INTERNATIONAL STUDENT APPLICATION PACKET

Dear Applicant:

Within this packet, you will find an application for admission and other important information you will need to be accepted into the college. Please complete and return the application and $10.00 application fee along with the documents listed on the Admissions Requirements page, as soon as possible or by the appropriate time listed below. Deadline dates are strictly enforced. Therefore, it is important that we receive your information by the scheduled deadline or before, to allow time for evaluation, acceptance and application for your Visa. If you wish to have your documents sent back to you in your country by FEDEX, DHL or other express carrier, please enclose a credit card number so that you may be billed.

APPLICATION DEADLINES

<table>
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<tr>
<th></th>
<th>NEW STUDENT</th>
<th>TRANSFER STUDENT</th>
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</thead>
<tbody>
<tr>
<td>Summer Enrollment</td>
<td>Third Friday in March</td>
<td>Last Friday in April</td>
</tr>
<tr>
<td>Fall Enrollment</td>
<td>Third Friday in June</td>
<td>Last Friday in July</td>
</tr>
<tr>
<td>Spring Enrollment</td>
<td>Third Friday in October</td>
<td>Second Friday in December</td>
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St. Charles Community College does not offer student housing. However, living accommodations may be found within the community. It will be the responsibility of the student to arrange for housing and transportation. Students are required to submit notarized copies of affidavits of support.

Should you have any questions or need additional information, please contact us by email. We look forward to having you study with us.

Sincerely,

Laurie Bernardy
International Student Support Specialist
international@stchas.edu
For an appointment: www.stchas.edu/internationalappointment

(4/17)
ADMISSIONS REQUIREMENTS FOR INTERNATIONAL STUDENTS

1. Complete an application for admissions and submit it along with $10.00 application fee to the Enrollment Services Office. In addition to the application, students must fill out the required Tuberculosis Form.

2. Submit official TOEFL scores. A minimum score of 173 is required on the computerized version of the TOEFL, a minimum of 500 is required on the written version, and a minimum of 61 is required on the internet version. We no longer will accept TOEFL waivers. All students must complete the TOEFL exam before consideration. Our TOEFL school code number is 6771. We will accept iELTS scores of 5 to 6 as well.

3. Submit official transcripts of high school and college work. The transcripts must be translated into English and include course descriptions and final grades with an explanation of the grading system.

4. Applicants who have attended college in the United States should request to have official transcripts sent to the Registrar’s Office. Transcripts must be mailed directly from the transferring school’s record’s office. Hand carried copies are not accepted. Transfer students must also complete the “Supplemental Information Form” included in this packet. The letter must state that you are a currently enrolled student in good standing.

5. Every international student is required to submit an affidavit of financial support that certifies he/she has adequate funds to support himself/herself throughout his/her course of study under normal conditions. The form must be notarized and not more than one year old. A certified current bank statement should accompany the letter of support.

6. Transfer students must also submit a copy of their Form I-94 (arrival-departure record). It must be current and valid. We reserve the right to deny admissions to any student with an expired form I-94. Copies of transfer student’s passport, visa, current and past I-20’s must also be included. Passport must be current.

7. Every international student should complete the enclosed “Conditions of Enrollment” statement. This form must be received before an I-20 will be requested from BCIS.

8. International students who are attending another institution and wish to enroll an SCC as a visiting student must submit the following information by the stated deadline: An Application for Admissions, a letter from the institution the student had been authorized by BCIS to attend, certifying that the student is enrolled full-time, copies of visa, passport and I-20.

9. All incoming students are required to complete the Academic Skills Assessment. This must be done prior to enrollment of the first semester. For information about the Academic Skills Assessment, please see www.stchas.edu/assessment. After completing the Assessment, an advising appointment with the International Student Coordinator is required. To schedule this appointment, go to www.stchas.edu/internationalappointment.

10. SCC does not provide housing or transportation. Students should make their own arrangements for housing and transportation from the airport upon arrival as well as transportation to the college.

