



# International Student Admissions Guide



800 College Court  
New Bern, NC 28562  
252-638-7200

305 Cunningham Blvd.  
Havelock, NC 28532  
252-444-6005  
[www.cravencc.edu](http://www.cravencc.edu)

Thank you for your interest in attending Craven Community College as an F-1 student. As a part of the North Carolina Community College System, Craven Community College provides an open door to high-quality, accessible educational opportunities. Persons who meet the admissions requirements are usually accepted although some programs such as nursing have additional requirements, competitive admissions, and limited enrollment. The College is committed to academic excellence, customer service, and leadership. With the support of faculty and staff and the comprehensive support services, each of our students is provided hope, opportunity, and preparation for both a productive life and a career. Unique features of Craven Community College are:

- \* Dedicated and caring faculty and staff
- \* Small class sizes
- \* Affordable rates
- \* Excellent programs and services

Craven Community College is a comprehensive two-year community college located in eastern North Carolina. New Bern is located approximately 30 miles inland from the Atlantic Ocean at the confluence of the Trent and Neuse Rivers. New Bern has mild spring and fall seasons. The climate is warm during summer when temperatures tend to be in the 80's and cool during winter when temperatures tend to be in the 40's. The surrounding area offers many recreational opportunities, diverse cultural and social activities, and an affordable cost of living.

Craven Community College enrolls approximately 4,500 curriculum students each year with a small percentage of international students. The College offers a variety of two-year associate degrees including the courses to complete the first two years of a baccalaureate degree program. International students must be enrolled full-time (12 credits or more) for two semesters during the academic year (summer term is optional) and be admitted to one of the degree programs offered at the College. All courses are taught in English. A Test of English as a Foreign Language, the TOEFL iBT version or TOEFL PBT, is required before entering a full-time academic (college) program. Craven Community College does not administer the TOEFL. There is a fee to take the test and applicants must make their own arrangements to take the TOEFL.

Admitted students must also arrange for their own transportation to school. Many students purchase an automobile to use while they are here. Coastal Carolina Regional Airport is located in New Bern and CARTS provides public transportation to the campus.

The College does not have dormitory facilities. Housing arrangements must be made by the applicant. Room or apartment rentals range from \$400 to \$900 per month and typically have required deposit fees.

International students must provide a financial statement indicating that they are capable of meeting the costs for two years of school plus room, board and living expenses. Medical insurance is not provided by the College; however, commercial insurance is available.

We appreciate your interest in Craven Community College. Although housing and transportation arrangements are initial challenges to overcome, the excellent education you will receive and the living experiences you will have in New Bern will be worth the effort. To apply for admission, please complete and submit ALL of the required documents in this admissions packet. I look forward to welcoming you as a new student at Craven Community College!

Respectfully,

*Zomar Peter*

Dean of Enrollment Management



## INTERNATIONAL STUDENT ADMISSIONS CHECKLIST

We welcome all students without regard to color, handicap, race, national origin, or gender and provide equal educational opportunities for all. Craven Community College is authorized under Federal law to enroll nonimmigrant students. The application materials listed below are for students wishing to study under an F-1 visa only. *Admission to Craven Community College does not mean that students will be admitted to a major with specific admissions requirements such as Nursing or Physical Therapy Assistant.*

The information that you provide on the CCC *International (F-1) Application for Admission* begins the enrollment process. Please contact us any time if you have questions about your enrollment.

Craven Community College  
ATTN: International Admissions  
800 College Court  
New Bern, NC 28562  
Website: [www.cravencc.edu](http://www.cravencc.edu)  
E-mail: [internationalstudents@cravencc.edu](mailto:internationalstudents@cravencc.edu)

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### Checklist for Enrollment Process

- ┌ **Submit a completed Craven Community College *International (F-1) Application for Admission*** to the address listed above. Your name on the application should match the name on the passport you will use to enter the United States. Be sure to indicate the program of study in which you are interested on the application form. Be sure to sign your application.
- ┌ **Have high school or secondary transcripts and all transcripts from colleges previously attended sent directly to Craven Community College. You may also send them with your application; however they must remain sealed in the original envelope to be considered as official.** An Official transcript is one that has been prepared and sealed by the school; the official transcript cannot be opened by you at any time. All transcripts must be accompanied by an outline or description of that country's educational and grading system. Transcripts not written in English must include a certified translation. If the name that you are currently using is different than the name on each transcript, documentation of a legal name change must be included.

