

GADSDEN STATE COMMUNITY COLLEGE

International Programs & Alabama Language Institute Post Office Box 227 · Gadsden, Alabama 35902-0227 · www.gadsdenstate.edu

Dear Prospective Student

Thank you very much for your interest in Gadsden State Community College. Gadsden State offers a wide range of academic and technical programs to meet a variety of students' needs and interests. In addition, we offer the Alabama Language Institute (ALI), the first and oldest intensive English language program in the state of Alabama.

We are enclosing the materials you requested. We also invite you to visit the College's home page at www.gadsdenstate.edu and click INTERNATIONAL at the top. You will find helpful information specifically for International Students there. The International Application for Admission is also there: INTERNATIONAL STUDENT APPLICATION.

If you plan to study intensive English in ALI, click Important Information from the INTERNATIONAL page, and then choose Alabama Language Institute.

If your goal is to study in the College, from www.gadsdenstate.edu, you can explore "Programs of Study" to see our many degrees and certificates.

We will be happy to answer any questions you may have about the College and its English language program. Please contact us at international@gadsdenstate.edu. We hope to welcome you soon. Stay connected @ Gadsden State!

Sincerely,

Becky Duckett, Director

GADSDEN STATE INTERNATIONAL PROGRAMS'

Juckett



Facebook Page

Alabama Language Institute













Social Media

Phone: 256.549.8324 Fax: 256.549.8344



GADSDEN STATE COMMUNITY COLLEGE

P.O. Box 227, Gadsden, Alabama 35902-0227 (256) 549-8324 Fax (256) 549-8344 Homepage: www.gadsdenstate.edu Email address: international@gadsdenstate.edu

APPLICATION PROCEDURES

To apply to Gadsden State Community College / Alabama Language Institute, complete and submit the Application Packet (Documents1-8). For students transferring from a school in the United States, complete and submit the Application Packet (Documents1-7) and the Transfer Clearance Form (Document 8).

1)	Application for Admission — Complete all blank spaces with the information requested.
2)	Affidavit of Financial Support — Submit evidence of sufficient funds to cover the cost of attending Gadsden State Community College.
, -	Have your financial sponsor complete and sign the affidavit. Signature needs to be certified or notarized. Include an original bank letter
	from your sponsor's financial institution, showing the balance in your sponsor's bank account in US dollars.
3)	Medical Records — A medical health history with proof of vaccinations.
4)	Official high school transcript — Send a certified original translated and evaluated copy of the student's high school transcript & diploma.
· -	(Suggested evaluators: http://www.wes.org/ or http://www.lisano-intl.com/)
5)	Official university transcript — Submit original or recently certified copy of transcripts from universities you have attended. English
, -	translations are required of any transcripts not in English.
6) _	Test of English as a Foreign Language — If applying for college, submit a TOEFL score of 500 (on the paper-based test), 61 (on the internet-
	based test), Eiken score Pre-first, or IELTS (International English Language Testing System) test score of 5.5, indicating proficiency
	in the English language. An official score must be sent directly to Gadsden State from ETS or IELTS. The TOEFL institutional code
	for Gadsden State is 1262. TOEFL or IELTS score is not required for the Alabama Language Institute.
7)	Small photograph of yourself.
8)	A photocopy of the ID page of your passport.
9)	Transfer Clearance Form — To be completed by your International Student Advisor if you are a transfer student from an American
· -	university or college.

Mail all documents together to: GADSDEN STATE COMMUNITY COLLEGE

Your application will be carefully evaluated and a decision made. If approved, you will receive an acceptance letter and the 1-20 form. If you wish to have your 1-20 sent by Federal Express or DHL, it is your responsibility to pay for the charges. The 1-20 form is a legal document and cannot be faxed. You will need to take the 1-20 form to the nearest U.S. Embassy or Consulate to apply for a student visa. For program information, visit Gadsden State's homepage: www.gadsdenstate.edu

GENERAL STUDIES......GNST

PROGRAM OF STUDY (Short certificates are available also)

