ONONDAGA
COMMUNITY COLLEGE

A College of the State University of New York

INTERNATIONAL STUDENT APPLICATION PACKET

International Admission Office
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 Admission 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 by the International Student Services Office.

☐ 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 Student Recruitment, 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 Student Recruitment, 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.

For further information please contact the Office of Admission 001-315-498-2221 or international@sunyocc.edu.

☐ 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:

2015-2016 Tuition	$8,860.00
Health Insurance:	
Fall	$542.25
Spring/Summer	$759.00
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*:	**$11,129.25**
Books & Supplies**	$1,230.00
Room and Board***	$8,150.00
Personal & Incidental	$2,052.00
Total Estimated Cost:	**$22,561.25**

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.*
*** 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 Admission Office at international@sunyocc.edu or (315) 498-2221

Mail the International Admission packet to: International Admission Office, 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: _____

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Complete all requested information, sign and mail to:
Onondaga Community College,
International Admissions Office,
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** ☐ Male ☐ Female

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

Please describe your race/ethnic origin *(For research, scholarships, special programs, and 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
- ☐ Transfer without earning a degree/certificate
- ☐ Earn a degree/certificate with plans for employment
- ☐ Enroll in coursework to learn new, or update job skills (not seeking degree/certficate)
- ☐ Enroll in coursework for personal enrichment (not seeking degree/certficate)
- ☐ Uncertain of educational goal at this time

I am interested in the following (check all that apply)

☐ Living on campus in the residence halls

Note: you must complete a separate Residence Life application, available at sunyocc.edu and submit a deposit. Click on Admissions then Residence Halls then Apply Now!

☐ Honors Concentration

☐ Collegiate Science and Technology Entry Program (CSTEP) - *candidates must meet residency, ethnicity or financial and degree program requirements.*

☐ Disability Services - *For further assistance, please contact the Office of Accessibility Resources (OAR) at (315) 498-2245.*

I am interested in the following (check all that apply)

☐ Athletics (check all that apply)

☐ Men's Baseball	☐ Men's Golf	☐ Men's Tennis	☐ Women's Cross Country	☐ Women's Softball
☐ Men's Basketball	☐ Men's Lacrosse	☐ Men's Track & Field	☐ Women's Golf	☐ Women's Tennis
☐ Men's Cross Country	☐ Men's Soccer	☐ Women's Basketball	☐ Women's Lacrosse	☐ Women's Track & Field
			☐ Women's Soccer	☐ Women's Volleyball

ALL APPLICANTS MUST ANSWER THE FOLLOWING:	**Have you ever been:**			
		convicted of a felony?	☐ yes	☐ no
		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)

CERTIFICATES:

- ☐ Advanced Manufacturing-Machining Certificate
- ☐ Early Child Care º
- ☐ Fire Protection Technology
- ☐ Human Services
- ☐ Law Enforcement*
- ☐ Professional Cooking
- ☐ Surgical Technology*
- ☐ Web Technology

DEGREES:

- ☐ Accounting A.A.S.
- ☐ Alcohol and Substance Abuse Counseling A.A.S.
- ☐ American Sign Language A.S.
- ☐ Apprentice Training: Building Trades A.A.S.*
- ☐ Apprentice Training: Electrical A.A.S.*
- ☐ Architectural Technology A.A.S.
- ☐ Art A.A.S.
- ☐ Automotive Technology A.O.S.
- ☐ Business Administration A.S. (transfer) º
- ☐ Business Technology A.A.S. (career)
- ☐ Communication Studies A.A.
- ☐ Computer Forensics A.S.
- ☐ Computer Information Systems A.A.S.
- ☐ Computer Science A.S.
- ☐ Criminal Justice A.S. º
- ☐ Early Childhood A.A.S.
- ☐ Electrical Engineering Technology A.A.S.
- ☐ Electronic Media Communications A.A.S.
- ☐ Emergency Management A.A.S.
- ☐ Engineering Science A.S.
- ☐ Environmental Technology A.A.S.
- ☐ Fire Protection Technology A.A.S.
- ☐ Health Information Technology / Medical Records A.A.S.
- ☐ Hospitality Management A.A.S.
- ☐ Human Services A.S. º
- ☐ Interior Design A.A.S.