**You must request an evaluation of your secondary and post-secondary transcripts by one of the following agencies:**

World Education Services  
PO Box 5087  
Bowling Green Station  
New York, NY 10274-5087 USA  
(212) 966-6311  
Web address: [www.wes.org](http://www.wes.org)

Educational Credential Evaluators, Inc.  
PO Box 514070  
Milwaukee, WI 53203-3470 USA  
(414) 289-3400  
Web address: [www.ece.org](http://www.ece.org)

**The evaluating agency (not the student) must send the evaluation report directly to Craven Community College International Admissions Office.** Student copies of transcripts or evaluations will not be accepted.

- ┌ **Submit *official total TOEFL Internet-Based Test (iBT) score of 60 with no subscore lower than 14 or TOEFL Paper-Based Test (PBT) score of 500 with no subscore lower than 50.*** TOEFL iBT scores are valid for three years from the test date. To submit a TOEFL iBT score, have the score directly reported to Craven Community College (TOEFL code 5148). The score reported can be requested online from ETS at <http://www.ets.org/toefl/ibt/scores/send/>. There is a fee for

the TOEFL test and for the score report. Applicants who score lower than the above scores may be considered for admission on an individual basis using additional criteria.

Applicant must submit a completed **I-134 Affidavit of Support** form, **Certification of Financial Support** and attach **original, official letter(s) from each sponsor's bank.**

- 1) **All sponsors must submit a completed I-134 Affidavit of Support and any documentation required on the form.** Your sponsor must sign the "Oath or Affirmation of Sponsor" on the I-134 Note: In #11, your sponsor must write a clear statement of intention to support you. **For example**, "I intend to provide all educational and living expenses for (applicant's name) for the duration of his or her studies in the U.S. in monthly payments of \$2000."
- 2) An **original, official letter from the sponsor's bank\*** in English must include the following:
  - Date account was opened.
  - Current account balance (showing a minimum of \$27,000 in checking or savings)
  - The current exchange rate or U.S. dollar equivalent.
  - The letter must be on bank stationery, signed by a bank official and include all of the requested information. ***A photocopy of the sponsor's monthly bank statement may be submitted, but does not qualify to meet this requirement.***
  - If you plan to support yourself (you have no sponsor), submit a letter from your bank with the above information; the bank account must be in your name.
  - If you have a family member or friend who lives in eastern North Carolina and plans to provide you with housing free of charge, that person must submit **Form I-134 Affidavit of Support** with a clear statement of intent to provide room and board free of charge for the duration of status as an F-1 student and the signature must be notarized.
- 3) When complete, submit the Form I-134 Affidavit of Support with the required bank letter and any other financial documentation. **All documents must be submitted together.**

2016-2017 Cost of Attendance (Fall and Spring) in US Dollars

Tuition: (Fall and Spring)	\$ 8,576
Student Activity Fee	\$ 70
Student Support Fee	\$ 228
International Student Fee	\$ 200
Books and supplies	\$ 1,800
Personal Expenses	\$ 3,000
Transportation	\$ 2,500
Room and Board	\$11,448
SEVIS fee:	\$ 200

Tuition and fees are subject to change annually as determined by the North Carolina State Legislature.

**Submit the International (F-1) I-20 Application Form with a copy of passport attached.**

**Report of Medical History** (Submitted prior to enrollment)

**Proof of Medical Insurance** (Submitted at time of registration and required by the Affordable Care Act.)

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Once all original required documents have been received and your admissions process is complete, you will be issued an acceptance letter and an I-20 Form which will be mailed to the address noted on your application. **Please note: The SEVIS fee applies to persons applying for F visas and entering the United States for the first time OR for persons applying to change status to F status while inside the U. S. You must complete Form I-901 and pay the SEVIS fee before a visa stamp will be issued to you. The SEVIS fee for nonimmigrant students is US\$200.**



# INTERNATIONAL (F-1) APPLICATION FOR ADMISSION

Please answer ALL questions. If a question does not apply, write N/A (not applicable) in the space provided. Your answers will assist Craven Community College in the application review process. This Application Supplement should be submitted along with all other required documentation. **Please include a copy of your passport or country identification card with your application.** Incomplete applications cannot be considered.

1. NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Former \_\_\_\_\_

\*\*You must provide your name exactly as it appears on your passport or country identification card.

Enclosed is a copy of  passport  country identification card

2. PERMANENT (Home Country) MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

4. U.S.A. MAILING ADDRESS (if currently in the United States) \_\_\_\_\_

\_\_\_\_\_

6. RACE/ETHNICITY – This information is for statistical purposes only.

7. GENDER  Male  Female

Please check (✓)  White  Black or African American

Asian  American/Alaska Native

Hawaiian/Pacific Islander

Please check (✓)  Hispanic/Latino  Non-Hispanic/Latino

8. E-MAIL ADDRESS \_\_\_\_\_@\_\_\_\_\_

9. SEMESTER AND YEAR YOU PLAN TO ENTER – Please check (✓) only one.

FALL 20\_\_\_\_  SPRING 20\_\_\_\_

10. IMPORTANT – This section MUST BE COMPLETED for your application to be processed.

PROGRAM OF STUDY \_\_\_\_\_

11. CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

For applicants already in the U.S.A.:

Visa Type (F-1, F-2, etc.) \_\_\_\_\_ I-94 \_\_\_\_\_ Expiration \_\_\_\_\_ Date \_\_\_\_\_

If you already hold an F-1 Visa, what school issued the I-20? \_\_\_\_\_

Are you currently attending Craven?  Yes  No I-20 Expiration Date \_\_\_\_\_

Do you plan to have dependents accompany you to the U.S.?  Yes  No

12. OFFICIAL LANGUAGE OF COUNTRY OF CITIZENSHIP \_\_\_\_\_

13. ACADEMIC GOAL – Graduate

**14. EMPLOYMENT STATUS – Unemployed**

**15. EDUCATION**

Secondary School Attended \_\_\_\_\_

Address of School \_\_\_\_\_ Country \_\_\_\_\_

Level Completed \_\_\_\_\_ Graduation Month/Year \_\_\_\_\_ / \_\_\_\_\_ Language of Instruction \_\_\_\_\_

Colleges Previously Attended – *Begin with the most recent:*

1. Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_ Degree/Date Earned \_\_\_\_\_

2. Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_ Degree/Date Earned \_\_\_\_\_

3. Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_ Degree/Date Earned \_\_\_\_\_

**16. LOCAL U.S.A. CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_

**17. SUPPORTING DOCUMENTATION – Supporting documentation *is required* from all international applicants **PRIOR** to admission to Craven Community College.**

- Official evaluated transcripts from all secondary and post-secondary institutions attended
- Completed Affidavit of Support (I-134) form(s)
- TOEFL scores
- Signed SEVIS I-20 Application
- Completed Report of Medical History
- Proof of Medical Insurance (at registration)

**I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT ON MY BEHALF AND REQUEST THAT CRAVEN COMMUNITY COLLEGE RELEASE ANY RELEVANT APPLICATION AND ADMISSIONS INFORMATION TO THE INDIVIDUAL(S):**

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO YOU:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO YOU:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO YOU:** \_\_\_\_\_

**SIGNATURE OF APPLICANT**

**DATE**

## ORIGINAL FINANCIAL DOCUMENTATION REQUIRED

*These documents will not be returned. Therefore, the students must be prepared to submit a second original set to the U.S. Embassy at the time of the visa interview.*

If there is a sponsor, the following items are needed:

