International Student Admissions Guide
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
E-mail: internationalstudents@cravencc.edu

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

- Educational Credential Evaluators, Inc.
  PO Box 514070
  Milwaukee, WI 53203-3470 USA
  (414) 289-3400
  Web address: 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 stationary, 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.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition: (Fall and Spring)</td>
<td>$8,576</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$70</td>
</tr>
<tr>
<td>Student Support Fee</td>
<td>$228</td>
</tr>
<tr>
<td>International Student Fee</td>
<td>$200</td>
</tr>
<tr>
<td>Books and supplies</td>
<td>$1,800</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$3,000</td>
</tr>
<tr>
<td>Transportation</td>
<td>$2,500</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$11,448</td>
</tr>
<tr>
<td><strong>SEVIS fee:</strong></td>
<td>$200</td>
</tr>
</tbody>
</table>

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

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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.  
   Please check (✓)
   ☐ White  ☐ Black or African American  
   ☐ Asian  ☐ American/Alaska Native  
   ☐ Hawaiian/Pacific Islander

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

7. GENDER ☐ Male ☐ Female

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)
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 __________

3. Program Information

   Type of Degree you are seeking:
   - [ ] Associate in Arts
   - [ ] Associate in Science
   - [ ] Associate in Applied Science

4. Student Information

   Name __________________________________________
   **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
   __________________________________________

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

   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

   __________________________________________

   July 2014
7. Emergency Contact Information (in the U.S. or abroad)

<table>
<thead>
<tr>
<th>Family Name (Last)</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City, State, Postal Code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Applicant</th>
<th>Telephone</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Release Information

I would like to have my SEVIS 1-20 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@cravenc.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:

<table>
<thead>
<tr>
<th>Person(s)/Agent Name</th>
<th>Contact information (Phone number and E-mail address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 begin 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 1-20 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)

<table>
<thead>
<tr>
<th>Last Name (print)</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.A. Mailing Address</td>
<td>Street</td>
<td>City</td>
</tr>
<tr>
<td>Date of Birth (MM/DD/YY)</td>
<td>Gender: □ Male □ Female</td>
<td>Marital Status: □ Single □ Married □ Other</td>
</tr>
<tr>
<td>Previously enrolled at Craven? □ Yes □ No</td>
<td>Initial Start Semester*: □ Fall 201_ □ Spring 201_ □ Summer 201_</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Insurance (Name and Address of Company)</th>
<th>Area Code/Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Policy Holder</td>
<td>Policy Holder's Employer</td>
</tr>
<tr>
<td>Policy or Certificate Number</td>
<td>Group Number</td>
</tr>
<tr>
<td>Is this an HMO/PPO/Managed Care Plan? □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

**Address**

Name of person to contact in case of an emergency

| Relationship to Student | 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.

<table>
<thead>
<tr>
<th>HAVE YOU HAD</th>
<th>Yes</th>
<th>No</th>
<th>HAVE YOU HAD</th>
<th>Yes</th>
<th>No</th>
<th>HAVE YOU HAD</th>
<th>Yes</th>
<th>No</th>
<th>HAVE YOU HAD</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Trouble</td>
<td>Hepatitis or Jaundice</td>
<td>Asthma, High Fever</td>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ear, Nose, Throat Trouble</td>
<td>Rheumatic Fever or Heart Murmur</td>
<td>Disease or injury of Bones or Joints</td>
<td>Frequent or Severe Headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Stomach or Intestinal Trouble</td>
<td>“Trick” Knee, Shoulder, etc.</td>
<td>Epilepsy</td>
<td>Anemia</td>
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<tr>
<td>Diabetes</td>
<td>Infectious Diseases (List)</td>
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</tbody>
</table>

| Have you ever had any serious illness or injuries other than those already noted? (Specify when, where, and why) |
| 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) |

**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** __________________________________________________________________________ Date ____________

(If student under age 18)
Physical Examination (required)  
To be completed and signed by physician or clinic (Please print in black ink.) 

Last Name  |  First Name  |  Middle Name  |  Date of Birth  
-----------|-------------|--------------|----------------

Mailing Address  |  City  |  State  |  Zip Code  |  Area Code/Phone Number  
-----------------|--------|---------|-----------|-------------------------
Height ________  |  Weight ________  |  BP _______/______  |  Pulse ________/minute  
Visions: Corrected  |  Right 20/______  |  Left 20/______  |  Hearing (gross)  |  Right ________  
Uncorrected  |  Right 20/______  |  Left 20/______  |  
Urinalysis  |  Hematocrit  
Sugar ________  |  ________ %  
Albumin ________  
Micro ________  

<table>
<thead>
<tr>
<th>Abnormal</th>
</tr>
</thead>
</table>

Are there abnormalities?  
Head, Ears, Nose, Throat  
Eyes  
Respiratory  
Cardiovascular  
Hemia  
Genitourinary  
Musculoskeletal  
Metabolic/Endocrine  
Neuropsychiatric  
Skin  
Mammary  

IMMUNIZATIONS  
DTP or Td (within 10 years)  
Td or Tetanus Booster  
Polio, oral  
MMR (after 1st birthday)  
Measles (after 1st birthday)  
Mumps  
Rubella  
BCG Vaccine  

Please note: IF YOU HAVE NOT HAD THE BCG VACCINE, A TB test is required and must be administered within the last 12 months.  
Tuberculin (PPD) Test Date Read (within 12 months) mm induration  
Chest X-ray  
If positive PPD Date Results  
Treatment, if applicable Date  

A. Is there loss or seriously impaired functions of any paired organs?  
☐ Yes  ☐ No  
Explain ________________________________________________________________

B. Is student under treatment for any medical or emotional condition?  
☐ Yes  ☐ No  
Explain ________________________________________________________________

C. Recommendation for physical activity (physical education, sports, etc.)  
☐ Unlimited  ☐ Limited  
Explain ________________________________________________________________

D. Is student physically and emotionally healthy?  
☐ Yes  ☐ No  
Explain ________________________________________________________________

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner  |  Date of Examination  
---------------------------------------------------------------|-------------------

Print Name of Physician/Physician Assistant/Nurse Practitioner  |  (Area Code) Phone Number  
----------------------------------------------------------------|-------------------

Office Address  |  City  |  State  |  Zip Code  
-----------------|--------|---------|-----------

July 2014
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 __________________

July 2014
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
(252)638-7297