



GADSDEN STATE COMMUNITY COLLEGE

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

Webpage: www.gadsdenstate.edu Email address: international@gadsdenstate.edu

International Students Webpage: www.gadsdenstate.edu/students/international-students.cms

APPLICATION PROCEDURES

To apply to Gadsden State Community College / Alabama Language Institute, complete and submit the Application Packet (Documents 1-8). For students transferring from a school in the United States, complete and submit the Application Packet (Documents 1-8) and the Transfer Clearance Form (Document 9).

- 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) _____ **Small photograph of yourself.**
- 5) _____ **A photocopy of the ID page of your passport.**
- 6) _____ **Official high school transcript** — Send a certified original, translated, and evaluated copy of the student's high school transcript. (Suggested evaluators: <http://www.wes.org/> or <http://www.lisano-intl.com/>)
- 7) _____ **Official university transcript** — Submit an original or recently certified copy of transcripts from universities you have attended. English translations are required of any transcripts not in English. Academic credits earned at a foreign university must be evaluated by a NACES (National Association of Credential Evaluation Services) affiliated evaluation service such as WES.
- 8) _____ **Test of English as a Foreign Language** — If applying for college, submit a **TOEFL score of 500 pBT (paper-based test), 61 iBT (internet-based test), 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.**
Note: TOEFL or IELTS score is not required for the Alabama Language Institute.
- 9) _____ **Transfer Clearance Form** — the form must be completed by your International Student Advisor if you are a transfer student from an American university or college.

E-mail all documents to international@gadsdenstate.edu or mail to one of the addresses below:

GADSDEN STATE COMMUNITY COLLEGE

Admissions and Records, International Students
P.O. Box 227, Gadsden, AL 35902-0227

GADSDEN STATE COMMUNITY COLLEGE

Admissions and Records, International Students
1001 George Wallace Dr., Gadsden, AL 35903

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. 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: <https://www.gadsdenstate.edu/programs-of-study/program-divisions.cms>

PROGRAM OF STUDY

ACADEMIC DIVISION

AS - ASSOCIATE IN SCIENCE

GENERAL STUDIES.....	GNST
<i>Areas of Interest* (Concentration Codes):</i>	
*ACCOUNTING.....	ACTG
*AGRICULTURE.....	AGR
*BIOLOGY.....	BIOL
*BUSINESS ADMINISTRATION.....	BUSI
*CHEMISTRY.....	CHEM
*COMPUTER INFORMATION SYSTEMS.....	CIS
*COMPUTER SCIENCE SCIENTIFIC.....	CSS
*CRIMINAL JUSTICE.....	CRMJ
*DIAGNOSTIC MEDICAL SONOGRAPHY.....	DMS
*DMS – ECHOGARDIOGRAPHY.....	DMSE
*EARLY CHILDHOOD EDUCATION.....	ECED
*ECONOMICS.....	ECON
*ELEMENTARY EDUCATION.....	ELED
*EMERGENCY MEDICAL SERVICES.....	EMS
*HEALTH, PHYSICAL ED & RECREATION.....	PHED
*HISTORY.....	HIST
*MANAGEMENT.....	MNGM
*MARKETING.....	MKTG
*MATHEMATICS.....	MATH
*MEDICAL LABORATORY TECHNOLOG.....	MLT
*PHYSICAL EDUCATION.....	PHYE
*PHYSICS.....	PHYS
*POLITICAL SCIENCE.....	POLS
*POULTRY SCIENC.....	EAGP
*PRE-DENTAL.....	PDEN
*PRE-ENGINEERING.....	PEGR
*PRE-FORESTRY.....	FOR
*PRE-LAW.....	LAW
*PRE-MEDICINE.....	PMED
*PRE-NURSING-ADN 2-YEAR TRACK.....	PNUR
*PRE-NURSING-BSN 4-YEAR TRACK.....	PNUT
*PRE-PHARMACY.....	PPH
*PRE-PHYSICAL THERAPY.....	PPHT
*PRE-VETERINARY MEDICINE.....	PVET
*RADIOLOGIC TECHNOLOGY.....	RAD
*RELIGION.....	RELG
*SECONDARY EDUC – ENGLISH.....	ENGE
*SECONDARY EDUC – HISTORY.....	HYE
*SECONDARY EDUC – MATH.....	MEDU
*SECONDARY EDUC – SCIENCE.....	SCED
*SECONDARY EDUC – SOC SCIENCE.....	SOBS
*SOCIAL WORK.....	SCWK
*SOCIOLOGY.....	SOCI