Liberal Arts & Sciences:

- ☐ Adolescence Education (Teacher Education Transfer) A.A. º
- ☐ Childhood Education (Teacher Education Transfer) A.A.
- ☐ General Studies A.A. º
- ☐ Humanities and Social Sciences A.A. º
- ☐ Mathematics and Science A.S.
- ☐ Mechanical Technology A.A.S.
- ☐ Music A.S.*
- ☐ Nuclear Technology A.A.S.
- ☐ Nursing A.A.S.*
- ☐ Photography A.S.
- ☐ Physical Therapist Assistant A.A.S.*
- ☐ Physical Education/Exercise Science A.S.

* Special admission criteria. Please contact us or go to sunyocc.edu for details.
º Online degree options

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 according to its instructions, 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

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www.sunyocc.edu

Onondaga Community College is a unit of the State University of New York. It is the policy of the University and of this College not to discriminate on the basis of sex, race, color, religion, national origin, disability, age, marital status or sexual orientation in admissions, employment, or treatment of students and employees in any educational program or activity.

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:

☐ I plan to come without dependents

☐ The following dependents will accompany me (list names and relationships):

_____

_____

FUNDING:

Does your country restrict dollar exchange? ☐ Yes ☐ 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? ☐ Yes ☐ 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:	$ 0	

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.

ONONDAGA
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A College of the State University of New York

4585 West Seneca Turnpike, Syracuse, New York 13215-4585

Certificate of Immunization

Today's Date:_____

Student's Name _____ Former Name _____

Apartment # _____ Student ID _____

Street Address _____ Date of Birth _____

City/State/Zip _____ Phone # _____

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 28 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 is medically contraindicated. **The student may be restricted from classes if this information is not received within 30 days from the beginning of the semester.**

Proof of Immunity - Required

Two (2) Measles, one (1) mumps and one (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 is not acceptable.

Section A: MMR (Measles, Mumps and Rubella)	**Month Day Year**
☐ **1st MMR Dose:** Administered no more than 4 days prior to first birthday	_____ / _____ / _____
AND	
☐ **2nd MMR Dose:** Administered after 15 months of age and at least 28 days after 1st dose	_____ / _____ / _____
Section B: Part 1 - Measles	**Month Day Year**
☐ **1st LIVE Virus Dose:** Administered no more than 4 days prior to 1st birthday	_____ / _____ / _____
AND	
☐ **2nd LIVE Virus Dose:** Administered after 15 months of age and at least 28 days after 1st dose **OR**	_____ / _____ / _____
☐ History of Illness documented by Health Care Provider **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT	_____ / _____ / _____
Section B: Part 2 - Mumps	**Month Day Year**
☐ **Live Virus Dose:** Administered no more than 4 days prior to first birthday **OR**	_____ / _____ / _____
☐ History of Illness documented by Health Care Provider **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT	_____ / _____ / _____
Section B: Part 3 – Rubella (German Measles)	**Month Day Year**
☐ **Live Virus Dose:** Administered no more than 4 days prior to first birthday AND after 1/1/69 **OR**	_____ / _____ / _____
☐ Immunity Proven by Serologic Testing – MUST SUBMIT COPY OF LAB REPORT *NOTE: History of illness is NOT acceptable*	_____ / _____ / _____

Meningitis Vaccination - Recommended

New York Public Health Law requires that all college students enrolled for more than 5 credit hours either provide proof of the meningitis vaccination (administered within the last 10 years) **OR** decline the meningitis vaccination.

☐ Meningococcal Vaccination Date _____ ☐ Menactra ☐ Menomune

Meningitis Declination – To be completed by student if vaccination not received:

☐ 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 meningococcal/meningitis disease.

Signature_____ Date_____

Student Signature OR Parent/Guardian if student is under 18 years old

✕ Signature of Healthcare Provider completing form: _____ Date_____

This form must be completed and returned to Student Central or students will be restricted from registration and/or class attendance.

Please return form to: Student Central, Onondaga Community College, 4585 W Seneca Turnpike, Syracuse NY 13215. Phone (315)498-2000 Fax (315)469-9270