- [Affidavit of Support \(I-134\)](#) for each sponsor  
Instructions for completing the *Form I-134* can be found [here](#).
- **Bank letter** stating current account balance, date account was opened, current exchange rate for each sponsor. The *bank letter* must be on bank stationary with the original signature of the bank official, and include all of the requested information. Obtain one letter for each sponsor.
- **Letter from sponsor's employer** stating length of employment and salary (for U.S. sponsors only) OR for self-employed sponsors, a copy of the most recent U.S. income tax return

If the student is considered to be self-supporting, the following item is needed:

- **Bank letter from the student's bank** showing the information above and validating at least US \$27,000 in checking and savings (plus an additional \$4,400 for each dependent added)



# SEVIS I-20 APPLICATION

### 1. What application is filed?

New Student  Transfer Student  Change of Status  Defer Attendance  Other (specify) \_\_\_\_\_

### 2. What admission term (semester) is the application filed for?

Fall \_\_\_\_\_  Spring \_\_\_\_\_  
Year Year

### 3. Program Information

Type of Degree you are seeking:

Associate in Arts  Associate in Science  Associate in Applied Science

### 4. Student Information

Name \_\_\_\_\_  
Last First Middle/Former

**\*\*You must provide your name exactly as it appears on your passport or country identification card.**

Enclosed is a copy of  passport  country identification card

\_\_\_\_\_  Male  Female \_\_\_\_\_  
Date of Birth (MM/DD/YY) Country of Birth Country of Citizenship

**Mailing Address outside the U.S. (Home Country)** \_\_\_\_\_

**Country** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**U.S.A. Mailing Address (if currently in the United States)** \_\_\_\_\_

**U.S. Phone Number** \_\_\_\_\_ **Alternative U. S. Phone Number** \_\_\_\_\_

### 5. Dependent Information (Only the student's spouse or children under the age of 21 are eligible for dependent status to the applicant)

\_\_\_\_\_   
Family Name (Last) First Name Middle Name

\_\_\_\_\_   
Date of Birth (MM/DD/YY) Country of Birth Country of Citizenship Relationship to Applicant

• IF MORE THAN ONE DEPENDENT IS ADDED, PLEASE ATTACH AN ADDITIONAL PAGE.

### 6. Financial Sponsor's Information

\_\_\_\_\_   
Sponsor's Name Relationship to Applicant Sponsor's contact information – phone and e-mail



**7. Emergency Contact Information** (in the U.S. or abroad)

Family Name (Last)	First Name	Middle Name
Street	City, State, Postal Code	Country
Relationship to Applicant	Telephone	E-mail address

**8. Release Information**

I would like to have my SEVIS I-20 Form released in the following manner. (Please choose only one option)

- 1. Mail the SEVIS I-20 Form to the  U.S. Mailing Address  Mailing Address Outside the U.S
- 2. I will pick up the SEVIS Form. Please call (252) 638-7297 or e-mail [internationalstudents@cravencc.edu](mailto:internationalstudents@cravencc.edu) for appointment.
- 3. I am authorizing a third party representative to pick up the SEVIS I-20 Form. I have signed the Permission Release statement below.

**Permission Release**

I, \_\_\_\_\_, understand that under the Family Educational Rights and Privacy Act, that my educational records may not be released without my express consent. Therefore, I consent to the release of my education records to the person(s)/agent listed below. I understand that my education record includes, but is not limited to, my enrollment and immigration status and financial standing. I am waiving my rights of nondisclosure of these records to any other persons or entities without my written consent or as permitted by law. I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written revocation of this authorization to Craven Community College, International Student Office, 800 College Court, New Bern, NC 28562 U.S.A.

I hereby authorize Craven Community College to release my I-20 Form to:

Person(s)/Agent Name	Contact information (Phone number and E-mail address)
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## 9. Acknowledgement of Responsibilities and Liability Notice

By signing this application below, I confirm that I have received and read the guidelines outlining the responsibilities for F-1 students to maintain legal F-1 status in the United States while studying at Craven Community College (CCC.) I further understand by signing below that failure to comply with these guidelines and regulations can and will result in loss of legal status in the United States. Furthermore, I acknowledge that in consideration and as a condition of my acceptance to CCC, I have an obligation to meet with a Designated School Official (DSO) at Student Services for any and all advising related to F-1 issues.