AA - ASSOCIATE IN ARTS

GENERAL STUDIES.....	GNST
<i>Areas of Interest* (Concentration Codes):</i>	
*ART.....	ART
*ENGLISH.....	ENGL
*LIBERAL ARTS.....	LAR

*MUSIC.....	MUSC
*PHILOSOPHY.....	PHIL
*PSYCHOLOGY.....	PSYC
*SPEECH.....	SPH
*THEATRE.....	THEA

Must have separate acceptance letter:

DMS – Diagnostic Medical Sonography
EMS – Emergency Medical Services
MLT – Medical Lab Tech
RAD – Radiology
NUR – Registered Nursing

AAS - ASSOCIATE IN APPLIED SCIENCE

ACCOUNTING TECHNOLOGY.....	ACCT
CHILD DEVELOPMENT.....	CDV
COMP NETWORKING AND CYBER SECURITY.....	NCSC
COMP SCIENCE TECHNOLOGY.....	COMT
DIAGNOSTIC MEDICAL SONOGRAPHY.....	DMS
EMERGENCY MEDICAL SERVICES.....	EMS
HUMAN SERVICES.....	HUS
MARKETING MANAGEMENT.....	MRKT
MEDICAL LAB TECHNOLOGY.....	MLT
OFFICE ADMIN-GENERAL.....	OAD
OFFICE ADMIN-HEALTH INFO TECH.....	OAH
OFFICE ADMIN-MED CODE & SCRIBE.....	OMC
PARALEGAL.....	PARL
RADIOLOGIC TECHNOLOGY.....	RAD
REGISTERED NURSING.....	NUR

CERT - CERTIFICATES

COMPUTER-BUSINESS COMPUTING.....	BCT
COMPUTER-COMP SUPPORT TECHNOLOGY.....	CIP
COMPUTER-PROGRAMMING TECHNOLOGY.....	PT

STC - SHORT TERM CERTIFICATES

ACCOUNTING SPECIALIST.....	ASP
CHILD DEVELOPMENT.....	CDV
COMPUTER-BUS COMPUTING TECHNOLOGY.....	CBCT
COMPUTER NETWORKING TECHNOLOGY.....	CMT
COMPUTER SUPPORT TECHNOLOGY.....	CST
COMPUTER SCIENCE CYBER SECURITY.....	CYB
COMPUTER-WEB DEV TECHNOLOGY.....	WVD
DMS – ECHOCARDIOGRAPHY.....	DMSE
EMS – ADVANCED EMT.....	EMSA
EMS – EMT.....	EMSE
HEALTH INFORMATION TECHNOLOGY.....	HIT
MASSAGE THERAPY.....	MSG
MEDICAL CODING/BILLING SPECIALIST.....	OMB
SURGICAL/OPERATING ROOM TECH.....	SUR
WORD PROCESSING SPECIALIST.....	OAS

