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## **Application Deadlines**

Applying for F1 Status for the First Time:

- Fall Semester (September): June 1
- Spring Semester (January): October 1

Transferring F1 Status from Another Institution:

- Fall Semester (September): August 1
- Spring Semester (January): December 1

### Estimated Annual Expenses - Academic Year 2024-2025

Tuition and Fees*		\$13,860
Cost of Living per year (Housing and Food)**		\$17,750
Books, Supplies, etc.		\$3,510
Mandatory Health Insurance (per year)***		\$3,461
	TOTAL:	\$38,581

<sup>\*</sup>Based on 15 credits per semester. All costs are subject to change and may vary for each student.

Note: Some programs may charge additional fees

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<sup>\*\*</sup>Housing is not available at the college. Students are responsible for securing housing on their own. In addition, regardless of whether you live with family or friends in the area, you will still have to demonstrate that you have ample financial resources to support housing costs. There is an additional financial requirement for each dependent of \$10,970.

<sup>\*\*\*</sup>Massachusetts law requires that all international students have health insurance (MA General Law Chapter 15A, Section 18). A charge for health insurance will be added to the student's tuition unless proof of comparable insurance from a U.S. based company is provided.



## **Application Checklist**

### Apply to Berkshire Community College

I-20 Application Form

Affidavit of Support (must be notarized)

Bank Letter and proof of financial support (must have official bank stamp)

BCC Immunization Requirements Form

For F1 Transfer Students: submit current I-20

Official and evaluated transcripts (high school, university, etc.)

- Official transcripts must be evaluated by an outside agency accredited by the <u>National Association for Credential Evaluation Services (NACES)</u> or a member of <u>NAFSA</u>. Some examples are below:
  - O The Evaluation Company (TEC)
  - O The Center for Educational Documentation (CED)
  - O World Education Services (WES)
- All official and evaluated transcripts must be sent directly to admissions@berkshirecc.edu. Please note, official transcripts must be sent directly from the sending institution. We cannot accept transcripts sent to us electronically from students. If you are delivering the transcript by hand, it must be unopened with the official seal from the sending institution still intact.

Proof of English Language Proficiency (if applicable)

- All students seeking an International Student Visa (who are coming from countries that are non-native speakers of English) must demonstrate English language proficiency in one of the following ways:
  - O <u>Test of English as a Foreign Language (TOEFL)</u>: A minimum score of 80 or higher on the internet-based TOEFL (iBT) is required.
  - O International English Language Testing System (IELTS): A minimum score of 6.5 or higher is required.

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### Copy of Passport

- All applicants must submit copies of passport pages with demographic/ biographical information. Send photocopy to admissions@berkshirecc.edu.
- If you are a transfer F1 transfer student, submit a copy of the visa page(s).

### Copy of I-94 (if applicable)

 If you are <u>in the United States</u> at the time of your application, submit a copy of the <u>I-94 Arrival and Departure Record</u> (i.e. F1 student transfer or prospective student applying for change of status).



## International Student I-20 Application Form

To assist the DSO/PDSO to fill out your I-20 application through SEVIS, fill out the form below: Initial Attendance - Change of Status Requested\*\* I-20 Issue Reason: Initial Attendance\* \*A prospective student applying for a F1 Visa to enter the United States. \*\* A nonimmigrant student (in the United States) applying for a change of status to F1 with U.S. Citizenship and Immigration Service (USCIS). Surname/Primary Name: Preferred Name: Gender: Male Country of Citizenship: Female Other Country of Birth: Birth Date: Email Address: U.S. Telephone: I do not have a telephone number. Foreign Address: CITY PROVINCE COUNTRY ADDRESS TERRITORY POSTAL CODE U.S. Address: STATE ZIP CODE CITY U.S. Mailing Address: ADDRESS CITY STATE ZIP CODE

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# Dependent I-20 Application Form

Do you ha	ive any	dependents	as part of	your F1 Visa application?	Yes	No	
If yes, number of dependents:							
		Use this t	form to subi	nit each dependent information a	ns part of the Berksh	nire Community Col.	lege I-20 Application.
Depende	ent #:						
Surname/Prin	nary Nam	ie:					
Preferred Na	me:						
Gender:	Male	Female	Other	Country of Citizenship:			
Birth Date:				Country of Birth:			
Email Addres	ss:	MM/DD/YYYY					
U.S. Telepho	ne:			Dependent do	es not have a telepl	no™e number.	
U.S. Address							
		ADDRESS		CITY		S TE	ZIP CODE
Depende	nt #:						
Surname/Prim	nary Nam	e:					
Preferred Nar	me:						
Gender:	Male	Female	Other	Country of Citizenship:			
Birth Date:				Country of Birth:			
Email Address	s:	MM/DD/YYYY					
U.S. Telephor	ne:			Dependent doe	es not have a teleph	none number.	
U.S. Address:							
		ADDRESS		CITY		STATE	ZIP CODE

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## International Student Affidavit of Support

The United States Citizenship and Immigration Services require prospective international students to demonstrate that they are financially able to cover their educational expenses at least for the first academic year and that, barring unforeseen circumstances, adequate funding will be available for subsequent years.

