



A College of the State University of New York

INTERNATIONAL STUDENT APPLICATION PACKET

Office of Student Recruitment
4585 West Seneca Turnpike, Syracuse, NY 13215
(315) 498-2221 • international@sunyocc.edu

ADMISSION APPLICATION AND INSTRUCTIONS

We encourage you to apply EARLY. Please use this checklist to assist you with the admission process. For detailed instructions, please visit us at www.sunyocc.edu/admissions. If you have concerns or questions about the program you're interested in, call our Student Recruitment office at (315) 498-2221 or e-mail us at international@sunyocc.edu and we will help you.

Application Deadlines

To ensure a thorough review of each candidate's application for admission to the College, the following deadlines have been established for the submission of all required documents.

Application Deadlines by Semester

Fall – July 1 • Spring – Nov 15 • Summer – April 1 (Please note: we do not offer ESL classes in the summer.)

Students who are offered admission to the College will be contacted for advisement, registration, and orientation.

STEP 1: Complete an application for admission included in this packet

Complete the enclosed free Onondaga Community College admission application

NOTE: Only one application is needed

STEP 2: Sending Transcripts

Proof of High School Graduation and/or College Attendance

A. High School Graduation Documents

International students must be graduates of a school that is considered equivalent in level to a U.S. high school as determined by the American Association of Collegiate Registrars and Admissions Officers (AACRAO).

As proof, the following official documents must be mailed to us directly from the high school and/or examination board certifying graduation:

- i. Transcripts
- ii. Diploma or Certificate (If only one document is available, we will accept notarized or certified copies of the original document)

B. College Attendance/College Graduation Documents

Students who have completed academic work outside the U.S. and would like to use that document for admission purposes only must **provide official academic credentials as well as English translations** of the documents. If only one document is available, we will accept notarized or certified copies of the original document. If translations are needed, it is the student's responsibility to have the credentials translated by a reputable translation service. Please arrange to have all Proof of High School Graduation and/or College Attendance documents, accompanied by certified English translations, in addition to the completed application for admission, sent directly to the Office of Admissions, 4585 West Seneca Turnpike, Syracuse, NY USA 13215.

Students interested in transferring credits to OCC must proceed with a **credentials evaluation**. In this case, the official transcripts and diplomas must be mailed directly to the agency. The evaluation agency will mail us a report. In order to give you maximum credits transferred, we will need a comprehensive report - course by course with GPA.

We recommend the following foreign credential evaluation services:

- i. Evaluation Service, INC.: www.evaluationservice.net <<http://www.evaluationservice.net/>>
- ii. World Education Services: www.wes.org <<http://www.wes.org/>>

Please arrange to have the evaluation report to be mailed to the Office of Admissions, 4585 West Seneca Turnpike, Syracuse, NY USA 13215.

STEP 3: Complete the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS)

The results of the Test of English as a Foreign Language (TOEFL) must be received from all students of non-English speaking countries. Results must come directly from the testing service. School code is 2627. A minimum score of 173 (computer-based) or 61 (internet-based) must be achieved on this test. The results from IELTS can be used for admission purpose as well. A minimum score of 5 is required on the IELTS. General Certificate of Education (GCE) results may be submitted in place of the TOEFL. The GCE must have five passes, including English with a C or better.

Non-native English speaking applicants already in the U.S.A. may be eligible for alternative English language testing.

STEP 4: Complete the FSA-4 form regarding proof of financial resources included in this packet

All candidates must return a completed International Student Financial Statement (FSA-4), with the application. Refer to Student Budget Estimate below for estimated costs. Financial aid is not available for international students.