11. Tuition and fees are due in full by the payment due date per semester. During the first semester, the NELNET Payment Plan Option is not available to International Students or their sponsors.

12. Each semester International Students are required to provide proof of health care insurance. SCC does not provide insurance however; we will provide names of various companies who offer insurance
St. Charles Community College

CONDITIONS OF ENROLLMENT

☐ An international student (IS) is subject to the college’s Academic Standards of Progress.

☐ An international student must be in status to enroll and must in enroll a minimum of twelve (12) credit hours each semester (excluding summer semester). An international student must also complete his/her course of study at St. Charles Community College within six (6) semesters (including summers). You will be considered automatically out of status if your grade point average drops below 2.0 or you drop below 12 credits hours without permission from the International Student Coordinator.

☐ Every international student must enroll in a degree program of study and have a stated degree objective on file at the college.

☐ Under no circumstances will the international student be allowed to work during the first full-year of attendance. International Students can work on campus as Student Assistants.

☐ International students must secure and maintain their own housing. Campus housing or assistance with locating housing is not available.

☐ St. Charles Community College does not provide transportation to or from the airport.

☐ Financial assistance from St. Charles Community College is not available to international students. All expenses incurred are the responsibility of the student and/or his/her sponsors or legal guardian. Fees must be paid by the due date for the semester enrolled.

☐ Students entering St. Charles Community College on a visa (most classifications), will be assessed fee at the “Out of State” rate.

☐ Acceptance and approval from SCC does not guarantee an I-20 or student visa will be issued. The final decision is made by immigration.

☐ Student must provide proof of health care insurance prior to registration for each semester.

Tuition and fees are due in full by the payment due date per semester or all classes will be dropped. During the first semester, the Nelnet Payment Plan Option is not available to International Students or their sponsors. Federal aid and work study are funded by tax dollars and therefore international students are not eligible, however, every spring Foundation scholarship applications are available to International Students.

I fully understand the above conditions of enrollment and agree to comply with St. Charles Community College international student policies. I further understand that I will be subject to termination from the college should I fail to complete a minimum of twelve (12) credit hours over the fall/spring semester, drop below a 2.0 grade point average each semester, and/or fail to complete the Associate Degree requirements within six (6) semesters (including summers).

__________________________________________________________________________

Student Signature

Date

(4/17)
REQUIRED BIOGRAPHICAL INFORMATION
The following must be submitted before an I-20 will be requested.

Family Name:_____________________________________________________
First Name:_____________________________________________________
Middle Name:___________________________________________________

Gender:_____ M _____ F Date of Birth:_________________________ (mm/dd/yyyy)

Country of Birth:__________________________ City of Birth:________________

Country of Citizenship:______________________________________________

Admissions Number (if you currently possess an I-94 entry document):____________

Foreign Address
Address 1:_____________________________________________________
Address 2:_____________________________________________________
City:_________________________________________________________
Province/Territory:_____________________________________________
Postal Code:___________________________________________________
Country:_______________________________________________________

U.S. Address (in Missouri)
Address 1:_____________________________________________________
Address 2:_____________________________________________________
City:_________________________________________________________
State:________________________________________________________
Zip Code:_____________________________________________________

Please supply the following information on each dependent (spouse and/or children only) you will be claiming in your I-20. Use a separate sheet of paper if necessary.

<table>
<thead>
<tr>
<th>Family Name</th>
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<tbody>
<tr>
<td>First Name</td>
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<td>Middle Name</td>
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<td>Date of Birth</td>
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<td>Country of Citizenship</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Relationship</td>
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</tr>
</tbody>
</table>
SUPPLEMENTAL INFORMATION FORM

(Complete this form only if you have attended another college or university in the USA)

Please complete the information requested below and send or give it to the International Student Advisor at the U.S. institution which you currently attend or did attend. Your advisor should mail or fax the completed document to: Enrollment Services – International Admissions, St. Charles Community College, 4601 Mid Rivers Mall Drive, Cottleville, MO 63376. Fax: 636-922-8580. This completed form is required for your admissions to SCC. Please attach a copy of your I-94, I-20 (all pages), and your VISA.

