WELCOME TO QUINCY COLLEGE!

Year after year, Quincy College welcomes more than 500 international students from around the world. You won't feel alone here. Our international students have chosen a two year institution for the same reasons American students did: our committed faculty, small class size, transfers opportunities to four-year universities, outstanding academic programs, and affordability. We are not only conveniently located on the T, but we offer classes during the day, night and online. International students can apply for merit scholarships. After earning a degree from Quincy College you are in the best location to get an exciting internship or a job – you are in the heart of Boston metropolitan area and just hours away from New York City’s marketplace!

Quincy College has articulation agreements with public and private universities. After completing an associate degree program, our students can transfer easily to a four year university to earn a bachelor degree. We offer Honors Seminar, Phi Theta Kappa and Gamma Beta Phi Honor and Service Society. Our students edit their own newspaper, QC Voice, and are offered participation in extracurricular activities, numerous clubs, sports teams and International Club. We have all a student needs to succeed. Services offered at the Learning Center, Academic Advising, Office of Career Services, Life Balance Coaching are available to all students at no charge. The Francis X. Anselmo Library, computer labs and the bookstore are within your reach.

International Student Services Office provides support and services to all international students at Quincy College. We strive to make the transition to US College easy and enjoyable. We assist students in obtaining a homestay with an American family or securing off-campus housing. Our knowledgeable student advisors will counsel you on the immigration matters and academic and personal issues.

The application process is easy. Please mail your application packet to:
Quincy College, International Student Services Office, 1250 Hancock St., Quincy, MA 02169, USA

We are looking forward to meet you soon!

Lisa Stack
Director of International Student Services
(617) 984-1663 | lstack@quincycollege.edu
TRANSFER STUDENT DOCUMENT CHECKLIST

The following items must be submitted in one envelope. Failure to submit all documents in one envelope will result in a delay in processing.

1. ___ Completed International Application Packet.
2. ___ Original or Certified copy of secondary school or college diploma with English translation.
3. ___ English Proficiency:
   (a) If overseas, must provide TOEFL score sent directly from ETS (code: 3713) Minimum scores: 423 (written), 113 (computer), 38 (IBT)
   (b) In U.S.: Score 69 and above on Quincy College Placement test or completion of English Composition 1 at US college /university.
   (c) I.E.L.T.S. score 4.5 and above.
4. ___ Copy of your passport, current I-20, as well as any previous I-20s you have been issued.
   Copy of your current visa and I-94 card, as well as any extensions or previous changes of visa status since your last entry into the United States.
5. ___ Original financial statement that is no more than 6 months old showing sufficient funds in a bank account to cover total educational and living expenses for one year. The amount must be a minimum of $21,100.00.
   If student receives financial support from a sponsor, a notarized affidavit of support form must be completed and submitted along with the sponsor’s official bank statement.
6. ___ Official transcript from United States colleges or universities you have attended.
7. ___ Physicians Immunization Verification Form.
8. ___ Completed International Student Transfer Report.

Send all materials in one envelope to:
Quincy College, International Student Services Office, 1250 Hancock St., Quincy, MA 02169, USA
Tel: (617) 984-1674 | Fax: (617) 984-1616 | E-mail: international@quincycollege.edu | Web: www.quincycollege.edu
Matriculating (Degree/Certificate Seeking) Students Only

An online application is available for students at www.quincycollege.edu. A $30 application fee, which is non-refundable, must accompany this application. If you are applying as an International Student (F-1 Visa) or into a selective Nursing or Health Sciences program, you must apply in person.

Student Information

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

Birth Name (if different from name above) Preferred Name

Contact Information

Email

(______) ___________________________ (______) ___________________________

Cell Phone Home Phone

Emergency Contact Phone Name and Relationship to Student

Permanent Mailing Address

Street Address

City State Zip Country

Demographic Information

Social Security Number (optional) Gender: □ Male □ Female Date of Birth

_____/_____/_______ (Month/Day/Year)

Are you a Veteran? □ Yes □ No If yes, please state which branch of service: __________________________

Citizenship

□ U.S. Citizen

□ Resident Alien (Attach a copy of Resident Card)

□ Non-Resident Alien (Attach a copy of Visa/Immigration Card)

Please specify VISA type: __________________________

and country of citizenship: __________________________

This school is authorized under federal law to enroll non-immigrant alien students.