F-1 Visa Students	
2015-2016 School Year Estimated Costs:	2016-2017 Tuition..... \$9,140.00
	Health Insurance* (based on 2015-2016 rates):
	Fall.....\$542.50
	Spring/Summer.....\$759.50
	Mandatory Fees:
	New Student Programming**** \$34.00
	Technology Fee.....\$300.00
	Rec. & Wellness Fee.....\$190.00
	Student Activity Fee..... \$94.00
	International Fee.....\$350.00
	Total Tuition, Fees & Health Insurance*: \$11,410.00
	Books & Supplies** \$1,230.00
	Room and Board*** \$8,150.00
	Personal & Incidental..... \$2,052.00
	Total Estimated Cost: \$22,842.00

If you are bringing a spouse with you, you need to provide proof of an additional \$3,000.
If you are bringing a child (dependent) with you, you need to provide proof of an additional \$5,000 per child.

* Does not include any additional course specific fees. Insurance rates subject to change.
 ** Cost of books may vary based on the major and could be more or less than this amount.
 *** Based on triple occupancy and a 12-meal-per-week meal plan.
 **** One-time only fee charged upon first matriculation.

STEP 5: Provide Immunization records to Onondaga Community College

For complete immunization requirements, information and forms go to: www.sunyocc.edu/admissions and choose immunization requirements.

New York State Public Health Law requires all students attending college born after December 31, 1956, to provide immunization records to demonstrate immunity to measles, mumps and rubella. Acceptable immunization records need to be signed or stamped by a health care provider or school nurse.

Immunity consists of:

- A. Two (2) doses of live measles vaccine, on or after the first birthday, and at least thirty (30) days apart, or blood work demonstrating immunity
- B. One (1) dose of live mumps vaccine or blood work demonstrating immunity
- C. One (1) dose of live rubella vaccine or blood work demonstrating immunity
- D. One (1) dose of meningococcal meningitis vaccine, highly recommended (especially for students living in residence halls), but not required. Students who elect not to be immunized for meningococcal meningitis must sign a statement declining immunization. For students less than 18 years of age, statements must be signed by a parent or guardian.

Before a student may register for classes, all required Proof of Immunization records and forms must be completed and received at Student Central, Gordon Student Center: fax to 315-469-9270 or e-mail to immunizations@sunyocc.edu.

STEP 6: Submit a copy of your passport

QUESTIONS? Contact the Office of Student Recruitment at international@sunyocc.edu or (315) 498-2221
Mail the International Admission packet to: Office of Admissions, 4585 West Seneca Turnpike, Syracuse, NY 13215 U.S.A.

ADMISSION APPLICATION

Semester you plan to start college

- January (spring) / Year: _____
 Summer / Year: _____
 August (fall) / Year: _____



A College of the State University of New York

Complete all requested information, sign and mail to:
Onondaga Community College,
Office of Admissions,
Gordon Student Center,
4585 West Seneca Turnpike,
Syracuse, NY 13215-4585.

Applicants must request official academic records to be sent to the address above.
Questions? Call (315) 498-2221 or e-mail at international@sunyocc.edu.

Legal Last Name _____ Legal First _____ Legal Middle _____

Former Name/Birth Name _____

Foreign Address: Street Address _____

City _____ Province/Territory _____ Postal Code _____

Country _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

U.S. Address (if known): Street Address _____

City _____ State _____ Zip _____

Birth Date ____/____/____
month/day/year

Gender (Optional response) Male Female

Are you a first-time college student? transfer student from another college?

Please describe your race/ethnic origin (Optional response. *For research, scholarships, special programs, & local, state and federal reports. Not used for admission decisions.*)

- Hispanic of any race **OR** (check all that apply) Asian Black or African American Native American or Alaska Native
 Middle Eastern Native Hawaiian/other Pacific Islander White Other: _____

Complete the following to identify yourself:

Country of citizenship: _____

If dual citizen, indicate the citizenship and passport you will use to enter the United States _____

City and country of birth: _____

Are you currently in the United States on a U.S. visa? Yes No

If yes, type of visa: _____ Expiration Date: _____

Is English your first language? Yes No **If no, what is your first language?** _____

What are your educational goals? (please select *only one*)