NAME:_____________________________________________________

COUNTRY OF CITIZENSHIP:__________________________________

CURRENT ADDRESS:________________________________________

DATE OF BIRTH:____________________ VISA TYPE:______________

ORIGINAL SCHOOL TO ISSUE YOU AN I-20:____________________ (Date)

OTHER SCHOOLS TO ISSUE YOU AN I-20:____________________ (Date)

COUNTRY ISSUING YOUR PASSPORT:___________________________ (Date)

CITY and DATE OF MOST RECENT ENTRY INTO U.S.:_____________ (Date)

I hereby request and give permission for the information below to be released to St. Charles Community College. X

Applicant's Signature __________________________ Date ________________

******TO BE COMPLETED BY DESIGNATED SCHOOL OFFICIAL******

Is this student in good status at your institution? Yes No
If no, please explain:_____________________________________________________________________

Has student ever had a reduced course load? Yes No Reason: Medical _____ Academic _____

To the best of your knowledge, is the above student eligible for transfer as addressed by 8CFR214.2(f)(8)? Yes No
If no, please explain:_____________________________________________________________________

SEVIS transfer release date:____________________ SEVIS# N______________

MM/DD/YEAR

I have reviewed the information above and find it to be accurate. ____________________________ Date

Advisor’s Name Printed and Signature __________________________ Title ________________________

School Address __________________________ City __________________ State _________ Zip _________ (Area) Phone _________
Prospective Students
Who Are Currently On A Visa

(Only complete this section if you are currently on any visa other than F1)

Are you currently on a visa other than an F1? _______ Yes ______ No (if no, do not complete this page)

What visa are you currently on?  ____________________________________________

Issued date of visa ______________  Expiration date of visa ______________

________________________________________________________________________

If you are currently on a “B” visa please complete the following:

Does your “B” visa bear the notation “prospective student”? _______ Yes ______ No

If no, did the intention to study in the U.S. arise before you entered the United States on your “B” visa? _______ Yes ______ No

Or, did the intention to study in the U.S. arise after you entered the United States on your “B” visa? _______ Yes ______ No

B visa holders who do not have the “prospective student” notation on their visas may find it easier to do an initial attendance I-20. An initial attendance I-20 does require the student to return to his/her home country to obtain an F1 visa. Students who wish to do a change of status from a B visa to an F1 visa need to be aware that the change of status process is very timely and you are not guaranteed that your change of status request will be accepted. Students whose B visa is stamped “prospective student” usually can file a change of status request without many problems. Students who do not have the “prospective student” stamp on their B visas usually do encounter problems when attempting to change their status. It is the student’s decision whether to do a change of status. Please remember you must have your student visa prior to registering for courses.
FINANCIAL INFORMATION

ESTIMATE COSTS PER ACADEMIC YEAR (9 MONTHS)

Tuition and Fees (12 credit hours per each semester) $5,376.00
Living Expenses 9,000.00
Books, Transportation/ Miscellaneous 4,924.00
Total 19,300.00

ESTIMATE OF SUMMER EXPENSES (3 MONTHS)

Tuition and Fees (6 credit hours) $1,344.00
Living Expenses 2,000.00
Books, Transportation/Miscellaneous 1,065.00
Total 4,409.00

TOTAL ESTIMATE EXPENSES FOR 1 YEAR

12 MONTHS $23,709.00

*Tuition and Fees are due in full by the payment due date per semester. During the first semester the NELNET Payment Plan Option is not available to International Students or their sponsors.

Affidavit of Financial Support

International students whose sponsor(s) are providing room and board and transportation to and from school must complete the “Affidavit of Financial Support—Tuition, Fees, and Supplies.” This affidavit must be supported by a notarized bank statement for $12,679.00. Use this affidavit only if you plan to live with your sponsor.

