



North Hennepin
Community College

North Hennepin Community College International Students (F-1 Visa Applicants Only) Application for Admission

International applicants are students who are currently on or planning to apply for an F-1 visa.

Application Deadlines:

Semester	Application Deadline: New F-1 Applicants	Application Deadline: Transfer F-1 applicants attending U.S. institution in active status
Fall (August)	May 1	July 1
Spring (January)	October 1	December 1

ALL application materials must be received by the application deadline. Items 4-6 below MUST be original/certified official copies submitted by postal mail OR on-campus to the Admissions Office.

International Student Application Checklist:

- _____ **1. Application with \$20 application fee:** Apply online or by completing pages 3-4 in this packet. The application must be completed and signed by the applicant. Submit a \$20 USD application fee (non-refundable) with the application. Application fees can be paid online, by mail (U.S. check or international money order), or on-campus by cash, check, or credit card.
- _____ **2. F-1 Student Contract:** Initial and sign the F-1 Student Contract (page 5 of packet). It covers information that F-1 visa applicants are responsible for understanding. Email OK.
- _____ **3. Immigration Documents:** Submit copies of the following immigration documents. Email OK.
 - Passport (all applicants); Visa, I-20, I-94 (<https://i94.cbp.dhs.gov>) if transfer student
- _____ **4. Proof of English Proficiency:** Proof of English language proficiency is required from *ALL* applicants, regardless of country of origin or spoken language. Test score reports for language proficiency should be sent by the testing center to NHCC. Photocopies are not accepted.
Please see the next page for options for providing proof of English proficiency.
- _____ **5. Academic Records:** Completion of a high school diploma (or equivalent) is required for all applicants. *You must provide the original or a certified official copy of your academic records (transcripts or diploma) from all previous secondary (high school) and colleges or universities attended. Original paper copies are required. E-mailed, scanned or photocopied academic records will not be accepted.* If testing was completed as proof of high school graduation, official results must be submitted to NHCC. Academic records must be in English or professionally translated (English and original version).
- _____ **6. Financial Documentation:** A student's sponsor(s) must submit a NHCC financial certificate (last page of this application packet) with original bank statements demonstrating \$21,409 in available funding. Bank statements cannot be more than three months old at time of submission.
Please see the next page for details about required documents of financial sponsorship.

Send all materials by postal mail to:
**North Hennepin Community College
International Admissions
7411 85th Avenue North
Brooklyn Park, MN 55445 USA**



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Proof of English Proficiency:

All international applicants must submit proof of English proficiency through one of the following ways. Proof of English proficiency is required of all applicants and is required before admission to NHCC.

For applicants outside or inside of the United States:

- TOEFL:** Score of 61 or higher with at least 12 on each section. NHCC's School Identification Number is **6498**. www.ets.org/toefl
- IELTS:** Score of 5.5 or higher with at least 4.5 on each section. www.ielts.org

Options only for applicants currently in the United States:

- ACCUPLACER:** The ACCUPLACER is NHCC's on-campus placement test. Applicants must score into EAP 0800 course levels or higher in each section. www.nhcc.edu/accuplacer
- English Composition Course Completion:** Completion of college-level English course at an accredited United States college or university with a grade of C or higher.
- ELS Language Center:** Completion of Intensive Level 109 at an ELS Center. www.els.edu
- Global Language Institute:** Completion of Mastering or Accelerated Level. www.gli.edu

Financial Documentation: *Sponsors must submit all financial documentation indicated below.*

Required of all sponsors:

- NHCC Financial Certificate:** Sponsors must complete, sign and have this form notarized to be considered official. It confirms the sponsor will fund the student's education.
- Certified Bank Statement:** Sponsors must submit a certified bank statement showing the amount they will provide in sponsorship. A combined total of \$21,409 is required for all applicants, regardless of their anticipated living arrangements. Bank statements must be **original**, less than three months old, and certified by a bank official as being original.

Strongly suggested for sponsors who are United States citizens or permanent residents

- Form I-134:** Sponsors who are U.S. citizens or permanent residents may complete an affidavit of support, found at www.uscis.gov/i-134, along with the documents listed above.

Immunization Record: *This form (page 6 of packet) is only required before registering for classes and is not considered in admissions decisions.*

If you have questions, e-mail admission@nhcc.edu or call 763-424-0724.



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PERSONAL DATA (Please print)

Name: Family/Surname/Last Name First Name Middle Name(s)

Date of birth (month/day/year): U.S. Social Security Number (if available):

Gender: Male Female Marital status: Single Married

City of birth: Country of birth: Country of citizenship:

U.S. Phone Number: (if available) Email Address:

What is your current immigration status in the U.S.?

- New F-1 Visa Applicant F-1 enrolled at a U.S. high school/university/language center F-1 Student Seeking Reinstatement Visa Type of seeking Change of Status to F-1

Do you currently live in MN? Yes No If yes, how long? (Year/Month)

Permanent Address in Home Country (foreign address is required):

Address City Province/Territory Country Postal Code

Address in the USA where you will live or are currently living (if known):

Address City State Zip Code

ADMISSIONS DATA

When do you plan to begin at NHCC? Fall Semester of Spring Semester of Year Year

Academic Program (Major): (Must list an associate degree. EAP and certificates do not qualify.)

What is your current educational intent? Earn Associates degree Earn Associates degree and transfer to other institution

Have you attended this college before: Yes No If yes, last date of attendance:

EDUCATIONAL DATA

High School Attended Country

Graduation month/year Have you attended any U.S. college or university? Yes No

List all colleges/universities/language centers previously attended below. Transcripts for all institutions must be submitted. Transcripts from outside the U.S. must be evaluated by a NACES approved evaluation service to be eligible for credit transfer.

