/> Postal Code <input type="text"/>
Country	<input type="text"/>
Fax	<input type="text"/>

If you need to purchase insurance, visit the following website:

www.internationalstudentinsurance.com

THIS SECTION TO BE COMPLETED BY THE INSURANCE COMPANY OR ATTACH COPY OF POLICY:

Company Name	<input type="text"/>	Effective Date of Policy	<input type="text"/>
Agent Name	<input type="text"/>	Termination Date	<input type="text"/>
Telephone Number	<input type="text"/>		

Please complete the following:

- Inpatient benefits are paid at ____%
- Outpatient benefits are paid at ____%
- Inpatient mental health benefits are paid at ____% of the usual and customary fees ____ - day cap
- Outpatient mental health benefits are paid at ____% of the usual and customary fees \$ ____ - cap
- Inpatient/Outpatient prescription coverage ____yes ____no
- Maternity benefits are paid at ____%
- Deductible \$ _____ Co-pays \$ _____
- Exclusion for pre-existing condition ____yes ____no
If yes, what is the length of time pre-existing that would apply? _____
- Aggregate Cap \$ _____
- Medical Evacuation ____yes ____no \$ _____ Max Amount
- Repatriation ____yes ____no \$ _____ Max Amount
- Insurance payable in US dollars ____yes ____no
- Coverage is prepaid and continuous during my stay in the U.S. ____yes ____no
- Coverage is not restricted to a specific health care provider. Use of the policy is not restricted to a particular locale. ____yes ____no
- The policy provides coverage for illness or accidental injury at 75% of usual, reasonable, and customary charges, without specific limits charges such as hospital room and board, hospital miscellaneous, physician visits, surgery, anesthesia, etc. up to a minimum of \$250,000 ____yes ____no

College Requirements:

- 80%
- 80%
- 75% - 30 days
- 50% - \$100
- yes
- 80%
- \$50 per occurrence
- yes
- No more than 6 months
- not less than \$250,000
- yes / \$25,000 minimum
- yes / \$10,000 minimum

To the Insurance Company Representative: Please read the following and sign:

I have verified the information on this form and completed each item above. I certify that the coverage indicated is now in force.

If the above-noted policy is terminated, I will notify Center for Global Languages immediately at 407-582-6942.

Insurance Representative Name / Title (Print)

Telephone & Fax

Signature

Date