NAL - COURSES ONLY

ALABAMA LANGUAGE INST.....	ALI
PHLEBOTOMY.....	CLP
PER ENRICH/TRANSIENT STUDENTS.....	UDA

TECHNICAL DIVISION

AS - ASSOCIATE IN APPLIED SCIENCE

AIR CONDITION & REFRIGERATION.....	ACR
AUTO MANUFACTURING TECHNOLOGY.....	AUT
CIVIL ENGINEERING TECHNOLOGY.....	CET
COURT REPORTING BROADCAST CAPTIONING.....	CRB
COURT REPORTING.....	CRP
ELECTRICAL TECHNOLOGY.....	ELT
ELECTRONIC ENGINEERING-- GENERAL.....	EET
ENGINEERING DESIGN TECHNOLOGY.....	EDT
INDUSTRIAL AUTOMATION TECH.....	INT
MECHANICAL DESIGN TECHNOLOGY.....	MDT
ELECTRONIC - MECHATRONICS ROBOTICS & AUTOMATION.....	MRA
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.....	ELT
ELECTRONIC ENGINEERING TECHNOLOGY.....	EET
ENGINEERING DESIGN TECHNOLOGY.....	EDT
INDUSTRIAL AUTOMATION TECH.....	INT
MECHANICAL DESIGN TECHNOLOGY.....	MDT
PRECISION MACHINING TECHNOLOGY.....	PMT
SALON & SPA MGM COSMETOLOGY TECHNOLOGY.....	SAL
WELDING TECHNOLOGY.....	WDT

STC - SHORT TERM CERTIFICATES

AIR CONDITION & REFRIGERATION.....	ACR
AUTO COLLISION REPAIR.....	ABR
AUTO MANUFACTURING TECHNOLOGY.....	AUT
AUTOMOTIVE SERVICE TECHNOLOGY.....	AUM
CIVIL ENGINEERING TECHNOLOGY.....	CET
COURT REPORTING LITIGATION ASSISTANT.....	CRL
ELECTRICAL-RESIDENTIAL APPRENTICE.....	REA
ELECTRICAL-INDUSTRIAL TECHNICIAN.....	INE
ELECTRICAL-INDUSTRIAL CONTROL.....	ICT
ELECTRONIC – ADVANCED ROBOTICS.....	EAR
ENGINEERING DESIGN TECHNOLOGY.....	EDT
INDUSTRIAL AUTOMATION TECH.....	INT
MACHINE TOOL-BASIC CNC TECH.....	CNC
MECHANICAL DESIGN TECH.....	MDT
PRECISION MACHINING TECHNOLOGY.....	PMT
PRECISION MACHINING ADDITIVE MANUFACT.....	PAM
SALON & SPA MGM COSMETOLOGY ESTHETICS.....	SAE
SALON & SPA MGM COSMETOLOGY NAIL TECH.....	SAN
WELDING TECHNOLOGY.....	WDT
WELDING-PIPE TUBE.....	PIP
WELDING TECHNOLOGY-FCAW (12 HR).....	WDM
WELDING TECHNOLOGY-SMAW (12 HR).....	WD



GADSDEN STATE COMMUNITY COLLEGE

Admissions and Records, International Students

APPLICATION FOR ADMISSION

**ATTACH
RECENT
PHOTO
HERE
(Required)**

DATE OF APPLICATION _____ / _____ / _____
MONTH DAY YEAR

NAME (in passport)

_____	_____	_____
LAST NAME / FAMILY NAME	FIRST NAME	MIDDLE NAME

ADDRESS IN YOUR HOME COUNTRY

U.S. MAILING ADDRESS / CONTACT PERSON (IF ANY)

STREET _____

NAME _____

APARTMENT # _____

STREET _____ APARTMENT # _____

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
TO SEND THE I-20 FORM ?

HOME COUNTRY ADDRESS _____

U.S. ADDRESS _____

WILL PICK UP _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

GENDER: Male Female

COUNTRY OF CITIZENSHIP: _____ CITY OF BIRTH: _____ COUNTRY OF BIRTH: _____

ARE YOU CURRENTLY IN THE U.S.A? Yes No

IF YOU ARE IN THE U.S., LIST TYPE OF VISA STAMPED IN PASSPORT: _____ VISA ISSUE DATE: _____ / _____ / _____ VISA EXPIRATION DATE: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