International students whose sponsor(s) are not providing room and board and transportation to and from school must complete the “Affidavit of Financial Support—Tuition, Fees, Supplies, and Living Expenses.” This affidavit must be supported by a notarized bank statement for $23,679.00. Use this affidavit if you do not plan to live with your sponsor(s) and therefore will incur living expenses.
An I-20 will not be requested without the appropriate affidavit of support and bank statement.
St. Charles Community College
Affidavit of Financial Support
(Tuition, Fees, Supplies, and Living Expenses)

I/We, ____________________________, whose address is ____________________________, being duly sworn, deposite and say:

That it is my/our intention to have (student’s name) ____________________________, who resides at (foreign address if new to US) ____________________________, come to the United States to study at St. Charles Community College and reside at (local address) ____________________________. That I/we are willing and able to receive, maintain, and support the prospective student. That I/we are ready and willing to provide adequate financial support for the above named student to cover tuition, fees, supplies, and living expenses for a minimum of one academic year and to ensure that the student will not become a public charge during his/her stay in the United States. I/We agree to provide financial support in the amount of $23,709.00 per academic year of study. That this affidavit is made for the purpose of assuring St. Charles Community College that (student’s name) ____________________________, will not find it necessary to appeal to the college for scholarship or other aid.

Subscribe and sworn before me this _____ day of __________ 20____ at ________________

Notary Public or First Class Magistrate
(Provide notary seal in space below)

Sponsor(s) Signature(s) Print Name

Address

City, State, Zip Code

Telephone number

Please attach an original bank statement showing adequate funds as indicated above (faxed copies and photocopies are not acceptable). The account holder’s name on the bank statement must match the name of the person signing the Affidavit of Financial Support. Bank statements must be current (less than 1 year old).
St. Charles Community College
Affidavit of Financial Support
(Tuition, Fees, and Supplies)

I/We, __________________________________________________________, whose address is
______________________________________________________________, being duly sworn, depose and say:

That it is my/our intention to have (student’s name) ______________________________________ who
resides at (foreign address if new to US) ____________________________________________

come to the United States to study at St. Charles Community College and reside at (local
address) ____________________________________________________________.

That I/we are willing and able to receive, maintain, and support the prospective student to
ensure that the student will not become a public charge during his/her stay in the United States.

That I/we are ready and willing to provide adequate financial support for the above named
student to cover tuition, fees, and supplies. I/We agree to provide room and board and
transportation to and from school for the duration of the above student’s degree program. I/We
agree to provide financial support in the amount of $12,679.00 per academic year of study.

That this affidavit is made for the purpose of assuring St. Charles Community College that
(student’s name) ______________________________________ will not find it necessary to
appeal to the college for scholarship or other aid.

Subscribe and sworn before me this
_____ day of _____ 20____ at

Notary Public or First Class Magistrate
(Provide notary seal in space below)

Sponsor(s) Signature(s)  Print Name

Address

City, State, Zip Code

Telephone number

Please attach an original bank statement showing adequate funds as indicated above
(faxed copies and photocopies are not acceptable). The account holder’s name on the
bank statement must match the name of the person signing the Affidavit of Financial
Support. Bank statements must be current (less than 1 year old).
St. Charles Community College
Affidavit of Financial Support
(Tuition, Fees, Supplies, and Living Expenses for Student and Dependents)

I/We, ________________________________________, whose address is
____________________________________________, being duly sworn, depose and say:

That it is my/our intention to have (student’s name) ___________________________ who
resides at (foreign address) __________________________________________

come to the United States to study at St. Charles Community College and reside at (local
address) __________________________________________.

That I/we are willing and able to receive, maintain, and support the prospective student and
his/her dependents. That I/we are ready and willing to provide adequate financial support for
the above named student and his/her dependents to cover tuition, fees, supplies, and living
expenses for a minimum of one academic year and to ensure that the student and his/her
dependents will not become a public charge during their stay in the United States. I/We agree
to provide financial support in the amount of $23,709.00 per academic year of study for the
above-named student. In addition, I/We agree to provide $3,600.00 per dependent* (totaling
______ dependents or $______) on the above named student. That this affidavit is
made for the purpose of assuring St. Charles Community College that (student’s name)
______________________________ and his/her dependents will not find it necessary
to appeal to the college for scholarship or other aid.
Please list each dependent name below.