The DSO is not an "Advocate" or "Representative" for the student in any legal capacity. I understand that DSOs and other CCC employees do not provide legal advice to students. Therefore, I hereby release all DSOs and employees of CCC of any and all liabilities resulting from the advice given by a DSO or staff member of Student Services. All matters relating to the immigration status of the student is the student's responsibility, not the responsibility of CCC. If a student has an immigration issue that requires legal advice, the student is encouraged to seek outside legal counsel from a qualified immigration attorney.

## The Student's Role and Responsibilities for Compliance with F-1 Laws and Regulations

The U.S. Federal Government regulations state how international F-1 Student must maintain status. Failure to follow these regulations could result in your F-1 status being terminated. The outline below provides an overview of the student's responsibilities for maintaining status in the United States while studying at Craven Community College.

- Maintain all F-1 related documentation, including a valid passport and the SEVIS I-20 Form.
- Maintain your contact information. Students must maintain their email addresses, phone numbers and mailing addresses in the CCC student data system at all times.
- Notify the DSO of any change in information, including academic, demographic, and legal information within five (five) days of the change.
- Be enrolled in a degree-seeking program and make satisfactory academic progress toward completing of this program by following the CCC degree plan. Students must maintain a minimum GPA of 2.0
- Be enrolled full-time (at least 12 semester credit hours) unless *authorized in advance* to take a reduced course load.
- Be enrolled for no more than one class of distance education credits when enrolled in 12 semester credit hours.
- Only the summer semester is considered a vacation semester. However, if the summer semester is the initial semester for a student, he/she must enroll in at least 9 semester credit hours in that first summer semester.
- Submit an extension request by no later than 60 days before the SEVIS I-20 Form expires.
- Depart the United States in a timely manner (within 60 days) after completion of your program.
- Work only with the appropriate authorization. Follow all guidelines to apply for any employment-related benefits. Work no more than 20 hours/week while enrolled full-time. Any employment without prior authorization is considered illegal.
- Have a valid travel signature/endorsement on your SEVIS I-20 Form before leaving and re-entering the U.S.
- If necessary, complete an Income Tax Return as per IRS regulation by April 15 of every year.
- Check with your DSO weekly for information and updates.
- Activate you CCC email after your initial registration and check your CCC email account regularly.

## 10. Please ensure all fields are completed. Please print this application and sign it below.

*I certify that I understand all questions asked and that all information provided is complete, accurate and true. Furthermore, I understand that all changes requested must be submitted in writing to the Craven Community College Primary Designated School Official.*

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

We would like to take this opportunity to thank you for your interest in Craven Community College. You have made an excellent choice of a college to further your education and we look forward to serving you and your educational needs.



# INTERNATIONAL (F-1) STUDENT MEDICAL HISTORY

To the Student: Please take this form to your physician or clinic for completion.

**Important:** The following sections must be completed before submitting this form to Craven Community College Admissions Office. Health forms lacking completion of these sections will not be considered valid. **Failure to submit a valid health form by the indicated deadline will result in your admission application being incomplete.** Students should make and retain a copy of their medical history form for their personal records prior to submitting it to the College. A physician, physician assistant, or nurse practitioner must complete your physical examination.

## REPORT OF MEDICAL HISTORY To be completed by student (Please print in black ink)

\_\_\_\_\_  
Last Name (print) First Name Middle Name

\_\_\_\_\_  
U.S.A. Mailing Address Street City State Zip Code Area Code/Phone Number

Date of Birth (MM/DD/YY) \_\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  Other

Previously enrolled at Craven?  Yes  No

If yes, dates \_\_\_\_\_ Initial Start Semester:  Fall 201\_  Spring 201\_  Summer 201\_

Medical Insurance (Name and Address of Company)		Area Code/Phone Number
Name of Policy Holder		Policy Holder's Employer
Policy or Certificate Number	Group Number	Is this an HMO/PPO/Managed Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Name of person to contact in case of an emergency Relationship to Student

\_\_\_\_\_  
Address City State Zip Code Country Area Code/Phone Number

The following health history is confidential and, except in an emergency situation or by court order, will not be released without your written permission. Your health history does not affect your admission status. Please attach addition sheets for any items that require fuller explanation.