PASSPORT NUMBER: _____

APPLYING FOR ADMISSION TO: Intensive English Program College

SEMESTER YOU PLAN TO START: Fall Aug. Spring Jan. Summer May

PROGRAM OF STUDY (in college): _____

IS ENGLISH YOUR FIRST LANGUAGE? Yes No (If no, list first and second languages) _____

IF ENGLISH IS NOT YOUR FIRST LANGUAGE, HAVE YOU EVER TAKEN THE TOEFL TEST? Yes No

If yes, please fill the following: TOEFL Test Date: _____ / _____ / _____ TOEFL Score: _____
MONTH DAY YEAR

Have your score sent directly from ETS to: International Programs Office, GSCC, P.O. Box 227, Gadsden, AL 35902-0227

GSCC INSTITUTIONAL CODE 1262

LIST HIGH SCHOOL YOU HAVE ATTENDED / GRADUATED:

Name of High School _____ Date of Graduation _____

LIST ANY COLLEGES AND/OR POST-HIGH SCHOOL INSTITUTIONS YOU HAVE ATTENDED:

Name of College _____ State _____ Country _____

Name of College _____ State _____ Country _____

HIGHEST DEGREE EARNED: High School or Equivalent Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

ARE YOU TRANSFERRING FROM A UNIVERSITY IN THE UNITED STATES? Yes No

HAVE YOU PREVIOUSLY APPLIED TO GADSDEN STATE COMMUNITY COLLEGE? Yes, WHEN: _____ / _____ / _____ No
MONTH DAY YEAR

HOW DID YOU HEAR ABOUT GSCC / ALI? GSCC Webpage Online - other sites _____ Family / Friend Other _____

I understand that withholding information requested in this application, or giving false information may make me ineligible for admission to, or continuation in, the College. I agree to abide by the rules, policies, and regulations of the College as outlined in the Student Handbook and College Catalog. With this in mind, I certify that all above statements are correct and complete.

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.



GADSDEN STATE COMMUNITY COLLEGE

Admissions and Records, International Students

AFFIDAVIT OF FINANCIAL SUPPORT

Gadsden State Community College,
Admissions and Records, International Students
P.O. Box 227, Gadsden, AL 35902-0227
E-mail: international@gadsdenstate.edu

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

I, _____ who resides at _____
Name of Sponsor *Sponsor Address*

Sponsor Address *Sponsor E-mail Address* *Sponsor Telephone Number*

being duly sworn, depose and say that it is my intention to support _____
Name of Student

who resides at _____
Student Home Country Address

_____ and comes to the United States to study at Gadsden State Community College
Student Home Country E-mail Address

and reside at (U.S. address, if known) _____
Student U.S. Address

Student U.S. Phone Number *Student U.S. E-mail Address*

I am aware that Gadsden State Community College does not consider students registered for classes unless the student pays **all** tuition and fees at registration.

I am willing and able to maintain and support the prospective student. This affidavit is made by me for the purpose of assuring Gadsden State Community College that the student I am sponsoring will have sufficient funds to cover tuition, fees and living expenses during his/her course of study and will not become a public charge during his/her stay in the United States of America.

Employer or source of income and net amount received per year in U.S. dollars.

\$ _____
Income per year

Relationship to student:
 Mother Father Relative Friend Company Other _____

I certify that all information provided on this Affidavit of financial support is true and valid.

Signature of Sponsor *Date*

Signature and statement signed and sworn before 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.

This portion is to be completed by a Physician.