________________________________________

________________________________________

________________________________________

Subscribe and sworn before me this
______ day of ________ 20____ at

Notary Public or First Class Magistrate
(Provide notary seal in space below)

Sponsor(s) Signature(s)    Print Name
________________________________________

Address
________________________________________

City, State, Zip Code
________________________________________

Telephone number

Please attach an original bank statement showing adequate funds as indicated above (faxed copies and photocopies are not acceptable). The account holder’s name on the bank statement must match the name of the person signing the Affidavit of Financial Support. Bank statements must be current (less than 1 year old).
SPECIAL MAILING OPTION FOR THOSE OUTSIDE U.S.A.

Courier Service Request
Applicants to the St. Charles Community College can request to have their immigration and/or admission documents sent to them via private courier service. The applicant is responsible for all fees associated with shipping and must complete and return this form by fax (+1.636-922-8580) or mail (Laurie Bernardy, SCC, 4601 Mid Rivers Mall Dr., Cottleville, MO. 63376 USA). Documents will be sent via FedEx or DHL to the address included on this form once the completed request form has been received. PRINT CAREFULLY OR TYPE

Name: ____________________________________________
     (Last family name)                                    (First given name)

Email Address: _______________________________________________________

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Card Holder’s Name: ____________________________________________
     (Last family name)                                    (First given name)

Credit Card Number: _______________________________ Three-digit Security Code:_______

Expiration Date: Month: Year:

Credit Card Authorization
If the card you are using is not in your name, the cardholder must complete this section.

I, ____________________________________________ hereby authorize ____________________________________________
     (cardholder)                                            (applicant / student)
to charge to my credit card the cost of shipping their documents from St. Charles Community College by private courier.

_________________________________________ Date: ______________________________

Signed, (Cardholder’s Signature)

Shipping Address
Please enter your shipping address below. Be sure to include a valid phone number.

Address: ________________________________________________
                      _____________________________________________

City: __________________________ Province/State: __________ Postal Code: __________

Country: __________________________ Phone Number __________________________

(04/13)
INTERNATIONAL STUDENT CHECKLIST

1. _____ Completed, submitted, an Application for Admission and paid $10 USD fee; complete the required Tuberculosis Form.

2. _____ Submitted official copies of TOEFL scores. Must have a minimum score of 61 on the internet version, or 173 on the computerized version of the TOEFL and a minimum of 500 on the written version. The TOEFL exam is not necessary if the student has completed a college level English course at an U.S. post-secondary institution.

3. _____ Submitted official high school and college transcripts from students country. All transcripts must be translated into English and include course descriptions and final grades with an explanation of the grading system.  
   High School: ____________________  College(s): ____________________
   ____________________, ____________________

4. _____ Received all copies of high school and college transcripts from course work completed in the United States. College(s): ____________________

5. _____ Completed and submitted “Biographical Information” form. (Included in International Student Packet). Must be received before I-20 is issued.

6. _____ Submitted “Conditions of Enrollment” statement. (Included in International Student Packet). Must be received before I-20 is issued.

7. _____ Submitted a copy of his/her Passport, Visa, valid Form I-94 (VISA), current and past I-20’s. (current and past I-20 are for transfer students only)

8. _____ Submitted a notarized financial statement certifying he/she has adequate funds ($23,709.00) for the duration of his/her course of study. A certified current bank statement must accompany the financial statement. The bank statement and financial statement are only valid for one year.

9. _____ Complete and submit the “Supplemental Information Form.” (Included in International Student Packet) (For transfer students only.)

10. _____ Complete and submit the “Prospective Students Who Are on a Current Visa” form.