- Transfer after earning a degree/certificate Enroll in coursework to learn new, or update job skills (not seeking degree/certificate)
 Transfer without earning a degree/certificate Enroll in coursework for personal enrichment (not seeking degree/certificate)
 Earn a degree/certificate with plans for employment Uncertain of educational goal at this time

I am interested in the following (Optional response . Check all that apply)

- Honors Concentration
 Disability Services - *For further assistance, please contact the Office of Accessibility Resources (OAR) at (315) 498-2245.*
 Playing an intercollegiate sport (check all that apply)
- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Men's Baseball | <input type="checkbox"/> Men's Golf | <input type="checkbox"/> Men's Tennis | <input type="checkbox"/> Women's Cross Country | <input type="checkbox"/> Women's Softball |
| <input type="checkbox"/> Men's Basketball | <input type="checkbox"/> Men's Lacrosse | <input type="checkbox"/> Men's Track & Field | <input type="checkbox"/> Women's Golf | <input type="checkbox"/> Women's Tennis |
| <input type="checkbox"/> Men's Cross Country | <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Women's Lacrosse | <input type="checkbox"/> Women's Track & Field |
| | | | <input type="checkbox"/> Women's Soccer | <input type="checkbox"/> Women's Volleyball |

ALL APPLICANTS MUST ANSWER THE FOLLOWING: **Have you ever been:** dismissed from a college for disciplinary reasons? yes no
 dismissed from a college for academic reasons? yes no

HIGH SCHOOL EDUCATION

Name of high school (please use the school's formal name) _____ City _____ State _____

Current high school student / Expected date of graduation (mo./yr.): _____ High school graduate / Date of graduation (mo./yr.): _____

Did you earn college credit while still in high school? Yes No

If yes, how? AP IB Onondaga Community College CLEP Other: _____

PREVIOUS COLLEGES AND UNIVERSITIES

Name	City, State	Dates attended
_____	_____	_____
_____	_____	_____

I am applying for the following certificate or degree program (CHECK ONLY ONE)

- | | | | |
|---|---|--|---|
| <p>CERTIFICATES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advanced Manufacturing-Machining Certificate <input type="checkbox"/> Early Child Care ° <input type="checkbox"/> Fire Protection Technology <input type="checkbox"/> Law Enforcement* <input type="checkbox"/> Professional Cooking <input type="checkbox"/> Surgical Technology* <input type="checkbox"/> Web Technology | <p>DEGREES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accounting A.A.S. <input type="checkbox"/> Alcohol and Substance Abuse Counseling A.A.S. <input type="checkbox"/> American Sign Language A.S. <input type="checkbox"/> Apprentice Training: Building Trades A.A.S.* <input type="checkbox"/> Apprentice Training: Electrical A.A.S.* <input type="checkbox"/> Architectural Technology A.A.S. <input type="checkbox"/> Art A.A.S. † <input type="checkbox"/> Automotive Technology A.O.S. <input type="checkbox"/> Business Administration A.S. (transfer) ° <input type="checkbox"/> Business Technology A.A.S. (career) <input type="checkbox"/> Communication Studies A.A. <input type="checkbox"/> Computer Forensics A.S. <input type="checkbox"/> Computer Information Systems A.A.S. † | <ul style="list-style-type: none"> <input type="checkbox"/> Computer Science A.S. <input type="checkbox"/> Criminal Justice A.S. ° <input type="checkbox"/> Early Childhood A.A.S. ° <input type="checkbox"/> Electrical Engineering Technology A.A.S. <input type="checkbox"/> Electronic Media Communications A.A.S. † <input type="checkbox"/> Emergency Management A.A.S. <input type="checkbox"/> Engineering Science A.S. <input type="checkbox"/> Environmental Technology A.A.S. † <input type="checkbox"/> Fire Protection Technology A.A.S. <input type="checkbox"/> Health Information Technology / Medical Records A.A.S. <input type="checkbox"/> Hospitality Management A.A.S. † <input type="checkbox"/> Human Services A.S. ° <input type="checkbox"/> Interior Design A.A.S. | <p>Liberal Arts & Sciences:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adolescence Education (Teacher Education Transfer) A.A. ° <input type="checkbox"/> Childhood Education (Teacher Education Transfer) A.A. <input type="checkbox"/> General Studies A.A. ° <input type="checkbox"/> Humanities and Social Sciences A.A. ° <input type="checkbox"/> Mathematics and Science A.S. † <input type="checkbox"/> Mechanical Technology A.A.S. <input type="checkbox"/> Music A.S.* <input type="checkbox"/> Nuclear Technology A.A.S. <input type="checkbox"/> Nursing A.A.S.* <input type="checkbox"/> Photography A.S. <input type="checkbox"/> Physical Therapist Assistant A.A.S.* <input type="checkbox"/> Physical Education/Exercise Science A.S. |
|---|---|--|---|