### PERSONAL HEALTH HISTORY

Please answer all questions, indicate comments on all positive answers on a separate paper.

HAVE YOU HAD	Yes	No	HAVE YOU HAD	Yes	No	HAVE YOU HAD	Yes	No	HAVE YOU HAD	Yes	No
Eye Trouble			Hepatitis or Jaundice			Asthma, High Fever			Tuberculosis		
Ear, Nose, Throat Trouble			Rheumatic Fever or Heart Murmur			Disease or injury of Bones or Joints			Frequent or Severe Headaches		
Stomach or Intestinal Trouble			"Trick" Knee, Shoulder, etc.			Epilepsy			Anemia		
Diabetes			Infectious Diseases (List)								

	Yes	No	Explanation
Do you have any conditions or disabilities that limit your physical activities? (If yes, please describe)			
Have you ever been a patient in any type of hospital? (Specify when, where, and why)			
Has your academic career been interrupted due to a physical or emotional problem? (Please explain)			
Is there lost or seriously impaired function on any paired organs? (Please describe)			
Other than for a routine check-up, have you seen a physician or healthcare professional in the past 6 months? (If yes, why)			
Have you ever had any serious illness or injuries other than those already noted? (Specify when, where. Give details.			

Important Information...Please read and complete statements by student (or parent/guardian if student under age 18):

I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter's) medical record to a physician, hospital, or other medical professional involved in providing me (him/her) with emergency treatment and/or medical care.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(If student under age 18)

Date \_\_\_\_\_





## TRANSFER CLEARANCE FORM FOR F-1 INTERNATIONAL STUDENTS

To be completed by **F-1 NONIMMIGRANT STUDENTS currently residing in the United States intending to transfer to Craven Community College.**

**STUDENT:** As part of your application to Craven Community College, please complete **Section A** below and ask the designated school official (DSO) from the last authorized institution you attended to complete **Section B** and return this Form to:

**Craven Community College**  
**Attn: Angie Bryan**  
**International Admissions**  
**800 College Court**  
**New Bern, NC 28562**

**This form must be returned before final action can be taken on your application and before Craven Community College can issue an I-20 to you.**

### SECTION A

NAME OF APPLICANT: \_\_\_\_\_

*First*

*Middle*

*Last*

I plan to enroll in the following semester (check one):  FALL 20\_\_  SPRING 20\_\_

NAME OF INSTITUTION LAST ATTENDED: \_\_\_\_\_

ADDRESS: (STREET) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

My Program of Study at Craven Community College will be \_\_\_\_\_

STUDENT MAILING ADDRESS: \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

I request and authorize my present designated school official (DSO) to provide the following information as part of my application to Craven Community College. I understand that I am not to report to Craven Community College unless I have received an I-20 from this institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B**

**To be completed by the International Student Advisor/DSO**

Please provide the information and any required comments on this student who is applying for admission to Craven Community College.

PLEASE PRINT THE FOLLOWING

NAME OF APPLICANT:

\_\_\_\_\_ *First*

\_\_\_\_\_ *Middle*

\_\_\_\_\_ *Last*

1. Is the student currently attending the school that he/she was last authorized to attend by USCIS?

YES       NO

2. Would you recommend this student to Craven Community College?     YES     NO

If NO, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the student's visa type and present Immigration Status?

F-1       F-2       M-1       M-2       Other \_\_\_\_\_

SEVIS NUMBER \_\_\_\_\_

INS ADMISSIONS NUMBER \_\_\_\_\_

I-20 Expiration Date \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

Name of Current Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

Name of Official/DSO \_\_\_\_\_ Title \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Signature of designated/authorized official \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Craven Community College  
Attn: Angie Bryan  
International Admissions  
800 College Court  
New Bern, NC 28562  
[internationalstudents@cravencc.edu](mailto:internationalstudents@cravencc.edu)  
(252)638-7297