

VALENCIA

CENTER FOR | *Global Languages*

F - 1 STUDENT VISA APPLICATION PACKET

INFORMATION AND APPLICATION FORMS

INITIAL STATUS

TRANSFER IN

CHANGE OF STATUS

Intensive English Program (IEP) Mission

The mission of our IEP is to provide the highest quality English language programs to international students to meet their personal, academic, and professional goals while creating an environment that fosters cross-cultural understanding and appreciation.

Contact Information

If you need assistance throughout the application process, please contact us via phone, Skype, fax, email, or in person. You must submit your completed application packet to the Client Service Center at the address listed below:

Method	Center for Global Languages Contact Information
Office	Client Service Center
Phone	407-582-6688
Skype	valencia.enterprises.csc
Fax	407-582-6610
Email	ve_info@valenciacc.edu
URL	www.centerforgloballanguages.com
Address	2411 Sand Lake Road Orlando, Florida 32809

Steps to Register

- _____ (1) Review the program information at: www.centerforgloballanguages.org/iep
- _____ (2) Complete the Oral Evaluation by calling 407-582-6720, 407-582-6721, or 407-582-6722. For detailed instructions, visit: <http://www.centerforgloballanguages.com/OralEval.htm>
- _____ (3) Get your Oral Evaluation results by calling or emailing the Client Service Center, or get your results online at: <http://www.centerforgloballanguages.com/OralEvalResults.cfm>
- _____ (4) **All APPLICANTS:** Complete the following forms and gather the required documentation. Mail to the Client Service Center at least **30 days** prior to your start date. Please note that incomplete or inaccurate applications will not be processed:
 - Complete the **I-20 Request Form** (page 5).
 - If applicable:* Complete the **Dependent Information Form** (page 6). A separate I-20 will be issued for each person.
 - Complete the **Certification of Finances Form** (page 7).
 - Include an original bank letter on official bank letterhead. It must be in English and converted to U.S. dollars.
 - If applicable:* Submit the **Sponsor Funding Letter**, see page 8 for an example.
 - Read and sign the **F-1 Status Responsibility Form** (page 9).
 - If applicable:* Complete the **Authorization to Release Information to a Third Party Form** (page 10).
 - Include a copy of a clear picture page and issue/expiration page of Passport and visa (if applicable).
 - \$100 F-1 Application Fee** (must be paid by credit/debit card; if your visa is denied or you cancel the process, you will not be refunded).
 - \$200 Program Deposit** (must be paid by credit/debit card; applied towards tuition; 100% refundable).
 - Transfer-In F-1 students only:* **Transfer-In Form** (page 11) and if applicable, your current school's **Transfer-Out Form**.

Steps to Register (continued)

- _____ (5) Contact your embassy or consulate to arrange your visa appointment.
- _____ (6) You must complete the following forms before your embassy or consulate appointment; DS-156; DS-157 and DS-158. The forms can be found at: <http://www.state.gov/travel/>
- _____ (7) Valencia will process your application. If all your documents are complete, you will be issued your I-20 (please allow 7-10 business days for I-20 processing). If you want expedited shipping, you must include a credit card number and expiration date in the "Credit Card Information Section" and sign the "Shipping Agreement" section of the **I-20 Request Form** so that we can charge it to your credit card.
- _____ (8) Receive your **I-20 Form**, **acceptance letter**, **Enrollment Confirmation**, and your **F-1 Prearrival Packet**. Please read through this carefully as it contains important information on what to expect at your visa appointment.
- _____ (9) Pay the SEVIS fee online at: <https://www.fmjfee.com/i901fee/> (except for transfer-in students).
- _____ (10) After your visa has been approved, contact the Client Service Center to pay your program balance. This must be done at least **21 days** prior to your course start date, otherwise you may not be able to begin classes on time.
- _____ (11) Purchase your health insurance at: www.insuranceforstudents.com (click on Intensive English). The insurance coverage must be for the duration of your program. If you extend your program, you must also extend your insurance coverage period. Coverage includes:
- At least \$50,000 person per accident/illness
 - \$7,500 for repatriation coverage
 - \$10,000 for medical evacuation coverage
 - A deductible not to exceed \$500 per accident/illness
- _____ (12) Make your housing and transportation arrangements in Orlando, Florida.

In addition, use this checklist if you are applying for a "Change of Status" (i.e. B tourist visa to F-1 student visa).