ACADEMIC DIVISION

AS - ASSOCIATE IN SCIENCE	
GENERAL STUDIES	GNST
Areas of Interest* (Concentration Codes):	
*AGRICULTURE	AGR
*BIOLOGY	
*BUSINESS ADMINISTRATION	BUSI
CHEMISTRY	CHEM
*COMPUTER INFORMATION SYSTEMS	CIS
*COMPUTER SCIENCE SCIENTIFIC	CSS
* COURT REPORTING	
*CRIMINAL JUSTICE	
*DIAGNOSTIC MEDICAL SONOGRAPHY	
*EARLY CHILDHOOD EDUCATION	ECED
*EDUCATION	
*ELEMENTARY EDUCATION	
*EMERGENCY MEDICAL SERVICES	
*FINANCIAL PLANNING/COUNSELING	
*HEALTH, PHYSICAL ED & RECREATION	PHED
*HISTORY	
*MATHEMATICS	
*MEDICAL LABORATORY TECHNOLOGY	
*MASSAGE THERAPY	
*PRE-DENTAL	
*PRE-ENGINEERING	
*PRE-FORESTRY	
*PRE-LAW	
*PRE-ATHLETIC TRAINING	
*PRE-MEDICINE	
*PRE-NURSING-ADN 2-YEAR TRACK	
*PRE-NURSING-BSN 4-YEAR TRACK	
*PRE-PHARMACY	
*PRE-PHYSICAL THERAPY	
*PRE-VETERINARY MEDICINE	
*PSYCHOLOGY	
*RADIOLOGIC TECHNOLOGY	
*RELIGION	
*SOCIOLOGY	SOCI

AA - ASSOCIATE IN ARTS

Areas of Interest* (Concentration Codes):	
*ART	ART
*ENGLISH	
*LIBERAL ARTS	
*MUSIC	
*PSYCHOLOGY	
*SPEECH	
3FEEGH	3FП
NCA - COURSES ONLY	
PHLEBOTOMY	CLD
ALABAMA LANGUAGE INST	CLP
PER ENRICH/TRANSIENT STUDENTS	ALI
PER ENRICH/TRANSIENT STUDENTS	UDA
AAS - ASSOCIATE IN APPLIED SCIENCE	
ACCOUNTING TECHNOLOGY	ACCT
CHILD DEVELOPMENT	
COMPUTER NETWORK ADMINISTRATIVE	
COMPUTER SCIENCE TECHNOLOGY	
DIAGNOSTIC MEDICAL SONOGRAPHY	
EMERGENCY MEDICAL SERVICES	
HUMAN SERVICES	
MARKETING MANAGEMENT	
MEDICAL LAB TECHNOLOGY	
OFFICE ADMIN—GENERAL	
OFFICE ADMIN-HEALTH INFORMATION TECH .	
OFFICE ADMIN-MEDICAL CODING/SCRIB	MDS
PARALEGAL	
RADIOLOGIC TECHNOLOGY	RAD
REGISTERED NURSING	NUR
CERT - CERTIFICATES	
OERT - OERTH TOATES	
COMPUTER SCIENCE TECHNOLOTY	CST
BUSINESS COMPUTING TECHNOLOGY	
MICROCOMPUTER REPAIR TECHNOLOGY	
WEB DEVELOPMENT TECHNOLOGY	
PRACTICAL NURSING	
I NACTIOAL NURSING	FIXIN

Must have separate acceptance letter:

CRB - Court Reporting Broadcast Captioning

CRP- Court Reporting

DMS - Diagnostic Medical Sonography

EMS – Emergency Medical Services MSG – Massage Therapy

MLT – Medical Lab Tech

RAD – Radiology

NUR - Registered Nursing

TECHNICAL DIVISION

AAS - ASSOCIATE IN APPLIED SCIENCE

AIR CONDITION & REFRIGERATION	ACD.
AUTO MANUFACTURING TECHNOLOGY	
CIVIL ENGINEERING TECHNOLOGY	
ELECTRICAL TECHNOLOGY	ELT
ELECTRONIC ENGINEERING - INDUSTRIAL	ILT
ELECTRONIC ENGINEERING GENERAL	EET
INDUSTRIAL AUTOMATION TECH	INT
MECHANICAL DESIGN TECHNOLOGY	MDT
PRECISION MACHINING TECHNOLOGY	PMT
SALON & SPA MANAGEMENT	SAL