* Special admission criteria. Please contact us or go to sunyocc.edu for details.

† Students applying to these programs should plan to meet with an Academic Advisor early in their application process in order to discuss specializations this particular program offers.

° Fully-online program option

Notice of Non-Discrimination

The College does not discriminate on the basis of race, religion, color, sex, sexual orientation, national origin, age, disability, predisposing genetic characteristics or carrier status, military service or veteran status, marital status or any other characteristic protected by law. The College complies with all applicable equal employment opportunity and non-discrimination laws. The complete policy can be found in the College's centralized policy manual under 11: Equal Employment Opportunity (EEO) Policy.

Questions regarding this notice and requests for accommodation should be directed to: Anastasia Urtz, Vice President of College-Affiliated Enterprises & Civil Rights Compliance Officer
 Onondaga Community College, Whitney Applied Technology Center, Room 207B, 4585 W. Seneca Turnpike, Syracuse, NY 13215
 urtza@sunyocc.edu • (315) 498-2692

I certify that the information I have provided on this application is complete and accurate. I understand this application cannot be processed if it has not been completed, and that any deliberate falsification or omission of data could result in denial of admission or dismissal from the College. (Sign below)

Applicant's Signature _____ Date _____
 month/ day/ year

Onondaga Community College is a unit of the State University of New York. The information on this admission application will be used by Onondaga Community College to evaluate your request for admission. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in section 355(2)(i) of the Educational Law.





INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

This is a two-page form. Be sure to read all information before completing this form.

International students must document their ability to meet all educational and living expenses for the first year of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or DS-2019) per immigration regulations. Although you must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students are NOT eligible for financial aid and U.S. Federal immigration regulations severely restrict international student employment so students should not expect to subsidize their studies by earning income in the United States.

INSTRUCTIONS:

Part I: Answer all questions in Part I completely.

Part II: In the first column, indicate the source(s) of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All documentation must be dated within six (6) months of the date of initial enrollment at the SUNY campus to which you are applying. A more current version may be requested by the individual SUNY campus to verify funding. The SUNY campus has provided you with an estimate of their annual education and living costs for international students. You must document financial support equal to or greater than this amount. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

SOURCE OF FUNDS – REQUIRED DOCUMENTATION: ****Please provide in English and in US dollars.**

Personal/Family: Signatures of sponsors on this form. Bank verification on both this form and in a separate bank statement.

Scholarship: Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the student, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for the award, and the name of the SUNY campus to which the award is applicable.

Government or Employer: Official letter indicating amount of support and containing the same information as for “Scholarship” described above.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support: A student wishing to have his/her family member(s) accompany him/her must document additional funding for each family member per calendar year of intended study. Each campus will provide you with the required spouse/child documentation. The costs may vary based on campus and regional area and are estimated living costs.

The SUNY campus to which you are applying reserves the right to require additional financial documentation and/or pre-payment from students whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Students from such countries will be notified of specific requirements when they have submitted a completed application.