- _____ (1) Submit one copy (front and back) of your current **I-94 Form** to the Client Service Center.
- _____ (2) Submit one copy (front and back) of a completed **Form I-539** which you can get at: <http://uscis.gov/graphics/formsfee/forms/i-539.htm> to the Client Service Center.
- _____ (3) Complete the following and mail to USCIS TSC at least 30 days prior to visa expiration:
- A clear copy of your **passport** identification pages and visa stamp.
 - One copy (front and back) of your current **I-94 Form**.
 - Copies of current **visa document** and Notices of Action (if applicable) and any other documents validating current legal status.
 - Proof of financial support** on original or notarized bank statement/letter for the duration of your I-20.
 - Letter from financial sponsor** (if the funds are not from the student's account).
 - Original I-20 Form** issued by current school DSO.
 - Center for Global Language's **acceptance letter**.
 - OPTIONAL**: A brief letter about the purpose of your change of status and ties to your home country.
 - Check/Money Order/Bank Check to USCIS for **\$300** (with SEVIS ID number on the check in the memo field). Mail to:

USCIS Vermont Service Center
75 Lower Weldoan St.
St. Albans, VT 05479

Before Starting Class

- _____ Purchase your course textbooks at Borders, which is located at 1051 West Sand Lake Road, Orlando, FL 32809.
- _____ Arrive at the Sand Lake Center by 8:00 a.m. on your first day of class.
- _____ Submit your proof of health insurance to the Client Service Center.
- _____ Attend the mandatory *New Student Orientation* at 1:00 p.m. on the first day of your program.

Please Note

- Students can register for a course before visa approval, but it will not count toward the 10-week program.
- Classroom space is not guaranteed without program payment or adherence to deadline dates (see website).
- Students must be 18 years or older to apply. Students under 18 must have parental permission to register. The minimum age for the Intensive English Program is 16 years old. Students 15 and under may attend our *Orlando Language Camp for Kids*.
- **Cancellation Policy**: If you cancel more than five business days prior to the start date, you will be eligible for a full refund of your prepaid tuition, minus a \$100 nonrefundable cancellation fee. There are NO refunds after class starts unless there is a family or national emergency. In that case, a prorated refund on tuition will apply. If your visa is denied, this refund policy still applies.
- Space is not guaranteed for registrations received less than one week prior to any course start date.

Date Received (MM/DD/YYYY): _____ CSC Consultant: _____

Issue Type:

- Initial Attendance
- Change of Status
- Transfer-In

Language Level (see the checklist for instructions on completing the oral evaluation):

- | | | |
|---|---|---|
| <input type="checkbox"/> Level 1: Low Beginner | <input type="checkbox"/> Level 4: Low Intermediate | <input type="checkbox"/> Level 7: Low Advanced |
| <input type="checkbox"/> Level 2: Mid Beginner | <input type="checkbox"/> Level 5: Mid Intermediate | <input type="checkbox"/> Level 8: Mid Advanced |
| <input type="checkbox"/> Level 3: High Beginner | <input type="checkbox"/> Level 6: High Intermediate | <input type="checkbox"/> Level 9: High Advanced |

Applicant Information: *Please print your name as it appears on your passport.*

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____

Foreign Contact Information:

Phone Number: _____
 Email Address: _____
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____

U.S. Contact Information:

Phone Number: _____
 Email Address: _____
 Address Line 1: _____
 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State/Province: _____

Program Information (enter an official program start and end date below):

Start Date: _____ End Date: _____

For program start dates and end dates please visit our website at: <http://www.centerforgloballanguages.com/iep/dates.htm>

Program Holiday Breaks: Dec 11- Jan 9 (2010); May 24 -31 (2010); Sept 6 -10 (2010); Nov 22-27 (2010); Dec 10 – Jan 8 (2011)

Credit Card Information:

- Visa MasterCard Discover AMEX

Name as it appears on card: _____

Number: _____

Expiration Date: _____ (MM/DD/YYYY)

CCV #: _____ (3 or 4 numbers)

Amount to Charge: \$ _____

- I agree that the amount above should be charged to my card.

Signature: _____

Date: _____

Shipping Agreement:

Shipping costs includes taxes and duties and will be charged directly by the carrier.

- I do not want expedited shipping. I understand that Valencia will mail my I-20 by regular mail service.
- Yes!** I want expedited shipping and I agree to pay all shipping expenses to be charged to the credit card number given in the Credit Card Information section. Should this credit card be declined, I understand that it is my responsibility to provide the college with another credit card and that this might delay the shipping process.

Signature: _____

Date: _____

If any of your family members (spouse and/or children) will be accompanying you to the United States and will require a F-2 dependent status, please complete the following information. A separate I-20 will be issued for each dependent. For students with dependents proof of financial support is required and is estimated at \$200 per week, per dependent.