CERT - CERTIFICATES

AIR CONDITION & REFRIGERATION	ACR
AUTO COLLISION REPAIR	ABR
AUTO MANUFACTURING TECHNOLOGY	AUT
AUTOMOTIVE SERVICE. TECHNOLOGY	AUM
CIVIL ENGINEERING TECHNOLOGY	CET
DIESEL TECHNOLOGY	DEM
ELECTRICAL TECHNOLOGY	
ELECTRONIC ENGINEERING TECHNOLOGY.	EET
ENGINEERING DESIGN TECHNOLOGY	
INDUSTRIAL AUTOMATION TECH	
MECHANICAL DESIGN TECHNOLOGY	MDT
PRECISION MACHINING TECHNOLOGY	PMT
SALON & SPA MGM COS TECHNOLOGY	SAL
WEI DING TECHNOLOGY	WDT

Rev. 11/7/19



GADSDEN STATE COMMUNITY COLLEGE INTERNATIONAL PROGRAMS

P.O. Box 227 - Gadsden, Alabama 35902-0227 (256) 549-8324 - Fax (256)549-8344

APPLICATION FOR ADMISSION

ATTACH RECENT PHOTO HERE (Required

NAME (in passport)		(Required)
LAST NAME / FAMILY NAME FIRST NAME	E MIDDLE NAM	
ADDRESS IN YOUR HOME COUNTRY	U.S. MAILING ADDRESS / CONTACT PERSON (IF ANY)	
STREET	NAME	
ADADTMENT #	STREET	APARTMENT #
APARTMENT #	SIREEI	AFARTIVENT#
CITY / STATE / COUNTRY / POSTAL CODE	CITY / STATE / ZIP	
TELEPHONE	AREA CODE / TELEPHONE	
E-MAIL ADDRESS (Please print clearly)	E-MAIL ADDRESS (Please print clearly)	CELL PHONE
WHERE DO YOU WANT US HOME COUNTRY ADDRESS U.S	S. ADDRESS UNILL PICK UP	
DATE OF BIRTH:/ / / GEND	ER: Male Female	
MONTH DAY YEAR		
COUNTRY OF CITIZENSHIP: CITY OF BIRTH	· COUNTRY OF BIRTH	
	: COUNTRY OF BIRTH:	
ARE YOU CURRENTLY IN THE U.S.A?		
ARE YOU CURRENTLY IN THE U.S.A?		
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE: / / / VISA EXPIRATION / YEAR	
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:// VISA EXPIRATION / YEAR College	
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE: / / / VISA EXPIRATION / YEAR	
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:// VISA EXPIRATION	
ARE YOU CURRENTLY IN THE U.S.A?	College May Second languages)	
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE://VISA EXPIRATION	
ARE YOU CURRENTLY IN THE U.S.A?		ON DATE: / /_ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?		ON DATE: / /_ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?		ON DATE: / /_ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE://VISA EXPIRATION College Jan. Summer May second languages) EFL TEST?	ON DATE: / /_ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/	ON DATE: / _ / _ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/VISA EXPIRATION College Jan. Summer May second languages)	ON DATE: / / / MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/VISA EXPIRATION College Jan. Summer May second languages)	ON DATE:/_/ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/	ON DATE:/_/ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/VISA EXPIRATION	ON DATE:/_/ MONTH DAY Y
ARE YOU CURRENTLY IN THE U.S.A?	VISA ISSUE DATE:/VISA EXPIRATION	ON DATE:/ _/ _/ MONTH DAY Y

APPLICANT'S SIGNATURE:

DATE: ____/ ___/ ____/

MONTH DAY YEAR

EDUCATIONAL RIGHTS AND PRIVACY ACT ("BUCKLEY AMENDMENT") NOTICE: Under the Federal Rights and Privacy Act 20 U.S.C. 12329 Gadsden State Community College may disclose certain student information as directory information. Directory information includes the names, addresses, telephone numbers, dates of birth and major fields of study of students, as well as information about students

participation in officially recognized activities and sports, the weight and height: of members of athletic teams, the dates of attendance of students, degrees and awards received, and the most recent previous educational agency of institution attended by a respective student. If any student has any objection to any of the aforementioned information being released about himself/herself during any given semester or academic year, the student should notify in person or in writing the Registrar Room 124 of Allen Hall during the first three weeks of the respective semester or academic year.

