SAN DIEGO MESA COLLEGE

**International Student Program**
**Application Checklist**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

To complete your International Student application, please submit all required documents together in one single PDF file. You may send your completed application by email to SDMesaIS@sdccd.edu or submit it in person at the International Student Program office. Please note that only complete applications will be reviewed, and they are processed in the order received. The final deadline for Spring 2027 applications is **November 1, 2026.** After the deadline, please allow up to five weeks for the International Student Admissions team to review your application before contacting us for a status update. Submitting a complete application by the deadline will help avoid delays in processing.

***BEFORE E-MAILING YOUR APPLICATION, CONFIRM YOUR SUBMISSION IS COMPLETE BY REVIEWING THE FOLLOWING CHECKLIST (We recommend printing out this page and checking off the list to ensure application completeness.):***

- ☐ International Student Application Form (2 pages w/passport photo attached)
- ☐ Personal Academic Statement
- ☐ Financial Statement (Supplemental documentation submitted must be dated within the past 90 days)
- ☐ Health Examination Report (Official form must be completed within 6 months of application submission)
- ☐ Transfer Clearance Form (Completed by current International Student Advisor/DSO)

**IN ADDITION TO THE APPLICATION PACKET ABOVE, INCLUDE THE FOLLOWING SUPPLEMENTAL DOCUMENTATION:**

- ☐ Copy of biographical passport page
- ☐ Copy of F-1 visa **OR** Copy of F-1 visa Change of Status Notice of Action approval letter (For transfer or Change Of Status applicants only)
- ☐ Copy of most recent I-94 (If currently in the US)
- ☐ Copy of official English Test Scores from approved list of submissions. You can find that list by visiting our web page **https://www.sdmesa.edu/student-support/international-students/index.shtml**
- ☐ Copy of official high school transcripts showing proof of graduation; must be officially translated to English if in another language
- ☐ Copy of official U.S. college or university transcripts along (If Applicable)
- ☐ Comprehensive evaluation of foreign college or university transcripts (If Applicable)

☐ I have reviewed my internationalstudent application in its entirety, confirm that my application submission is complete and am ready to email my application in a single PDF file to SDMesaIS@sdccd.edu or submit it in person to San Diego Mesa College International Admissions office.

☐ I understand that only admitted students will be issued a Form I-20 and acknowledge that incomplete applications are subject to denial.

☐ If accepted, I understand that my class schedule for my first semester will be curated and set by the International Student Advisor based off of my academic plan and submitted transcripts.

☐ If accepted, **I will attend the in-person 4-day mandatory orientation from January 11th - January 14th**. I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and revocation of my admission.

** Recently F-1 visa rules and regulations have been updated which have impacted F-1 visa processes for both initial and transfer applicants. If you are a transfer applicant we recommend speaking with your current DSO to ensure a smooth transfer process if accepted. If you are an initial visa applicant we recommend seeking guidance from resources provided by the US consulate in your country or checking USCIS resource material. You can find more information by visiting* ***https://studyinthestates.dhs.gov/***

ATTACH PASSPORT SIZED PHOTO

SAN DIEGO MESA COLLEGE

**International Student Program**
**Student Application**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

**PLEASE WRITE PREFERRED NAME BELOW:**

_____
PREFERRED NAME

*TYPE OR PRINT IN BULE OR BLACK INK ONLY* ☐ FALL SEMESTER ☐ SPRING SEMESTER _____
YEAR

**NAME IN FULL (AS IT APPEARS ON PASSPORT):**

_____ SURNAME/PRIMARY/LAST NAME _____ GIVEN/FIRST NAME _____ MIDDLE NAME

**CURRENT U.S. CONTACT INFORMATION (IF AVAILABLE):**

_____ STREET NUMBER _____ STREET NAME _____ CITY

_____ STATE _____ ZIP CODE UNITED STATES COUNTRY U.S PHONE NO.: (____)_____ AREA CODE + NUMBER

**EMAIL ADDRESS:** _____

**ENGLISH PROFICIENCY:** WHAT IS YOUR LANGUAGE OF INSTRUCTION? ☐ ENGLISH ☐ IF NOT ENGLISH, PROVIDE THE SCORE/ GRADE FOR ONE OF THE FOLLOWING: ☐ TOEFL ☐ IELTS ☐ DUOLINGO ☐ U.S. ENGLISH COMPOSITION COURSE