Dependent 1:

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____
 Relationship to F-1 Student: Spouse Child
 Have you been on F-1 status before? Yes No If yes, when: _____ For how long?: _____

Dependent 2:

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____
 Relationship to F-1 Student: Spouse Child
 Have you been on F-1 status before? Yes No If yes, when: _____ For how long?: _____

Dependent 3:

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____
 Relationship to F-1 Student: Spouse Child
 Have you been on F-1 status before? Yes No If yes, when: _____ For how long?: _____

Dependent 4:

Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 Country of Birth: _____ City of Birth: _____
 Country of Citizenship: _____ Country of Permanent Residency: _____
 Relationship to F-1 Student: Spouse Child
 Have you been on F-1 status before? Yes No If yes, when: _____ For how long?: _____

This confidential financial certification form MUST be completed before the I-20 will be issued. Supporting financial documents must be originals. If you have any questions about completing this form, contact the Client Service Center at 407-582-6688.

Family Name: _____ First Name: _____ Middle Name: _____

Phone: _____ Email Address: _____

The following is an estimate of expenses for an F-1 student for each 10-week program:

Expense Item	Student Non-Degree Program
Application fee	\$ 100
I-901 SEVIS fee	\$ 200
Tuition fee (minimum; add \$400 for each 2-week period)	\$ 2,000
Books and supplies	\$ 200
Injury and Sickness Insurance (price various by age; see below)	\$ 350
Living expenses (lodging, utilities, food, transportation, etc.)	\$ 2,000
Social and cultural activities	\$ 150
Total	\$ 5,000

Injury and Sickness Insurance	Cost for Every 10 Weeks*
Age 23 & Under	\$ 150
Age 24 to 30	\$ 190
31 and Older	\$ 350

PLEASE NOTE:

- Additional family members, such as a spouse and/or child, will require certification of additional funds in the amount of \$2000 per person.
- *Prices are subject to change at the discretion of our partner, *Insurance for Students*.
- If you are a student from Venezuela and intend on getting the funds through CADIVI, please contact the Client Service Center after visa approval.

Financial Support in U.S. Dollars:

Please enclose a signed copy of the Sponsor/ Government Funding Letter if someone other than the student is paying for these expenses.

1. Personal Savings Amount: \$ _____

2. Sponsor(s) Funds Amount: \$ _____

Print Sponsor(s) Name: _____

Sponsor(s) Signature: _____

Sponsor(s) Address: _____

3. F-1 Students' Government/Other Organizational Sponsorship Funds Amount: \$ _____

Print Name of Agency: _____

TOTAL: \$ _____

To be prepared by the sponsor.

Date: ***Date Sponsor Letter Prepared***

To: Client Service Center
Valencia Enterprises
Orlando, Florida

From: ***Your Name and Title***
Your Organization's Name
Your Organization's Address
Your Organization's Phone and Email

Subject: Funding for ***F-1 Participant's Name***

Please note that I, ***Your Name***, do hereby affirm that I will provide financial support for the participant listed above from ***Program Start Date*** through ***Program End Date*** in the amount of ***\$Amount*** U.S. dollars. These funds will pay for the fees described in the ***Certification of Finances Form***.

Your Signature

Your Printed Name

All F-1 students are responsible for learning, understanding, and complying with United States federal laws and regulations governing the F student visa. Failure to do so will violate your legal status in the U.S. Please read the information below. Then sign and date the form and submit it with your registration packet. Be sure that you understand all the information.

INTERNATIONAL STUDENT AGREEMENT

I, _____, understand that if I am enrolled at the Center for Global Languages as an F-1 student, I agree to maintain my F-1 student status and follow all U.S. immigration service (INS) regulations during my studies. This includes but is not limited to the following:

- Attending a minimum of 18 program hours per week which consists of 16 classroom hours and 2 additional hours either in the Cyber Language lab, ESL Workshop, or in a scheduled activity) for every week of the program.
- Maintaining a valid passport and all related documents.
- Having adequate funds to meet all expenses during the program.
- Carrying medical insurance that meets Valencia's coverage requirements (go to www.insuranceforstudents.com).
- Adhering to all college policies regarding student conduct and academic procedures.
- Not working on or off-campus without special authorization from the DSO.
- Reporting any address change for me or my dependents within 10 days of the change to the DSO.

I understand that failure to comply with any of the above requirements may result in termination of my F-1 visa status. I also understand that if I decide to extend my F-1 visa, I must inform the Client Service Center at least 21 days PRIOR to my current I-20 expiration date. Program extensions cannot be granted AFTER the expiration of the current I-20. I also understand that if I register less than one week prior to any course start date, my space is not guaranteed and it may cause me to be out of status.

I authorize the release of medical information for treatment purposes and give permission to a medical facility to examine me in case of illness or injury. With my signature below, I certify that all information is complete and accurate. I have read and understand the cancellation policy (see page 4). I also understand that submitting an application to the Center for Global Languages does not guarantee admission to Valencia Community College.