Table with 2 columns for listing previously attended institutions.



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FAMILY DATA

Dependents (If Applicable): List dependent spouse and children who are seeking entry into the U.S on an F-2 visa. Attach additional paper if more space is needed.

_____ Name (Family/Surname, First)	_____ Date of Birth	_____ Country of Birth	_____ Relationship to Student
_____ Name (Family/Surname, First)	_____ Date of Birth	_____ Country of Birth	_____ Relationship to Student

EMERGENCY CONTACT

_____ Name (Family/Surname, First)	_____ Date of Birth	_____ Country of Residence
_____ Email Address	_____ Relationship to Student	_____ Phone Number (if in the U.S.)

CONFIDENTIAL INFORMATION

The following information is used for reporting and compliance purposes only. While providing this information is voluntary, it facilitates processes related to your enrollment.

Are you Hispanic or Latino? Yes No
(A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American or other Spanish culture, regardless of race)

Race and ethnic background - Please select all that apply:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North & South America)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent)
- Black or African American (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other)
- White (A person having origins in any of the ordinal peoples of Europe, the Middle East or North Africa)

Signature

By signing this application, I certify that the information I have provided on this application form and in all other admission application materials is complete, accurate and true to the best of my knowledge. I also certify that I have reviewed and agree to all of the terms listed on the F-1 Student Contract.

Applicant's Signature: _____ **Date:** _____

Access to Student Records

The college will not permit access to or the release of personally identifiable information contained in student educational records without the written consent of the student to any third party, except as authorized by the MGDPA and FERPA or other applicable law. A copy of the Release of Private Educational Data form is available in Student Services offices, academic areas, and at the college Information Center. A written consent is valid if it: 1) specifies the records that may be disclosed; 2) states the purpose of the disclosure; 3) identifies the person(s) to whom the disclosure may be made; and 4) is signed and dated by the student. If the release is for disclosure to an insurer or its representative, the release must also include an expiration date no later than one year from the original authorization, or two years for a life insurance application. If the student requests, the school shall provide him or her with a copy of the records released pursuant to the informed consent.



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F-1 Contract

Please read the following information, initial each line, and sign for agreement. By initialing and signing, you are taking responsibility for being aware of and complying with F-1 visa regulations while a student at NHCC.

1. **As an F-1 visa holder, you are required by the United States government to enroll in 12 or more credits every fall and spring semester.** 12 credits is minimum full-time enrollment. Summer semester is optional.

_____ **Applicant Initial Here**

2. **Before registering for classes (and annually each August) you will be required to purchase mandatory medical insurance through NHCC, which costs \$1,801 for the 2020-2021 academic year.** Insurance coverage from another policy will not waive this requirement. You will not be able to register for NHCC classes until insurance is paid in full. This cost is noted in the financial certificate that is part of this application packet.

_____ **Applicant Initial Here**

3. **You may not be employed off-campus without explicit permission from the United States government.** F-1 visa holders are prohibited from working outside of the school without first receiving employment authorization by the federal government. You are not eligible for this authorization during your first academic year as a student and cannot rely on approval as a funding source. You are eligible to find student worker employment on-campus at NHCC, but work opportunities are limited.

_____ **Applicant Initial Here**

4. **You are required to pay tuition each semester.** Currently, tuition and fees are \$191.53 per credit. 12 credits = \$2,298 per semester (fall and spring semester enrollment is required). Payment plans are available. Students must account for textbooks, supplies, and all living expenses in addition to tuition/fees.

_____ **Applicant Initial Here**

5. **You must maintain consistent communication with your International Student Advisor.** Inform your advisor when your address or phone number change and meet with your advisor regarding your academic program, employment status, and course selection. Your Advisors are your advocates and want you to succeed.

_____ **Applicant Initial Here**

I certify that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I have read and agree to follow the terms of the above contract. By signing below, I am also acknowledging that no false representation of information has knowingly been made by me or on my behalf.

Applicant's Signature

Date



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Immunization Record

Name: _____ Student ID or SSN: _____
Last First

Minnesota Law (M.S. 135A.14) requires that all student born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, mumps, and rubella, allowing for certain specified exemptions (see below). This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

Enter the dates of each of the vaccinations below. Your booster for diphtheria and tetanus must be within the last 10 years. Your vaccine for measles, mumps, and rubella must have been after 12 months of age.

Instructions	Immunization	Month/Year
Must be after 12 months of age	Measles (rubeola, red measles)	
	Mumps	
	Rubella (German Measles)	
Must be within the last 10 years	Diphtheria & Tetanus (TD)	

For the Student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota Law*

Student's signature: _____ **Date:** _____

Note: This information will be released to the Minnesota Dept. of Health. Copies of the record are not available from NHCC. Retain a copy for future use. Return form to Records and Registration Office.

Students wishing to file an exemption to and or all required immunization(s) must complete the following:

Medical Exemption: *The student named above does not have one or more of the required immunizations because she/he has (check all that apply):*

- A medical problem that precludes the _____ vaccine(s).
- Not been immunized because of a history of _____ disease.
- Laboratory evidence of immunity against _____.

Physician's signature: _____

Date: _____

Conscientious Exemption: *I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.*

Signature of student: _____ **Date:** _____

Subscribed and sworn before me on the _____ **day of** _____, **20** _____

Signature of notary: _____