***IMPORTANT: IF YOU SELECT ENGLISH AS THE LANGUAGE OF INSTRUCTION, IT MUST HAVE BEEN THE PRIMARY LANGUAGE USED THROUGHOUT YOUR ENTIRE HIGH SCHOOL EDUCATION --- NOT JUST FOR ONE OR TWO CLASSES.***

SCORE/GRADE DATE COMPLETED

**EDUCATIONAL GOAL/MAJOR:**_____

☐ ASSOCIATE DEGREE ☐ ASSOCIATE DEGREE & TRANSFER FOR BACHELOR'S DEGREE* ☐ TRANSFER ONLY FOR BACHELOR'S DEGREE*

*IF YOU PLAN TO TRANSFER TO ANOTHER COLLEGE AFTER SAN DIEGO MESA COLLEGE, PLEASE INDICATE THE COLLEGES/UNIVERSITIES YOU ARE CONSIDERING FOR:

_____

**BIOGRAPHICAL INFORMATION**

DATE OF BIRTH: _____ CITY OF BIRTH: _____ COUNTRY OF BIRTH:_____
MONTH/DATE/YEAR

COUNTRY OF CITIZENSHIP: _____ GENDER: ☐ FEMALE ☐ MALE

PASSPORT NUMBER: _____ HOME COUNTRY PHONE: _____
COUNTRY CODE + NUMBER

COMPLETE HOME COUNTRY ADDRESS: _____ _____ _____
STREET NUMBER STREET NAME CITY

_____ _____ _____
PROVINCE/TERRITORY/STATE POSTAL/ZIP CODE COUNTRY

MARITAL STATUS: ☐ SINGLE
☐ MARRIED *COMPLETE BELOW AND SEE ADDITIONAL REQUIREMENTS ON THE FINANCIAL STATEMENT FORM

*IF ANY DEPENDENTS WILL BE TRAVELING WITH YOU TO THE UNITED STATES, YOU MUST ATTACH A COPY OF THEIR PASSPORT(S). PLEASE LIST THEIR NAME, RELATIONSHIP (SPOUSE OR CHILD), COUNTRY OF BIRTH AND COUNTRY OF CITIZENSHIP HERE:

_____

**HOW WILL YOU BE OBTAINING YOUR F-1 VISA?**

- ☐ Transfer SEVIS record from current school (F-1 Visa already in possession)
- ☐ Obtaining initial F-1 visa abroad at a U.S. consulate in my home country
- ☐ Changing visa status through USCIS in the U.S.
- ☐ Other. Please specify: _____

**THE QUESTIONS BELOW ONLY APPLY IF YOU ARE CURRENTLY IN THE U.S.**

DATE OF LAST U.S. ENTRY: _____ VISA STATUS (B,E1, E2, F1, F2, J, ETC.,): _____ I-94 EXPIRATION DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

## PREVIOUS SCHOOLS AND COLLEGES ATTENDED

List all secondary/high schools and colleges attended and all diplomas or certificates earned at these schools. Do not list schools attended prior to high school. Failure to disclose any educational history may lead to disqualification of your application.

**REQUIRED: OFFICIAL TRANSCRIPTS WITH ENGLISH TRANSLATION FROM HIGH SCHOOL AND ALL COLLEGE/UNIVERSITIES ATTENDED**
**College transcripts must be included, if college classes were taken while attending high school.*

| GRADES OR LEVELS | ATTENDANCE DATES *FROM* Month/ Year | ATTENDANCE DATES *TO* Month/Year | NAME OF SCHOOL AND COUNTRY | TYPE OF DIPLOMA, DEGREE, CERTIFICATE EARNED | GRADES EARNED OR GPA |
|---|---|---|---|---|---|
| ***HIGH SCHOOL**<br>☐ TRANSCRIPT INCLUDED | *FROM*<br>/<br>CURRENTLY ATTENDING?<br>☐ YES ☐ NO | *TO*<br>/ | NAME:<br>COUNTRY: | *MUST SUBMIT PROOF OF GRADUATION/COMPLETION | |
| **U.S. COLLEGE/ UNIVERSITY**<br>☐ TRANSCRIPT INCLUDED | *FROM*<br>/<br>CURRENTLY ATTENDING?<br>☐ YES ☐ NO | *TO*<br>/ | NAME:<br>☐ FULL-TIME STUDIES ☐ PART-TIME STUDIES<br>☐ F-1 VISA<br>☐ OTHER VISA. PLEASE SPECIFY:<br>_____ | | |
| **OTHER COLLEGE/ UNIVERSITY/ LANGUAGE SCHOOL**<br>☐ TRANSCRIPT INCLUDED | *FROM*<br>/<br>CURRENTLY ATTENDING?<br>☐ YES ☐ NO | *TO*<br>/ | NAME:<br>COUNTRY: | | |