11. _____ International students who are attending another educational institution and wish to enroll at SCC as a visiting student must submit the following information by the stated deadline:
    Completed and submitted an Application for Admission.
    Submitted a letter from the institution that the student has been authorized by the Immigration and Naturalization Service to attend, certifying that he/she is enroll full-time.

12. _____ Completed SCC Assessment tests, if needed.

13. _____ Proof of one year of health insurance.
APPLICATION FOR ADMISSION

ST. CHARLES COMMUNITY COLLEGE

Section I: Personal Data

First, Middle and Last Name __________________________________________

Other Names Previously Used ________________________________________

Date of Birth ___________________________ Social Security Number ________

Gender □ Male  □ Female  Current Marital Status □ Single  □ Married  □ Divorced  □ Widowed

Residential Address __________________________________________________

Mailing Address (if different from above) __________________________________

K-12 School District Where You Reside ____________________________________

Country of Citizenship (if other than USA, see Citizenship Data Section IV) __________

Phone ___________ Alternate Phone Number ___________ Email ___________

Emergency Contact __________________________ Phone Number _____________

Section II: Educational Goals

Term for Which You Are Applying:  □ Fall  □ Spring  □ Summer  Year: __________

Which of the following best describes your goal while enrolled at SCC? (Please check only the box that most closely relates to your present enrollment purpose and then follow the appropriate instructions.)

□ ASSOCIATE OF ARTS (AA) This degree is awarded to students completing the requirements of the academic transfer program with a minimum of 64 semester hours including general education core requirements. It generally parallels the first two years of a Bachelor of Arts degree at a four-year institution. (If this box is checked, please go to the next section and mark the appropriate box.)

□ ASSOCIATE OF ARTS TEACHER EDUCATION (AAT) This degree is awarded to students who have completed the requirements of the academic transfer program for future educators. It is a 62-hour program that includes a general education core and electives/institutional requirements. It generally parallels the first two years of a Bachelor of Arts degree at a four-year institution. (If this box is checked, please go to the next section and mark the appropriate box.)

□ ASSOCIATE OF SCIENCE (AS) This degree is awarded to students completing the requirements of the specifically identified programs of nursing, health information technology and engineering, with a minimum of 64 semester hours. It generally parallels the first two years of a Bachelor of Arts degree or a Bachelor of Science degree at a four-year institution. (If this box is checked, please go to the next section and mark the appropriate box.)

□ ASSOCIATE OF APPLIED SCIENCE (AAS) This degree is awarded to students completing the requirements of one of the career/technical programs with a minimum of 64 semester hours. Although this is not intended to be a transfer degree, some of the courses will transfer to four-year institutions. (If this box is checked, please go to the next section and mark the appropriate box.)

□ CERTIFICATE OF ACHIEVEMENT (CER) Certificates are awarded upon completion of a prescribed sequence of courses for each program. Normally, two semesters are necessary to complete the requirements for a one-year certificate. (If this box is checked, please go to the next section and mark the appropriate box.)

□ GENERAL EDUCATION CERTIFICATE (CER.GENED) This program signifies that the student has met the 42 credit hour general education requirements that are necessary for transfer to any public institution in Missouri. General Education is a 42-hour program that allows students to explore a variety of disciplines and introduces the fundamentals of a college education from the perspectives of different subject areas. (If this box is checked, please go to the next section and mark the appropriate box.)

□ CERTIFICATE OF SPECIALIZATION (CS) This certificate is for people who desire information or skills in a specific area related to their current job. They usually can be completed in a short period of time. (If this box is checked, please go to the next section and mark the appropriate box.)