I understand that approximately 30 days prior to my program end date, I must meet with my DSO to discuss my future plans. I understand that I have three options, outlined below:

1. **Program Completion:** You have 60 days after your program completion and then you must leave the country. It is the completion of your coursework at the Center for Global Languages that determines when the course of study ends and the 60-day grace period begins, NOT the end date on the I-20.
2. **Program Extension:** You can remain in the U.S. as a full-time student up to the end date on your I-20. To extend your program, fill out the *Program Extension Form* and submit an updated original bank statement (if more than 5 months old) to the DSO 21 days before your program end date.
3. **Transfer Out:** You must complete at least one 10-week program before transferring out to another school. Follow the instructions on the *Transfer Out Form* and submit it to the DSO no later than 60 days after your program end date, NOT the end date of the I-20.

OTHER IMPORTANT INFORMATION

- **Reinstatement:** You have 60 days after the completion of your classes to either leave the country, extend your program, or transfer out to another institution. If you do not submit your paperwork by the end of the 60 days, you will have to apply for a reinstatement. See the *Reinstatement Form* for instructions.
- **Temporary Leave of the Country:** You can depart the U.S. for a temporary absence of up to 5 months for either medical or academic reasons. You must see the DSO if you plan on leaving and returning.
- **Stop Studying:** If you decide to stop studying before the end date of your I-20, you must see the DSO and you will have 15 days to depart the U.S. Students who decide not to continue their program without seeing the DSO must depart the U.S. immediately. Students are allowed to take up to a one month vacation from course work only after they have completed at least 10 months of continued study.
- **Dependent Requirements:** F-2 dependents may not enroll in a full course of study, but may enroll part-time in courses that are vocational or recreational. F-2 dependent children are allowed to attend elementary and secondary school on a full-time basis. F-2 dependents who are currently enrolled full-time must submit a change of status to F-1. F-2 dependents are not permitted to work.

I have read and understand this information, and I accept full responsibility for maintaining my status as an international student during the duration of my studies.

Participant's Name _____

Signature _____

Date _____

This form should be used for identifying and authorizing any individuals who will be submitting or picking up documents on your behalf. Your signature below is required.

PARTICIPANT'S INFORMATION:

Student's Name: _____ Phone Number 1: _____

Email Address: _____ Phone Number 2: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____ Country: _____

In accordance with Valencia Community College policies and procedures, as well as state and federal law (FS §228.093, §20 U.S.C.A. 1232g), I, _____, freely and voluntarily consent to the release of information from my educational record. In giving permission to Valencia Community College to make such disclosure(s):

Period of time during which consent shall be valid: From: _____ To: _____

Purpose/Type of disclosure:

- Pick up my I-20
- Assist in processing my admission application packet
- Provide my oral evaluation results
- Other: _____

Disclosure information to be given to (photo ID required for pick up):

Name: _____ Phone Number 1: _____

Email Address: _____ Phone Number 2: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____ Country: _____

Student's Signature: _____ Date: _____

To be eligible to transfer, you MUST have maintained F-1 status at your previous institution. VCC requires you and the Designated School Official (DSO) at your institution to complete this form and to submit it to the Client Service Center before an I-20 can be issued. IMPORTANT: Students transferring in MUST begin classes on the next start date. If you will be traveling outside of the U.S. during the time of your I-20 release date, please contact the Client Service Center listed on page 2 of this packet.

Applicant Information:

Current Visa Type: F-1 Program Start Date: _____
 Family Name: _____ First Name: _____ Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
 I-94#: _____ SEVIS#: _____

Required Original Documents:

All previously issued immigration documents must be presented in their original form to the DSO:

I-20s DS-2019s Visas I-94 Passport

Current School Information:

Please have the institution's advisor complete the following information and sign the form.

1. Indicate dates Exchange Visitor was in F-1 Status: From (month/year): _____ / _____ To (month/year): _____ / _____
2. Has this student maintained their non-immigrant status throughout the duration of their program? Yes No
If no, please explain: _____
3. Has this student experienced financial difficulties? Yes No
If yes, please explain: _____
4. Has this student been granted practical or academic training? Yes No
If yes, please describe type and dates of participation: _____
5. Do you operate on semester or quarter hours? Yes No
6. What is the anticipated date of release in SEVIS? _____
7. Additional comments:

DSO Complete Name: _____ Title: _____

Institution: _____ Phone: _____

Email Address: _____

Signature: _____ Date: _____

NOTE to DSO: Please complete the transfer-out process within the 60-day grace period. If a student is transferred in before CGL receives his/her application and deposit, he or she will be transferred back to the original institution. **Our school appears in SEVIS as Valencia Community College, Center for Global Languages.**