Ethnicity (optional)

Is English your native language? □ Yes □ No

Are you of Hispanic or Latino descent? □ Yes □ No

Please select one or more categories to describe yourself

□ White □ Native Hawaiian/Pacific Islander □ Black/African American

□ American Indian/Alaska Native □ Asian □ Other, please specify: __________________________

Previous QC Attendance

Have you ever attended Quincy College before? □ Yes □ No

High School

Did you graduate from high school or did you receive a high school equivalency certificate (GED/HiSET)?

□ High School Graduation Date: __________________________

Name of High School: __________________________

High School Location (City, State): __________________________

□ GED/HiSET Recipient Year: __________________________

Post-Secondary Education

Did you graduate from a Tech Prep Program? □ Yes □ No

Have you attended any other college, university, institute, or English Language program?

Name of School #1 Major Credits/Degree earned: __________________________

Name of School #2 Major Credits/Degree earned: __________________________

Transcript Info

Do you plan to request transfer credit? □ Yes □ No

If yes, you will need to provide official transcripts for transfer credit evaluation.

Financial Aid

Do you plan to apply for financial aid? □ Yes □ No

If yes, did you complete the free application for Federal Student Aid (FAFSA)? □ Yes □ No

If you have not completed FAFSA, go to the following link: https://fafsa.ed.gov

Do you need help to complete the FAFSA? If yes, please contact a Quincy College Financial Aid advisor.

Guide To Admissions For TRANSFER STUDENTS
Matriculating (Degree/Certificate Seeking) Students Only

Program Choice: Please check one only. All students must select a program, regardless of course load. If you are undecided, please check “General Studies.”

*Nursing and Natural & Health Sciences programs require completion of a Nursing or Natural & Health Sciences application. Please see an Admissions Officer for more information.

<table>
<thead>
<tr>
<th>Semester of Interest</th>
<th>Year of Interest: ____________</th>
<th>Plans for Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td></td>
<td>What is your educational goal at Quincy College? Check only one:</td>
</tr>
<tr>
<td>Winter</td>
<td></td>
<td>Complete a Certificate at Quincy College</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
<td>Complete an Associate Degree at Quincy College</td>
</tr>
<tr>
<td>Summer</td>
<td></td>
<td>Complete an Associate Degree, then transfer to a 4 year institution</td>
</tr>
</tbody>
</table>

Certificate Programs
- Accounting
- Biotechnology & Compliance
- Business
- Business Management
- Computer Science: Programming
- Computer Science: Networking
- Criminal Justice
- Criminal Justice: Law Enforcement
- Early Childhood Education
- Elementary Education Transfer
- Engineering Technician
- Exercise Science/Personal Training
- Fine Arts: Concentration in
  - Drama
  - Music
  - Visual Arts
- General Studies
- Healthcare Administration: Concentration in
  - Medical Billing & Coding
  - Human Services
- Liberal Arts: Concentration in
  - Behavioral Science
  - English
  - History/Government
  - Humanities
  - Psychology
  - Social Sciences
  - Sociology
- Mathematics
- Medical Laboratory Technician*
- Natural Science
- Nursing*
- Nursing LPN2RN*
- Paralegal Studies
- Physical Therapist Assistant
- Security Management
- Corrections Administration
- Customer Service
- Early Childhood Education
- Exercise Science/Personal Training
- Game Development
- Gerontology
- Healthcare Administration
- Human Services
- Insurance
- Law Enforcement
- Medical Billing & Coding
- Paralegal Studies
- Phlebotomy*
- Practical Nursing*
- Security Administration
- Substance Abuse
- Surgical Technology*
- Web & Mobile Development

Certification: I certify that the information I have submitted here is complete and accurate to the best of my knowledge, and if accepted, I agree to observe the financial, academic, and social regulations of Quincy College. I further certify that no one has completed this application on my behalf. Further, I understand that in accordance with the laws of the Commonwealth of Massachusetts, I am required to provide an official copy of my High School Transcript or GED/HISET Certification; and if I am a full-time student, an official immunization form.