**Please duplicate this page to report additional schools attended.**

*An international student in possession of an associate degree or its equivalent (completion of about 60 semester units), or higher may be determined to be beyond the course offerings of Mesa college and is encouraged to apply to a four-year college or university.

## EMERGENCY CONTACTS

Please provide names of anyone you wish to authorize to obtain information about you, your application of your enrollment status, in case of an emergency.

| NAME | RELATIONSHIP | PHONE NUMBER |
|---|---|---|
| _____<br>LAST NAME, FIRST NAME | _____<br>PARENT/SIBLING/FRIEND/ETC., | _____<br>AREA CODE, FOLLOWED BY NUMBER |
| _____<br>LAST NAME, FIRST NAME | _____<br>PARENT/SIBLING/FRIEND/ETC., | _____<br>AREA CODE, FOLLOWED BY NUMBER |

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ADMISSIONS INFORMATION IN ITS ENTIRETY.**

I declare under penalty of perjury that all information provided refers specifically to me and is true and correct. I understand that falsification or withholding information requested on this form shall constitute grounds for denial. In the event of a denial, San Diego Mesa College reserves the right to refrain from disclosing information pertaining to your admissions status.

☐ If accepted, I will attend the 4-day mandatory orientation (approximately three weeks before the start of the semester). I understand that failing to attend the 4-day mandatory orientation will result in a cancellation of my Form I-20 and admission.

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

SAN DIEGO MESA COLLEGE

# PERSONAL ACADEMIC STATEMENT

Please answer the following prompt and write your statement below or on a separate sheet of paper. **Prompt:** In 100 words or less, please describe your academic goal. Be sure to include the major you wish to pursue, what four year university you want to transfer to, if any and why.

SAN DIEGO MESA COLLEGE

**International Student Program**
**Financial Statement**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

Certify you have available (within the past 90 days) liquid funds in a U.S. or foreign bank account to cover the first year of tuition and expenses at Mesa College in the amount of USD $47,000. If you are not funding your own studies, obtain signatures of all sponsors who can certify they will cover your expenses. The estimates we provide are based on the applicant being single with no dependents. **Financial statement form will NOT be accepted without appropriate signatures and documentation. Please provide an official Certificate of Balance issued by the bank, for applicant or sponsor listed below. In lieu of Certificate of Balance, attach most recent original bank statement, stamped by a bank official. Business, investment and retirement accounts not accepted.**

**If you have dependents: please add an additional $9,000 per spouse or child accompanying you to the United States.*

**SPONSOR CERTIFICATION:**

| **NAME OF SPONSOR** (PLEASE PRINT) | **SIGNATURE OF SPONSOR** **REQUIRED** | **RELATIONSHIP TO APPLICANT** | **FINANCIAL SOURCE** (PERSONAL FUNDS, SPONSOR FUNDS, OR GOVERNMENT FUNDS) | **TOTAL FINANCIAL SUPPORT** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Support in USD: **(minimum USD $47,000)** | $ |

**By printing and signing below, I certify that I have sufficient financial support as indicated above to pay for my studies while attending San Diego Mesa College.**

Name of Applicant (PLEASE PRINT): _____

Signature of Applicant: _____ Date: _____

SAN DIEGO MESA COLLEGE

**International Student Program**
**Health Examination Report**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717

Name: _____ _____ _____
(PLEASE PRINT) LAST FIRST MIDDLE

Country of Birth: _____ Country of Citizenship: _____

☐ **PART A. MEDICAL HISTORY:** (TO BE COMPLETED BY STUDENT APPLICANT)

