

## **INTERNATIONAL STUDENT ADMISSION**

**(from Southeast Arkansas College Catalog)**

An applicant from a foreign country must meet all requirements for general admission to SEARK College in addition to those required by federal law. No action will be taken regarding admission until all official credentials have been received. All material submitted for admission must be the original or a certified copy of the original document and must be translated into the English language.

Admission requirements for foreign students:

1. Submit all required documentation to the Admissions Office by June 1 for the Fall semester, November 1 for the Spring semester, and March 1 for the Summer Terms.
2. Complete SEARK College Application for Admission.
3. Submit all official academic records (secondary schools, college, or university) translated into the English language.
4. Submit ACT scores.
5. Submit proof of immunization against measles and rubella (two doses of measles and one dose of rubella).
6. Submit proof of English proficiency: Applicants whose native language is not English are required to take the Test of English as a Foreign Language (TOEFL) and achieve a score of at least 500.
7. Submit proof of financial support: All international students must provide certified proof that the students is financially capable of meeting academic and living expenses in this country.
8. Submit proof of insurance: All international students must provide certified evidence of health and accident insurance.
9. Submit an International Student Application fee in the amount of \$100.00. Such fee is non-refundable.

International students transferring to Southeast Arkansas College from a college or university in the United States must be in good academic standing and provide proof that Immigration and Naturalization Services transfer requirements have been met.

# Southeast Arkansas College *International Office*

Name _____			Today's Date _____	
Family Name	First Name	Middle Name		
Seark Student ID Number _____		U.S.A. Social Security Number _____		
Local Address in Pine Bluff or local area:				
Number	Street	City	State	Zip
Local Phone Number _____		E-Mail Address _____		
Address in Home Country _____				
Date of Birth _____ Country of Birth _____ Native Language _____				
_____ Male _____ Female		Marital Status _____ Single _____ Married		
_____ Degree Candidate		Completion Date _____	Major Field: _____	
_____ IEP Student		Completion Date _____	Current Degree Program _____	

**To be completed by Married Students only:**

Spouse's Family Name _____		Given Name _____		
Does Spouse live in the Pine Bluff or the local area? <input type="checkbox"/> yes <input type="checkbox"/> no				
Number	Street	City	State	Zip
Spouse's Nationality _____		Phone Number _____		
Children? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, do they live in the Pine Bluff Area? <input type="checkbox"/> yes <input type="checkbox"/> no		
Child(ren)'s name(s) _____		age: _____		
_____		age: _____		

Former Student Information: If any members of your family have attended Southeast Arkansas College, please provide the following information

Name _____	Relationship _____			
Address: _____				
Number	Street	City	Zip	Phone Number
What years did the family member attend Seark? _____				

Relative or Friend in the USA: Name _____				
Number	Street	City	Zip	Phone number
Contact in case of Emergency? <input type="checkbox"/> yes <input type="checkbox"/> no				

Parents (or closest Relative): Name \_\_\_\_\_

Number	Street	City	Zip	Phone number
Contact is case of an emergency? _____yes		_____ no		

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by (Country) \_\_\_\_\_ Date of Issue \_\_\_\_\_

Country of Residence \_\_\_\_\_ Country of Citizenship (If different) \_\_\_\_\_

**VISA/Entry Information (All Students)**

Visa Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Place of Issue \_\_\_\_\_

Visa Type \_\_\_ F-1 \_\_\_ J-1 \_\_\_ Other

Date & Port of Entry into USA \_\_\_\_\_

Current Non-Immigration Status \_\_\_\_\_

Arrival at Pine Buff: \_\_\_ Directly from Home Country \_\_\_ Transfer from other U.S. College or University \_\_\_ Other

**F-1 & J-1 Visa Holders**

I94 Admission Number \_\_\_\_\_ Program Completion Date \_\_\_\_\_  
Item 5 on I20, Item 3 on IAP-66

J-1 students only: \_\_\_\_\_  
 Agency Issuing AIP-66 (item 2 on AIP-66) \_\_\_\_\_ Program Number \_\_\_\_\_

Insurance Statement: I understand Southeast Arkansas College has a mandatory health insurance requirement for all international students. I further understand I must purchase this insurance by the first day of each semester. I authorize the International office to release my name, birth date, current address, and student ID/Social Security number to the insurance provider.

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

Release Statement: The Southeast Arkansas College International Office has my permission to release information from my academic record to: Authorized representatives of my sponsor and/or the U.S. Immigration and Naturalization Service.

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

**For International Office Use Only**

<p>___ Orientation Advising Given</p> <p>___ Passport &amp; Imm. Docs. Copied/transferred Proc.</p> <p>___ Explained using 1-20/IAP-66 for Travel</p> <p>___ Remind F-1/J1 of Full-time Enrollment Requirement</p> <p>___ Permanent Record Complete Release Signed</p> <p>___ Work Authorization explained</p> <p>___ Insurance Statement signed</p> <p>___ Tax Form Completed</p> <p>___ Special Program</p>	<p>Comments:</p>
<p>_____          ISO Signature</p>	<p>_____          Date</p>

Please return the completed form above to:

**Barbara Dunn**  
**Director of Admissions**  
**Southeast Arkansas College**  
**1900 Hazel Street**  
**Pine Bluff, Arkansas 71603**  
**(870) 543-5957**  
**(870) 543-5956 fax**