



# International Student Application Supplement Forms

SSC 107 • Mission Viejo, CA 92692 • 949.582.4637 • [sc-iso@saddleback.edu](mailto:sc-iso@saddleback.edu)

## Personal Information (As it appears on your Passport)

Name: \_\_\_\_\_  
Last/Family First Name Middle Name

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Intended Major at Saddleback College: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Home Country Address (Required): \_\_\_\_\_  
Number and street Apt. No.

City Postal Code Country

Preferred Email Address (print clearly): \_\_\_\_\_

Home Country Telephone: \_\_\_\_\_ US Telephone: \_\_\_\_\_

Date of high school completion: Month \_\_\_\_\_ Year \_\_\_\_\_ Name of high school: \_\_\_\_\_

### Visa Information

Are you in the USA?  NO  YES if yes, on what type of Visa (F-1, B-2, J-1, etc.): \_\_\_\_\_

If F-1, what school are you attending at this time? \_\_\_\_\_

(Required for Transfer Students: Please submit copies of your I-20, passport, F-1 Visa and I-94)

Do you plan to travel outside of the U.S. before the start of the semester?  YES  NO

If yes, please indicate your travel dates: \_\_\_\_\_

### Dependents (Only Spouse and/or children)

Last Name /Family	First Name	Date of Birth	Country of Birth	Country of Citizenship	Relation to Applicant

I authorize Saddleback College to release information related to my application status to:

Name (or Agency Name): \_\_\_\_\_  
Last Name First Name

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Saddleback College?  Agency  Saddleback Student  Website  Language School  Friend/Relative

### Student Certification and Signature

My signature below certifies that the above information is true and correct. I understand that falsification of any of the above information or falsification of supporting documents that I submit in support of my application to Saddleback College will result in my disqualification for admission.

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

# International Student Statement of Financial Responsibility Form

\*Tuition and Fees are subject to change.

To be issued an I-20 from Saddleback College, you **must be guaranteed \$30,000.00 U.S.** annually in financial support. You and sponsor must complete this form to validate that you satisfy the financial conditions required to attend our college.

Student's Name: \_\_\_\_\_  
Last / Family Name First Name Middle Name

Saddleback College Student I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My signature certifies that the information provided below has been signed by my sponsor and is complete and correct to the best of my knowledge. I understand that false statements used may result in denial of my admission.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

If you have a government sponsor, you must attach a copy of your financial guarantee letter addressed to Saddleback College.

## To be completed by Applicant's Sponsor (if applicable)

A current bank statement from the financial sponsor's bank account (no older than three months before the beginning of the semester) must be submitted with this form.

I certify that I am willing and able to provide \$ \_\_\_\_\_ (USD) each year for educational and living expenses for the above student for the duration of his/her academic study at Saddleback College. Official documentation of my financial resources is attached to this statement. I will notify Saddleback College immediately if at any time I must discontinue providing for the educational and/or living expenses of this student.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor's Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## F-1 Visa International Student Admission Agreement with Saddleback College

Saddleback College F-1 Visa students must comply with U.S. immigration laws, institutional college and district policies. Your signature validates your understanding and agreement to obey all policies. To complete your admission process you must sign and return this agreement with your admission documents.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID# \_\_\_\_\_

1. I understand that submitted transcripts and international student documentation become property of Saddleback College and will not be returned to me.
2. As a new students OR transfer student, I must attend the International Student Orientation which is scheduled approximately two weeks before the start of the semester.
3. I understand that I must enroll in the college and district approved medical insurance plan or I will not be permitted to enroll in classes.
4. I understand that I must enroll in at least 12 units of college courses by the first day of the semester (Fall & Spring). If I begin my studies in the summer, I am required to enroll in at least 6 units of college courses by the first day of the summer term.
5. **I must attend classes and successfully complete all courses. Withdrawing from classes past the drop deadline will produce a "W" notation on my transcript and will not count towards fulltime enrollment. I understand that I may not drop/withdraw from classes below the 12 unit requirement without first obtaining permission from the International Student Office Designated Officials.**
6. If I drop below 12 units during any academic semester, without permission, my I-20 will be terminated placing me out of status with US Department of Homeland Security (US DHS).
7. I understand that only **one online or distance education** class per semester is counted towards full-time enrollment requirement. I understand that I must always be enrolled in at least 9 units of "on-campus" instruction in order to maintain my F-1 status. "Credit by Exam" does **NOT** apply toward the full-time enrollment requirement.
8. I may **not** take more than **6 units each (Fall and Spring) semester at Irvine Valley College.**
9. I understand that as a new OR transfer international student, I am required to enroll in the Counseling 1 class designed for international students during my first semester of attendance.
10. I will schedule an appointment with the International Student Counselor. The counselor will help to create a new academic plan. They will also help with placement into the correct Math and English courses.
11. I will notify the International Student Office **within 10 days** of changing my address, phone number, major or schools. Failure on my part to report any changes may be a cause to terminate my I-20.
12. I am required to take the Tuberculosis test (**TB**) upon arrival and prior to registration or I will not be permitted to enroll in classes.
13. I understand that if my grade point average falls below a 1.75 or if I am on academic probation for more than three semesters, I may be academically dismissed from the college and my I-20 will be terminated.
14. I know that I am not permitted to work (on-campus) unless authorized by a DSO from the International Student Office. I know that I am not permitted to work outside of the college unless I get approval from US DHS.
15. My signature below indicates that permission is given to Saddleback International Student Advisor(s) to access my I-94 records
16. **Embassy or Agency Sponsored Students** I am responsible for all class fees **not approved** by my sponsor and for fees incurred due to dropping classes after any refund deadlines. I must purchase the district required health insurance plan if my financial guarantee letter does not specifically state that they will provide health insurance.

**By signing this agreement, I acknowledge that I have read, understand and agree to all of the requirements listed above. I UNDERSTAND THAT I WILL NOT BE ADMITTED IF I DO NOT AGREE TO COMPLY WITH ALL ITEMS NOTED ABOVE.**

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Student Signature

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Date



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## Estimate of Annual Expenses for 2024-2025

\*Tuition and Fees are subject to change. \*\*Estimate expenses, actual expenses may vary

International Students are required to enroll and successfully complete a minimum of 12 units per semester (fall & spring). All figures are in U.S. dollars.

Tuition / Fees & Books	Two Semesters / Annual
*International Student Tuition: \$492.00 per unit	\$11,808.00
Health Fee	\$52.00
*Required Medical Health Insurance	\$2,260.00
Parking Fee (Optional)	\$80.00
**Books & Supplies	\$800.00

Living Expenses	Two Semesters / Annual
**Housing Estimate	\$14,000.00
**Transportation	\$1,000.00
<b>TOTAL:</b>	<b>\$30,000.00</b>

**Dependents (Spouse or Children):** An additional \$5,000.00 per dependent is required to cover living expenses for dependent(s). Current (no more than 3 months old) bank information showing this additional amount must be submitted in order for an I-20 to be issued.

The above fees represent the minimum established tuition and living expenses that an international student can expect to pay while attending Saddleback College. Applicants must show the above funding amount in order to receive an I-20. Fees are subject to change by the State of California and the South Orange County Community College District Board of Trustees. Summer session fees are not included above as summers terms are optional for those starting in the fall and spring. Students starting in the summer must adhere to the same estimate of costs.

**\*Note:** The **Medical Health Insurance** plan must be purchased by all international students. Fees are subject to change without prior notice. (Tuition & Fees are due and payable at the time of class enrollment)