Height _____ Weight _____ Skeletal Size: Small ___ Medium ___ Large ___ EL ___
 B/P _____ Pulse _____ Respiration _____ Temperature _____

Laboratory Findings

Hemoglobin or Hematocrit _____ WBC _____ Serology _____
 Urine: Sp.Gr _____ Alb _____ Sugar _____

Eyes		
Do you wear glasses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you wear contacts?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Distant Vision	Without glasses	R20/
	With glasses	R20/
Near Vision	Without glasses	R20/
	With glasses	R20/

Ears			
Hearing normal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are drums intact?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Head, Neck and Face	Normal ()	Abnormal ()
Nose and Sinuses	Normal ()	Abnormal ()
Mouth and Throat	Normal ()	Abnormal ()
Teeth	Normal ()	Abnormal ()
Lungs and Chest	Normal ()	Abnormal ()
Heart	Normal ()	Abnormal ()
Vascular System	Normal ()	Abnormal ()
Abdomen	Normal ()	Abnormal ()
Endocrine System	Normal ()	Abnormal ()
Female: Breast	Normal ()	Abnormal ()
Female: Pelvic	Normal ()	Abnormal ()
Male: Genital	Normal ()	Abnormal ()
Male: Hernia	Normal ()	Abnormal ()

Present Health: _____ Good _____ Fair _____ Poor _____ Date of exam: _____ / _____ / _____

I certify that the above information is true.

Physician's Signature _____

Student's Signature _____

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 Middle SS#/ID

Address _____
 Street City State Zip

Date of Birth ____ / ____ / ____ Contact Number _____ Email _____

Section A: Required Immunizations/Tests				
			Month/Day/Year	Month/Day/Year
1. Meningitis Vaccine- within the last 5 years (Menomune, Menactra, Menveo)				
2. Measles, Mumps, Rubella (MMR)				
3. Tetanus				
4. Tuberculosis Screening				
TB Skin Test by PPD	Date Placed	Date Read	MM	Neg <input type="checkbox"/> Pos <input type="checkbox"/>
Chest X-Ray (if positive PPD or lab)	Date	Result	Submit copy of chest X-ray report	

Section B: Recommended Immunizations				
Please attach documentation of all childhood vaccinations (copy of Blue Card)				
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
TD (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
AND/OR Tdap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio		Do not write here	Do not write here	
Hepatitis B				
Varicella (Chickenpox)			Do not write here	

I certify that the above dates and vaccinations are true.

Signature of License Health Care Professional or Authorized Individual _____ Date _____

Complete and return to: Gadsden State Community College,
 Admissions and Records, International Students
 P.O. Box 227, Gadsden, AL 35902-0227
 E-mail: international@gadsdenstate.edu



GADSDEN STATE COMMUNITY COLLEGE

Admissions and Records, International Students

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. **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.**

SECTION A - TO BE COMPLETED BY THE STUDENT

Family Name _____ First _____ Middle _____

Present Address _____

Institution Transferring From _____ Date of Attendance _____

I authorize my present International Student Advisor (or designated campus officer) to provide the information below

Student Signature _____ Date _____

SECTION B - TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR AT YOUR PRESENT OR LAST ATTENDED SCHOOL IN THE U.S.

The above named student has applied for admission to Gadsden State Community College. Your assistance is appreciated in completing this section below and returning this form with a copy of the student's current 1-20 and 1-94 to:

Gadsden State Community College
Admissions and Records, International Students
P.O. Box 227
Gadsden, AL 35902-0227

E-mail: international@gadsdenstate.edu
Telephone Number: 256.549.8324

1-94 Admission Number _____ Student Visa Type _____

1. Is this student currently IN STATUS with SEVIS? If yes, please give release date _____

- Yes If no, please explain: _____
- No _____

2. Is this student currently applying for reinstatement?

- Yes If yes, please provide date application was filed and copies of documents. _____
- No _____

3. Is this student currently under practical training?

- Yes If yes, please list all periods of authorized practical training (curricular or optional) if known. _____
- No _____

4. Is he/she eligible to re-enroll at your institution?

- Yes If no, please explain: _____
- No _____

5. Has this student had any disciplinary/behavioral problems at your institution?

- Yes If yes, please explain: _____
- No _____

6. Has student encountered financial problems at your institution?

- Yes If yes, please explain: _____
- No _____

I certify that the preceding is to the best of my knowledge true and correct.

Signature _____ Name and Title of Official _____ Date _____

Name and Address of Institution _____ Phone Number _____