Total Expenses	\$38,581	There is an additional financial requirement for each dependent of \$10,970.
Health Insurance	\$3,461***	***Massachusetts State Law requires that all full time International students participate in a health plan.
Books, Supplies, etc.	\$3,510**	**Costs may vary and this figure is only an estimate.
Housing and Food	\$17,750*	*Housing is not available at the college. Students are responsible for securing housing on their own.
Tuition and Fees	\$13,860	

The financial sponsor should complete this affidavit and provide current official bank or financial institution records that provide proof of readily available funds. This affidavit along with financial records must be stamped or sealed by a notary public; bank official or individual authorized to certify documents.

Applicant's Name		
Phone Number	E-mail Address	
Country of Citizenship	Country of Birth	
Home Country Address		
U.S. Address	CITY	STATE ZIP CODE
	CITY	STATE ZIP CODE
Dependents: Yes No If yes, number of dependents:	x \$10,970 =	
Sponsor's Name	Phone Num	ıber
Sponsor's Address		
Relationship with applicant:  Mother Father Relative Fri	end Other:	STATE ZIP CODE
Nature of Support: $\Box$ Tuition and fees for the amount of \$:	Living Expenses for the amount	t of \$:
I hereby certify that I sponsor while he/she is enrolle		support as above stated for
SPONSOR'S SIGNATURE	SEAL AND SIGNATURE OF NOTARY PUBLIC	
Data	Data	

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## International Student Application Packet

## Sample Bank Letter

- Letter must be in English and on official bank letterhead.
- Certified English translation must be submitted if in a language other than English.

Official copy of the bank letter with	ı bank statement(s) must be	e sent to <u>admissions@berkshirecc.edu</u> .
[Date]		
To Whom it May Concern,		
	(full name of financial sponsor)	_ has the total amount that exceeds
USD \$	This amount will be availa	able to
(must equal or exceed \$38,581)		(name of student)
while he/she/they is a student at Be	erkshire Community College	e.
Sincerely,		
(Printed Name and Title of Bank Official)		
(Timed Fame and Title of Bank Official)		
(Signature of Bank Official)		
		Official Stamp
		Or Sool of Book
		Seal of Bank

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Here



### IMMUNIZATION REQUIREMENTS

IMPORTANT: Return completed form to Immunization Records Office (A-107) before the first day of classes or you may be withdrawn from the college.

To comply with state legislation (Massachusetts General Laws 105 CMR 220.600.), BCC has adopted the following procedures on student immunizations:

#### WHO MUST RESPOND?

- Full-time students (12 credits or more) under the age of 30:
- All students in Nursing and Allied Health programs; or
- All international students.

### WHAT IS REQUIRED?

- 1. One dose of Tdap if it has been longer than five years since the last dose of Td.
- 2. Two doses of MMR combination vaccine for Measles, Mumps and Rubella.
- 3. Three doses of Hepatitis B vaccine.
- 4. Two doses Varicella.
- 5. A recent negative Tuberculosis test (or negative chest x-ray within the last five years) for all international students upon entering BCC.
- 6. Meningococcal vaccine required for students under 21 years of age. This vaccine may be waived after reading the Meningococcal Information and Waiver Form provided by BCC.

### **HOW TO SUBMIT INFORMATION REQUIRED?**

Visit CastleBranch: https://mycb.castlebranch.com/

Please access CastleBranch for instructions on setting up your account and the documentation process. All records must be uploaded prior to the first day of classes. Questions? Email studentengagement@berkshirecc.edu.

In the event no documentation can be obtained, you must be re-immunized against these diseases. Contact your personal physician or community health services agency.

\* Note: The Massachusetts Department of Public Health (MDPH) has confirmed that the requirements for full-time students has changed starting in 2019-2020. Specifically, the immunization requirements will no longer apply to all full-time students, but only to those students who are "under 30 years of age." The immunization requirements for full and part-time health science students remain unchanged.

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, or national origin in its education programs or employment.

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