

# VALENCIA

## COMMUNITY COLLEGE

Accredited by the Southern Association of Colleges and Schools

# Intensive English Program Application

Accredited by the Commission of English Language Program Accreditation

**ORLANDO, FLORIDA, U.S.A.**

**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, contact information 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@valenciacollege.edu
URL	www.valenciacollege.edu/international
Address	2411 Sand Lake Road Orlando, Florida 32809

### Steps to Register

- \_\_\_\_\_ (1) Review the program information at: [www.valenciacollege.edu/iep](http://www.valenciacollege.edu/iep).
- \_\_\_\_\_ (2) **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) and include a clear copy of each dependent's passport. A separate I-20 will be issued for each person.
  - Complete the **Certification of Finances Form** (page 7).
  - Include a bank letter on an official bank letterhead. It must be in English and converted to U.S. dollars.
  - If applicable:* Have your sponsor complete and sign the **Sponsor Letter Form** (page 8).
  - 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 for you and visa (if applicable).
  - \$50 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).
    - Note:** Transfer In students that have been accepted to the program must pay the full tuition balance.
  - Transfer-In F-1 students only:* **Transfer-In Form** (page 11) and if applicable, your current school's **Transfer-Out Form**.
- \_\_\_\_\_ (3) Valencia will process your application. If all your documents are complete, you will be issued your I-20 (please allow 5-7 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.

### Steps to Register (continued)

- \_\_\_\_\_ (4) Receive your **I-20 Form**, **acceptance letter**, **Deposit Receipt**, and your **F-1 Pre-arrival Packet**. Please read through this carefully as it contains important information on what to expect at your visa appointment.
- \_\_\_\_\_ (5) Contact your embassy or consulate to arrange your visa appointment.
- \_\_\_\_\_ (6) You must complete the following application before your embassy or consulate appointment; DS-160. The application can be found at: <http://www.state.gov/travel/>.
- \_\_\_\_\_ (7) Before your embassy or consulate appointment you must pay the SEVIS fee online at: <https://www.fmjfee.com/i901fee/> (except for transfer-in students).
- \_\_\_\_\_ (8) After your visa has been approved, 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>.
- \_\_\_\_\_ (9) Contact the Client Service Center to get your Oral Evaluation results and 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.
- \_\_\_\_\_ (10) Purchase your Student Injury and Sickness Insurance Plan at: [www.insuranceforstudents.com](http://www.insuranceforstudents.com) (click on Intensive English). The insurance coverage must be purchased for a minimum of 6 months. **No other insurance will be accepted.**
- \_\_\_\_\_ (11) 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**.
- \_\_\_\_\_ (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>.
- \_\_\_\_\_ (3) Complete the following and mail to USCIS at least 30 days prior to I-94 expiration (**NOTE:** All documents must be in English):
  - 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.
  - Your **acceptance letter** to the Intensive English Program at Valencia.
  - 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 **\$290** (with SEVIS ID number on the check in the memo field).
  - Mail to:** USCIS Vermont Service Center, 75 Lower Weldon St., St. Albans, VT 05479

**Before Starting Class**

- \_\_\_\_\_ Purchase your course textbooks at Barnes & Noble: 9358 S. Orange Blossom Trail, 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 change of status is approved, 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).
- The minimum age for the Intensive English Program is 15 years old. Students under 18 must have parental permission to register.
- **Cancellation/Refund Policy:** If you cancel more than five business days prior to the initial 10-week session, you will be eligible for a full refund of your prepaid tuition, *minus a \$100 nonrefundable cancellation fee*. There are NO refunds after the initial 10-week session starts unless there is a family or national emergency. In that case, a prorated refund on tuition may apply. If your visa is denied, this refund policy still applies.
- All Venezuelan students will receive a CADIVI letter with their I-20. Before the letter issued all students must sign a nonrefundable agreement.