□ SELECTED COURSE WORK (Not seeking a degree or certificate at SCC.) Selecting this option will disqualify you from financial aid.
Section III: Primary Area of Interest (Check one)

ASSOCIATE OF ARTS (AA)
- Undecided

ASSOCIATE OF ARTS TEACHER EDUCATION (AAT)
- Early Childhood
- Elementary
- Secondary

ASSOCIATE OF SCIENCE (AS)
- ADN (RN) Nursing
- Biology
- Chemistry
- Cyber Security
- Engineering
- Environmental Health & Safety
- Exercise Science
- Health Information Management
- Management Information Systems
- Pre-Pharmacy
- Programming
- Recreation/Leisure
- Sports Management

ASSOCIATE OF APPLIED SCIENCE (AAS)
- Business Administration
  - Accounting
  - Finance
- Business Technology
- Child Care & Early Education
- Computer-Aided Drafting
- Computer Science
  - Computer Programming
  - Cyber Security
  - Database Management
  - Information Systems
  - Multimedia/Web Design
  - Networking
  - Network Security
- Criminal Justice: Law Enforcement

ASSOCIATE OF APPLIED SCIENCE (Continued)
- Education
  - Paraprofessional
  - Paraprofessional/Autism Education Specialist
- Emergency Medical Science
- General Technology
- Graphic Design
- Human Services
  - General
  - Gerontology
  - Victimology
  - Youth Services
  - Addiction Services
- Occupational Therapy Assistant
- Skilled Trades

CERTIFICATES (CER)
- Business Administration
  - Accounting
  - Management
  - Marketing
- Business Technology
  - Computer Applications
  - Desktop Publishing
- Child Care & Early Education
- Computer-Aided Drafting
- Computer Science
  - Data Management
  - Advanced Network Design
  - Multimedia
  - Programming Languages
  - Networking
  - Web Design
  - Network Design
- Criminal Justice: Law Enforcement
- General Education
- Global Studies
- Practical Nursing (LPN)
- ESL (English As A Second Language)

Section IV: Citizenship Data (Please skip to section V if you are a U.S. citizen.)

Are you a resident alien?
- Yes (Please submit a copy of your resident alien card.)
- No What type of visa do you possess? ____________________________
  (Please submit a copy of your visa to the Enrollment Services Department, ADM 1113.)

Are you applying for a student visa (F1) from SCC?
- Yes (If yes, you must complete the Foreign Student Application packet.)
- No
Section V: Educational Background

HIGH SCHOOL

Are you participating in, or have you completed, the A+ Program at your high school within the last 48 months?
☐ Yes  ☐ No

☐ High School____________________________ City/State __________________________
   Date of Graduation or Anticipated Date of Graduation ____________________________

☐ Home Schooled
   Date of Graduation or Anticipated Date of Graduation ____________________________

☐ Passed GED Test
   Date of Graduation or Anticipated Date of Graduation ____________________________

☐ Passed HiSET
   Date of Graduation or Anticipated Date of Graduation ____________________________

☐ Not a high school graduate nor attending
   Month/year of separation from high school ____________________________

COLLEGES & UNIVERSITIES ATTENDED

Name of School____________________________ City/State __________________________
   Dates Attended ___________ Credits Earned ______ Degree(s) Earned __________________________

Name of School____________________________ City/State __________________________
   Dates Attended ___________ Credits Earned ______ Degree(s) Earned __________________________

Name of School____________________________ City/State __________________________
   Dates Attended ___________ Credits Earned ______ Degree(s) Earned __________________________

List any additional college information on a separate sheet of paper.
APPLICATION FOR ADMISSION

Section VI: Other Demographic Data (Answers below will not be used as factors for acceptance to SCC.)

Are you:

- Hispanic/Latino  □ Non-Hispanic/Latino

Please also check any of the following which apply to you:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

Is English your first language?

- Yes  □ No  If "No", what is your first language? ________________________________

After you start at SCC, will you also be taking courses at any of the following:

- Vocational/technical school
- Four year college/university
- Another community college
- High school
- None

Are you planning to complete a degree or certificate at SCC?

- Yes  □ No

Other than degree/certificate completion, what is the most important reason you are attending SCC?

- To take classes, then transfer
- To get a degree, then transfer
- To prepare for first-time entry into a career
- For personal interest or self-improvement
- To improve existing job skills
- To prepare for a career change
- None of the above

Effective October 2013, Missouri Senate Bill 197 requires new students attending any college or university in the state of Missouri be screened for Tuberculosis (TB). The screening must follow the Center for Disease Control protocols that screen individuals based on their time outside the United States, for their exposure to TB, or those individuals who are more at risk for coming in contact with someone who has TB.