Have you had or do you now have any of the following conditions? If yes, provide approximate dates:

| | | | | |
|---|---|---|---|---|
| ☐ AIDS/HIV | ☐ Chicken Pox | ☐ Hepatitis | ☐ Meningitis | ☐ Thyroid Problems |
| ☐ Allergy | ☐ Depression | ☐ High Blood Pressure | ☐ Migraine Headaches | ☐ Tuberulosis |
| ☐ Anemia | ☐ Diabetes | ☐ Intestinal Problems | ☐ Mononucleosis | ☐ Stomach Ulcer |
| ☐ Asthma | ☐ Epilepsy | ☐ Kidney Disease | ☐ Polio | ☐ Other Conditions (including but not limited to learning disabilities): _____ |
| ☐ Bipolar Disorder | ☐ Heart Problem (restrictions) | ☐ Malaria | ☐ Rheumatic Fever | |
| ☐ Blackouts | | ☐ Measles (Rubeola) | ☐ Rubella | |

Any complications/restrictions due to the above conditions?: ☐ NO ☐ YES. Explain below:

_____

Do you have any conditions that would affect your ability to enroll in a full time course load of study? ☐ NO ☐ YES. Please list conditions and limitations: _____

Give dates and types of serious operations or injuries: _____

*I understand that falsificaiton or withholding of information on the Health Examination Report shall consitute grounds for denial of my application.*

**Applicant Signature:**_____ **Date:** _____

☐ **PART B**. MEDICAL CERTIFICATION (TO BE COMPLETED BY PRIMARY CARE PROVIDER- PCP)

**Current immunizations and tuberculosis clearance with dates specified must be completed and verified by a qualified physician before acceptance to San Diego Mesa College.**

1. Tetanus (must be within the past nine years) Date: _____
2. Measles (rubeola), Mumps, Rubella (must be given after 1970 and after 12 months of age)
   Measles (rubeola) Date: _____ Mumps Date: _____ Rubella Date: _____
3. Polio Date: _____
4. BCG Inoculation Date: _____
   If no BCG documentation, Tuberculosis Clearance, dated within the past three months of the physical exam, complete one of the following:
   QuantiFERON blood test Date: _____ Result: _____

   Mantoux skin test Date: _____ Result*: _____
   *If Mantoux test is positive, chest x-ray is required

   Chest X-Ray Date: _____ Result*: _____
   *Attach copy of your chest x-ray report. Do not send the x-ray film

Does student have any conditions which would affect the student's ability to perform in an acadmic setting?

□ NO □ YES, Explain:_____

Special Health Problems, including conditions that would limit full-time study:

_____

I have examined _____ and find him/her in good health and able to attend college.
STUDENT NAME

Signature of PCP: _____ Date: _____

Name of PCP: _____ (PLEASE PRINT)

Address: _____

E-mail: _____

Phone Number: _____ **PCP Stamp or Business Card →**

SAN DIEGO MESA COLLEGE

**International Student Program**
**Transfer Clearance Form**
7250 Mesa College Drive, San Diego,
CA 92111-4998 | Phone (619) 388-2717
Fax to (619) 388-2960
San Diego Community College District- San Diego Mesa College
**(School Code: SND214F00408000)**

Students who have attended a US institution within the last 5 months must have this form completed by your Designated School Official (DSO). Once this form is complete please submit this form with your complete application materials to San Diego Mesa College.

**TRANSFER CLEARANCE VERIFICATION (TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL- DSO)**

Name of Student (AS IT APPEARS ON PASSPORT):

_____ _____ _____
*LAST NAME* *FIRST NAME* *MIDDLE NAME*

SEVIS ID#: N ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Attendance dates at the school: FROM: _____ TO: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Last date (expected last date) of attendance: _____ SEVIS Release Date: _____
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Is the student in active SEVIS status?

☐ YES
☐ NO. IF NO, PLEASE EXPLAIN:

_____

What is the student's current academic standing?: _____

Has the student experienced financial difficulty or had to file for economic hardship?: _____

Has the student maintained full-time status throughout their attendance at your institution? If no, please explain: _____

Type of program taken *(English Language, Academic, Vocational/Technical, etc.,):* _____

Major course of study: _____

List type and dates of all practical training authorized:

School Official's Name: _____ SEVIS School Number: _____

School Official's Title: _____ E-mail Address: _____
PLEASE PRINT

Name of School: _____

School Address: _____ _____ _____
NUMBER STREET CITY

_____ _____ _____
STATE POSTAL/ZIP CODE PHONE NUMBER

School Official's Signature: _____

Date: _____

APPLY SCHOOL STAMP/SEAL HERE