AFFIDAVIT OF FINANCIAL SUPPORT

SUBMIT COMPLETED FORM TO: INTERNATIONAL PROGRAMS OFFICE, GSCC P.O. Box 227, Gadsden, Alabama 35902-0227

International students or their sponsors must provide evidence of sufficient funds available to support financially two semesters of study at Gadsden State Community College. This affidavit must be signed by the sponsor and stamped or sealed by a notary public, bank official or individual authorized to certify documents. An **original** letter with an official signature on **bank letterhead** must also be submitted. The letter should verify a current account balance and whether the account is in good standing. The sponsor must have a minimum income of \$25,000 (U.S. dollars) per year.

Please Print		
l,Name of Sponsor	who resides at	Sponsor Address
Sponsor Address	Sponsor E-mail Address	Sponsor Telephone Number
being duly sworn, depose and say that it is my inter	ntion to support	Name of Student
who resides at	Student Home Country Address	
Student Home Country E-mail Address		study at Gadsden State Community College
and reside at (U.S. address, if known)	Student U.S. Ad	dress
Student U.S. Phone Number	Stud	ent U.S. E-mail Address
I am aware that Gadsden State Community College all tuition and fees at registration.	does not consider students registe	red for classes unless the student pays
I am willing and able to maintain and support the passuring Gadsden State Community College that the living expenses during his/her course of study and will	e student I am sponsoring will have	e sufficient funds to cover tuition, fees and
Employer or source of income and net amount received per ye	ar in U.S. dollars.	
Relationship to student:		\$
☐ Mother ☐ Father ☐ I certify that all information provided on this Affidav		npany □ Otheralid.
Signature of	* Sponsor	
Signature and statement signed and sworn before	e me.	AFFIX STAMP OR SEAL
Signature of Notary Public, Bank Official		
Address, Location		
Date		

An original official bank letter verifying sponsor's financial account information must be attached. These documents will not be returned. We suggest that you request an additional copy to submit to the U.S. Embassy or Consulate with your visa application.



Medical History Form

This portion is to be completed by the student

Name					
Last	First	Middle	SS#	/ID	
Home Address					
Street		City	State	Zip	
		·		•	
C II N	/ D	/	76.1		
Cell Phone	Date of Bir	th	Male	Female	
Emergency Contact	Phone		Relatio	nship	
·	o serve as a baseline for medical of YES or NO to the following con		nrollment. I		
Uvnartancian	CONDITIONS			NO	YES
Hypertension Rheumatic fever or heart troul	ala				
Liver trouble or jaundice (Hep					
Asthma or tuberculosis	oatius)				
Major surgery or injury					
Ulcers or gastroenteritis					
Backache or joint trouble					
Kidney trouble					
Diabetes					
Severe headaches					
Epilepsy or convulsions					
Dyspnea					
Drug or alcohol problem					
Has applicant been treated for	any emotional disorders?				
11	her health, withdrawn from college	ge? If so explain			
* *	lness or medical condition that re		nent?		
**	ol regularly or frequently due to a				
Has the applicant been hospita	<u> </u>	ny pinysical condition	••		
**	onic illness, mental or nervous dis	orders?			
Anemia					
Anemia Learning disability Comments:					
Present Health: Good	Fair Poor	Date of last ex	am:	/	/