PART I. (Type directly into the form or print and write clearly in ink)			
NAME OF STUDENT:	FAMILY/LAST NAME	FIRST/GIVEN	MIDDLE
PERMANENT ADDRESS IN HOME COUNTRY:	STREET		
CITY	PROVINCE, IF APPLICABLE OR STATE	COUNTRY	POSTAL CODE
EMAIL		TELEPHONE NUMBER	
COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)	
CAMPUS TO WHICH YOU ARE APPLYING	DEGREE FOR WHICH YOU ARE APPLYING	MAJOR FIELD/DEPARTMENT	
DEPENDENTS: <input type="checkbox"/> I plan to come without dependents <input type="checkbox"/> The following dependents will accompany me (list names and relationships): _____ _____		FUNDING: Does your country restrict dollar exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the maximum dollar amount permitted for a student? \$ _____ Do you have a source within the U.S. for emergency funds once you arrive in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name source _____ Amount available in U.S.: \$ _____	



INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

PART II. Complete all that apply. Enter amount of assured support for the first year in U.S. Dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
PERSONAL SAVINGS: Name of Bank: _____ Account Holder: _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete (A) and (C).
FAMILY/RELATIVE/SPONSOR: Name: _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address. 2. Complete (A), (B), and (C).
SCHOLARSHIP/LOAN: Awarded by: _____	\$	1. Official award letter. See instructions on page 1. 2. Loan approval letter. See instructions on page 1. 3. Complete (C).
GOVERNMENT/EMPLOYER/OTHER: Name of Sponsor: _____ Other (specify source and type of support): _____ _____	\$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits, or sworn statements. 3. Complete (C).
TOTAL:	\$	

VERIFICATION:

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors (named above) at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead or with official signature/seal.

Name of Bank: _____ Date: _____

Bank Official's Name: _____ Email: _____

Bank Official's Title: _____ Bank Official's Signature/Seal: _____

B. This is certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I am submitting bank statements indicating the availability of these funds. I further understand that the State University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor's Name: _____ Relationship to Applicant: _____ Date _____

Sponsor Signature: _____ Email: _____

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature: _____ Date: _____

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.



CERTIFICATE OF IMMUNIZATION

Name _____ Birth Date ____/____/____

Address _____

Phone No. (____) _____ SS# _____

New York State Public Health Law requires all students born after 1956 and enrolling for more than 5 credit hours to prove immunity to measles, mumps and rubella. All immunizations must be administered after 1967, on or after the first birthday, and a minimum of 30 days apart. Exceptions to this requirement will be made for students with genuine and sincere religious beliefs contrary to immunization or for those for whom immunization medically contraindicated.

Proof of Immunity

2 measles, 1 mumps and 1 rubella immunization OR serology demonstrating proof of immunity to measles, mumps and rubella, OR, history of disease (must have date) for measles and mumps signed by diagnosing physician. History of rubella illness is not acceptable.

IMMUNIZATION

OR

SEROLOGY

MMR date 1 _____ date 2 _____

Measles date _____ result

Measles date _____ date 2 _____

Mumps date _____ result

Mumps date _____ Rubella date _____

Rubella date _____ result

HISTORY OF DISEASE please list date of illness

() Measles _____ () Mumps _____

Signature of Diagnosing Physician _____

RECOMMENDED

* Meningitis Vaccination Date _____ Tetanus Date _____ (within 10 yrs)

Quadravalent polysaccharide vaccine (Menomune) Polysaccharide Diphtheria Toxoid Conjugate Vaccine (Menactra)

Hepatitis B Date #1 _____ Date #2 _____ Date #3 _____

SIGNATURE OF HEALTH CARE PROVIDER completing form:

_____ Date _____

*New York Public Health Law requires that all college students enrolled for 6 hours or more be provided with information on meningitis and meningitis vaccine and either provide proof of meningitis vaccine within the last 10 years or decline immunization.

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningitis disease.

Signature _____ Date _____

This form must be completed and returned to Health Services or students will be restricted from registration and or class attendance.

Please return form to Health Services at Onondaga Community College, 4585 West Seneca Turnpike, Syracuse New York 13215-4585 Phone No. (315) 498-2599 Fax No. (315) 469-9270