**For Office Use Only:** Date Received (MM/DD/YYYY): \_\_\_\_\_ CSC Consultant (initials): \_\_\_\_\_

Issue Type:  Initial Attendance  Transfer-In  Change of Status

**Applicant Information: Please print your name as it appears on your passport in all capital letters.**

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number (include country and city code): \_\_\_\_\_

**Foreign Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**U.S. Address (if available):**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**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>

**Holiday Breaks:** Nov 22 – 27 (2010); Dec 10 – Jan 8 (2011); Mar 7 – 11 (2011); May 23 – 30 (2011); Sept 5 – 9 (2011); Dec 9 – Jan 8 (2012)

**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 include 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. For students with dependents proof of financial support is required and is estimated at \$250 per week, per dependent. Also, a copy of passport is needed for each additional dependent. A separate I-20 will be issued for each 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.**

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

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

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

Description	Fee
Application fee	\$ 50
I-901 SEVIS fee	\$ 180
Tuition fee (minimum; add \$400 for each 2-week period)	\$ 2,000
Books and supplies	\$ 150
Injury and Sickness Insurance (price various by age; see below)	See chart below
Living expenses (lodging, utilities, food, transportation, etc.)	\$ 2,500
<b>Total Financial Requirement</b>	<b>\$5 ,000</b>

*Injury and Sickness Insurance	6 months
Age 23 & Under	\$ 432
Age 24 to 30	\$ 528
31 and Older	\$ 960

**PLEASE NOTE:**

- Additional family members, such as a spouse and/or child, will require certification of additional funds in the amount of \$2500 per person.
- \*Prices are subject to change at the discretion of our partner, *Insurance for Students*.

**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. Student's Personal Checking/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 (from all resources):** \$ \_\_\_\_\_

*To be completed by the sponsor. In addition to completing this form, please submit an original bank letter/statement showing the minimum amount of \$5,000 on an official bank letterhead, not more than 30 days old. It must be in English and converted to current U.S. dollars. NOTE: No investment or credit card accounts will be considered.*

Date: \_\_\_\_\_  
Month / Date / Year

Relationship to Student (please circle one): Parent / Relative / Friend / Sponsoring Agency / Other: \_\_\_\_\_

**Address/Contact Information:**

**Parent/Relative/Friend**

Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Address Line 3: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Sponsoring Agency (if applicable)**

Contact Name: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Subject: Funding for \_\_\_\_\_  
(Name of Student)

Please note that I, \_\_\_\_\_ do hereby affirm that I will provide financial support for the participant  
(Your Name)

listed above from \_\_\_\_\_ through \_\_\_\_\_ in the amount of \_\_\_\_\_.  
(Program Start Date) (Program End Date) (U.S. Dollars)

These funds will pay for the fees described in the Certification of Finances Form. Enclosed is a bank letter or bank statement from my financial institution.

\_\_\_\_\_  
Your Printed Name

\_\_\_\_\_  
Your Signature

**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.**

### INTERNATIONAL STUDENT AGREEMENT

I, \_\_\_\_\_, understand that if I am enrolled at the Intensive English Program at Valencia 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](http://www.insuranceforstudents.com)).
- Adhering to all college policies regarding student conduct and academic procedures.
- Must maintain a grade of **C or higher** in each session in order to continue in the program. If not, I will be placed on academic probation by the advisor.
- 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 official bank statement (if more than 5 months old) and proof of insurance 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. If you transfer out before the end of your 10-week program, you will not receive a refund.

### 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. VALENCIA 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 acceptance letter 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 Anticipated Program Start Date: \_\_\_\_\_  
Family Name: \_\_\_\_\_ First, Middle Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female  
I-94#: \_\_\_\_\_ SEVIS#: \_\_\_\_\_

**Current School Information:** *Institution's advisor please complete the following information and sign the form. This form is to assess the student's eligibility for our program. The student should not be released until an acceptance letter is issued by Valencia.*

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 no, please explain \_\_\_\_\_
4. Has this student been granted vacation time while at your institution?  Yes  No If so, how long? \_\_\_\_\_
5. While attending your school, has the student maintained good academic standing?  Yes  No  
If no, please explain: \_\_\_\_\_
6. Has this student been granted practical or academic training?  Yes  No  
If yes, please describe type and dates of participation: \_\_\_\_\_
7. What is the last date of attendance? \_\_\_\_\_ What is the anticipated date of release in SEVIS? \_\_\_\_\_
8. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DSO Complete Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE to DSO:** If a student is transferred to our school before his/her application and deposit is received, he or she will be transferred back to the original institution. ***Our school appears in SEVIS as Valencia Community College, Center for Global Languages.***