This portion is to be completed	by a Ph	ysician							
Height Weig	ht			Skeletal Size	: Sma	ıll Medium		Large	EL
B/P Puls	se			Respiration			_	Temperatu	re
Laboratory Findings									
Hemoglobin or Hematocrit				WBC		Sero	logy		
Urine: Sp.Gr				Alb		S	ugar		
Eyes					Ears			_	
Do you wear glasses?	No)	Yes		Hea	ring normal?		No	Yes
Do you wear contacts?	No)	Yes		Are	drums intact?		No	Yes
Distant Vision	Witho	ut glas	ses	R20/					
	With g	glasses		R20/					
Near Vision	Witho	ut glas	ses	R20/					
	With 8	glasses		R20/					
Head, Neck and Face						Normal ()	Abno	rmal ()
Nose and Sinuses						Normal ()	Abno	rmal ()
Mouth and Throat						Normal ()	Abno	rmal ()
Teeth						Normal ()	Abno	rmal ()
Lungs and Chest						Normal ()	Abno	rmal ()
Heart						Normal ()	Abno	rmal ()
Vascular System						Normal ()	Abno	` ,
Abdomen						Normal ()	Abno	` ,
Endocrine System						Normal ()	Abno	` '
Female: Breast						Normal ()	Abno	
Female: Pelvic						Normal ()	Abno	` ,
Male: Genital						Normal ()	Abno	` ,
Male: Hernia						Normal ()	Abno	rmal ()
Present Health: God I certify that the above inform				_ Poor	Da	ate of exam:		/	/
Physician's Signature					Student	's Signature			

Complete and return to: INTERNATIONAL PROGRAMS OFFICE GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227

TO BE COMPLETED BY COLLEGE OFFICIAL

Date Received:

Signature:



Immunization Form

To ensure the health and safety of our campus, immunizations against communicable disease is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, and Meningococcal is required, as well as a negative Tuberculosis skin test. This is a requirement for all International Students. This form must be completed and submitted prior to admission in any ACCS institution.

Name					
	Last	First	Middl	e SS#/ID	
Address					
	Street		City	State Z	ip
Date of B	irth / / Co	ontact Number		Email	
Section	A: Required Immuni	izations/Tests			
				Month/Day/Year	Month/Day/Year
1. Menin	gitis Vaccine- within the las	t 5 years (Menomune,	Menactra, Menveo)		
2. Measl	es, Mumps, Rubella (MMR)				
3. Tetani	ıs				
4. Tuber	culosis Screening				
TB Sk	in Test by PPD	Date Placed	Date Read	MM	Neg Pos
Chest	X-Ray (if positive PPD or lab)	Date	Result	Submit copy of	chest X-ray report
	B: Recommended Imr		y of Blue Card)		
		Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
TD (Tetanus	s/Diphtheria)		Do not write here	Do not write here	Do not write here
AND/OR 7	dap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio			Do not write here	Do not write here	
Hepatitis I	3				
Varicella (Chickenpox)			Do not write here	
I certify tha	t the above dates and vaccina	ations are true			
i certify tha	t the above dates and vaccina	ations are true.			
Signature of L	cense Health Care Professional or	Authorized Individual			Date

Complete and return to: INTERNATIONAL PROGRAMS OFFICE

GADSDEN STATE COMMUNITY COLLEGE P.O. BOX 227 GADSDEN, AL 35902-0227

TRANSFER CLEARANCE

The Student and Exchange Visitors Information System (SEVIS) requires this office to have the following information in order to process your transfer or change of school to Gadsden State Community College. <u>Please complete the information in Section A and submit this form to the International Student Advisor at your present or most recent school in the United States.</u>

Family Name	First	Middle
Present Address		
Institution Transferring From		Date of Attendance
I authorize my present International St	tudent Advisor (or designated campus o	fficer) to provide the information below
Student Signature		Date
	ETED BY INTERNATIONAL S	TUDENT ADVISOR AT YOUR PRESEN
The above named student has applied		nunity College. Your assistance is appreciated
Gadsden State C International P.O. Box 227 Gadsden, AL 35	Programs Fax N Email	phone: 256)549-8324 Number: (256)549-8344 I Address: bduckett@gadsdenstate.edu
1-94 Admission Number		Student Visa Type
I. Is this student currently IN STAT Yes If no, please exp No	lata.	s, please give release date
2. Is this student currently applying f Yes If yes, please pro		ies of documents.
3. Is this student currently under pra ☐ Yes If yes, please list a ☐ No	•	ng (curricular or optional) if known.
4. Is he/she eligible to re-enroll at your results of the results		
,	ary/behavioral problems at your institut plain:	
6. Has student encountered financia ☐ Yes If yes, please ex		
tify that the preceding is to the best of	my knowledge true and correct.	