

SOUTH ARKANSAS COMMUNITY COLLEGE  
POLICY AND PROCEDURES FOR UNDERGRADUATE  
INTERNATIONAL STUDENTS

Individuals who have successfully completed at least the equivalent of 12 years of elementary and secondary education shall be eligible for admission to South Arkansas Community College if they meet the following conditions:

Submit an admission application to South Arkansas Community College.

Submit the International Student Information Sheet.

Submit official transcripts of all previous academic work. Documents in a language other than English must be accompanied by English translations certified by a university official. Translations supplement, but do not replace, original documents. Students must have at least a "C" average to be eligible for transfer from another college or university in the United States.

Submit a minimum score of 500 on the paper-based test, 61 on the Internet-based (IBT) test of 173 on the computer-based Test of English as a Foreign Language (TOEFL), if not from an English speaking country. The South Arkansas Community College TOEFL code is XXX. For more information, go to [www.toefl.org](http://www.toefl.org).

Provide a financial statement of support reflecting sufficient funds to cover all expenses while in the United States ( See International Student Information Sheet, page 4)  
Meet all admission requirements by July 1 for Fall admission, November 1 for Spring Admission, and April 1 for Summer Admission.

If transferring from a U.S. school, include copy of visa, passport, I-94 card, I-20, and a transfer clearance form completed by the international advisor at your current institution (see International Student Information Sheet, pg. 6)

Submit official verification of required immunization prior to first semester of enrollment (see International Student Information Sheet, pg. 5)

Complete required testing upon arrival at the College.

The Office of Enrollment Services shall notify students of tentative acceptance and shall provide the necessary forms and information related to entering the United States on a Student Visa.

**FINANCIAL RESPONSIBILITY**

The estimated costs of attendance for a full-time student for a nine-month academic year are as follows:

Tuition & Fees	\$ 4,486
Books	\$ 1,300
Room/Board	\$ 5,583
Transportation	\$ 1,459
Personal	\$ <u>2,860</u>
Total	\$ 10,688

*These figures are estimates and may change without notice or obligation.*

*If student is planning to bring any F-2 dependents to the U.S., you must also add \$2,500 to the estimated cost for each dependent.*

**FINANCIAL STATEMENT**

South Arkansas Community College requires certification and declaration of adequate financial support from applicants with student visas. This statement must be on file before admission will be considered.

I, \_\_\_\_\_, affirm that (1) I will have sufficient funds available to pay all of my necessary expenses in the amount indicated above, and will be able to pay for travel to and from my home country; and (2) that I understand that I will not receive financial aid ( a scholarship, grant or loan) from the College. The sources of my funds and the amount in ***U.S. dollars*** to be received from each are listed below:

<u>Source</u>	<u>Required Documents</u>	<u>Guaranteed Support – U.S. \$</u>
Personal Savings	Original Copy of bank statement Signed by bank official	\$ _____
Parent or Sponsor	Signed affidavit (below) and Original copy of bank Statement signed by bank official	\$ _____
Scholarship, Government Or other Agency	Original or certified copy of the award letter	\$ _____
	Total ( min. \$10,688)	\$ _____

I hereby certify that the information provided above is accurate and complete to the best of my knowledge, and that I will have the full amount outlined to provide for my personal and academic expenses. I shall notify South Arkansas Community College of any changes in my financial circumstances or academic status.

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

**AFFIDAVIT OF SUPPORT** (to be completed by parent or sponsor)

I hereby certify that I am willing, able and do promise to provide the amount of \$ \_\_\_\_\_

payable in U.S. dollars for the educational expenses of \_\_\_\_\_ who is my  
(name of student)

\_\_\_\_\_ Documentation of financial ability is attached.  
(relationship to student)

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Address of Sponsor \_\_\_\_\_

**HEALTH REQUIREMENTS FOR INTERNATIONAL STUDENTS**

1. A Tuberculin test must be obtained one week prior to enrollment at the college and interpreted by a licensed physician in the United States. If the test results are positive, a chest x-ray will also be required.
2. Evidence of having begun a series of polio virus vaccine inoculations must be provided to the Office of Enrollment Services at the time of enrollment and must be completed as soon as it is medically possible after enrollment.
3. Documented evidence of two (2) Measles, Mumps and Rubella inoculations must be submitted to the Office of Enrollment Services at the time of enrollment. Vaccinations should be received prior to departing for the United States, since it may be necessary for them to be separated by a four week period.

**DOCUMENTED PROOF OF HAVING MET THESE REQUIREMENTS MUST BE ATTACHED TO THE CERTIFICATE OF HEALTH. PLEASE HAVE A PHYSICIAN COMPLETE THE FORM BELOW.**

VACCINE	YES	NO	DATE OF LAST INOCULATION
Measles, Mumps, Rubella			
Measles, Mumps, Rubella			
Polio Virus Vaccine			
TB Skin Test	Negative _____	Positive _____	Date _____

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print physician's name: \_\_\_\_\_

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

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South Arkansas Community College  
300 South West Avenue  
El Dorado, AR 71730  
(870) 862-8131  
[Admissions@southark.edu](mailto:Admissions@southark.edu)

**TRANSFER STUDENTS COMPLETE**

Please have the International Student Advisor complete this section if you are currently attending another college, university, or language school in the United States and wish to transfer to South Arkansas Community College. To be eligible to transfer to SouthArk, you must have maintained your F-1 student status at the school you are currently authorized to attend and have a GPA of 2.0 or higher.

STUDENT'S NAME \_\_\_\_\_ Was the student enrolled in full-time studies?  
Family Last Name First  Yes  No

Last semester attended and dates completed: \_\_\_\_\_

If student was not enrolled in full-time studies, please explain: \_\_\_\_\_

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When does the student's current I-20 expire? \_\_\_\_\_ Student's cumulative GPA \_\_\_\_\_

SEVIS ID# \_\_\_\_\_ SEVIS Release Date: \_\_\_\_\_

Has the student been granted Practical Training?  Yes  No

If yes, please specify type(s), academic level(s), and dates: \_\_\_\_\_

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Would you recommend that this student transfer?  Yes  No

Why or Why Not?

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Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Official Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Please return to:

International Advisor  
South Arkansas Community College  
P.O. Box 7010  
El Dorado, AR 71731  
870.862.8131

# INTERNATIONAL STUDENT CONSENT FOR RELEASE OF RECORDS

(Only fill out this form if you want to allow someone else permission to discuss your student status with the college. For example, a parent, sponsor, close relative or friend)

TO: South Arkansas Community College  
P.O. Box 7010  
El Dorado, AR 71731

FROM: \_\_\_\_\_  
Name of Student Student I.D. Number  
\_\_\_\_\_  
Street Address City State Zip

Under Federal legislation, namely the Family Educational Rights' and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission.

I, therefore, request that the information listed below be released to the following:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address City State Zip

Duration of the request: \_\_\_\_\_

Information to be released:

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

Purpose: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

\_\_\_\_\_  
Signature of Student