Please answer the following questions:

Were you born outside of the United States?  □ Yes  □ No
Have you lived outside the United States for two or more months consecutively?  □ Yes  □ No
Have you ever been sick with Tuberculosis?  □ Yes  □ No
Have you ever had close contact with anyone who has or had TB?  □ Yes  □ No
Have you ever been diagnosed with TB?  □ Yes  □ No

If you answered "Yes" to any of the above questions, SCC will be contacting you regarding the next steps.

SCC often photographs and videos its students, faculty and staff for use in its publications, public relations, marketing and website. Anyone who does not want his or her photograph/image used for these purposes should file a written request with the SCC Marketing and Communications Department.

Signature ____________________________________________ Date __________________________
Missouri Revised Statutes, Chapter 199, Section 199.290.1 requires that all institutions of higher education in Missouri implement a targeted TB testing program on their campuses for all on-campus students and faculty, effective August 2015. This process will begin with a short survey. For most, that will be all that is needed. If any of the survey questions are answered “YES,” then TB testing will be required.

Screening and targeted testing for tuberculosis (TB) is a key strategy for controlling and preventing infection on college and university campuses. Early detection provides an opportunity to promote the health of affected individuals through prompt diagnosis and treatment while preventing potential spread to others. Implementation of a screening and targeted testing program not only addresses public health concern in campus communities but also contributes to the larger public health goal of reducing the burden of TB in the United States.

Name ___________________________ Date ____________

Part I: Tuberculosis (TB) Screening Questionnaire for Students

Please answer the following questions:

- Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No
- Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) ☐ Yes ☐ No

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<tr>
<th>Country</th>
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<td>Ethiopia</td>
<td>Libya</td>
<td>Timor-Leste</td>
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<td>Fiji</td>
<td>Lithuania</td>
<td>Togo</td>
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<td>French Polynesia</td>
<td>Madagascar</td>
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<td>Indonesia</td>
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- Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) ☐ Yes ☐ No
- Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☐ No
- Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? ☐ Yes ☐ No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ☐ Yes ☐ No

*The significance of the travel exposure should be discussed with a health care provider and evaluated

- If the answer is YES to any of the above questions, St. Charles Community College requires that you receive TB testing as soon as possible by a local public health agency but at least prior to the start of the subsequent semester.
- If the answer to all of the above questions is NO, no further testing or further action is required. Return page 1 of this form to Enrollment Services, ADM 1113.

To the best of my knowledge, the information provided above is true and complete.

Name ___________________________ Date ____________
Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below)  Yes____ No____

History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes____ No____

1. TB Symptom Check

Does the person have signs or symptoms of active pulmonary tuberculosis disease?  Yes____ No____

If No, proceed to 2 or 3

If yes, check below:
- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given:_____/_____/_____  Date Read:_____/_____/_____

M D Y        M D Y

Result:_______mm of induration  **Interpretation: positive____negative____

Date Given:_____/_____/_____  Date Read:_____/_____/_____

M D Y        M D Y

Result:_______mm of induration  **Interpretation: positive____negative____

**Interpretation guidelines

>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:
- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:
- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: __/__/____ (specify method) QFT-GIT T-Spot other____

M    D    Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

Date Obtained: __/__/____ (specify method) QFT-GIT T-Spot other____

M    D    Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: __/__/____ Result: normal____ abnormal____

M    D    Y

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

☐ Infected with HIV
☐ Recently infected with M. tuberculosis (within the past 2 years)
☐ History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
☐ Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
☐ Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
☐ Have had a gastrectomy or jejunoileal bypass
☐ Weigh less than 90% of their ideal body weight
☐ Cigarette smokers and persons who abuse drugs and/or alcohol

**Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

_____ Student member agrees to receive treatment

_____ Student member declines treatment at this time

________________________  ______________________
Health Care Professional Signature                  Date

Return all pages of this form to.