Signature of Applicant: ________________________ Date: ________________________

Quincy College is an academic community dedicated to openness, tolerance and respect. Our doors and programs are open to all students and employees without regard to age, race, religion, sex, marital or parental status, national origin, veteran status, physical or mental disability or sexual orientation. The College does not discriminate in its education programs or in admissions to, access to, treatment in, or employment in its programs and activities. Quincy College strives to not only meet, but exceed all Federal, State and Local statutes governing equal opportunity and inclusion. All questions, concerns, or complaints regarding the College’s Affirmative Action/Title VI or Sexual Harassment/Title IX policies should be forwarded to Mary Scott, VP for Human Resources, 1250 Hancock St., Presidents Place, Quincy Center, MA 02169, or by calling 617-984-1768 or at mscott@quincycollege.edu. Inquiries regarding services for students with disabilities or student concerns or complaints regarding Sections 503/504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 should be forwarded to Susan Bossa, Associate VP for Student Development/ADA Coordinator, 1250 Hancock St., Presidents Place, Quincy Center, MA 02169 or by calling 617-984-1656 or at sbossa@quincycollege.edu. Quincy College is in full compliance with MGL, Chapter 269 Section 17, 18, and 19 and hazing is prohibited in Quincy College. Please refer to College Policy 6-12 on the website or in the College catalog.

The Quincy College Security Report is available online or a hard copy can be requested via e-mail from William Hall, Director of Administrative Services & Facilities at whall@quincycollege.edu.

Health Insurance
All students who are enrolled in 9 or more credits in the fall or spring semester, or who plan to enroll in 9 or more credits in a semester (generally 3 courses), are required to have basic health insurance. By law, Quincy College automatically charges all students who are registered for 9 or more credits with this health insurance fee. If a student has comparable health insurance (most HMO and PPO plans qualify), then the student must complete a waiver online for the College to remove these charges from the student’s account. If you have any questions, please contact the Quincy College Business Office at 617-984-1630.

Note: The Massachusetts Free Care Program (Free Care) is not acceptable as qualified student health insurance.
I-20 APPLICATION

Submit completed form to International Student Services office along with all required documents. Quincy College, International Student Services Office, 1250 Hancock St., Quincy Center, MA 02169, USA

Complete and return the I-20 Application Form and the Affidavit of Support Form to International Student Services office. A current bank statement, providing evidence of a minimum of USD 21,100.00 per year to support your study must be attached to the Affidavit of Support Form. The I-20 form will be issued after we have received all required documents. If you have dependents who will apply for F-2 visas, please provide their names, date of birth and relationship to you on a separate sheet.

An additional USD 5,000.00 per year per dependent must be included on your bank statement.

All Applicants must complete this section:

Applicants name: ________________________________

Home country address: ________________________________

U.S. Address (if any): ________________________________

Where do you want us to mail the I-20? (box) home country (box) U.S. Address (box) will pick up

Telephone number: (_______) ______________ - ______________

Email address: ________________________________

Country of Citizenship: ________________________________

Country of Birth: ________________________________

Date of birth: ________________________________

Please submit copy of Passport ID page:

APPLICANTS CURRENTLY IN THE U.S. MUST PROVIDE FOLLOWING INFORMATION:

Admission number on your I-94: ________________________________

Expiration of your I-94: ________________________________

If you currently hold a visa to be in the US, what type of visa do you hold? ________________________________
ADDRESS/EMERGENCY FORM

In case of emergency, it is sometimes helpful for us to have the information requested below. Please provide the following information so that we may be able to help you. The Information you give is confidential and will only be used in the event of an emergency.

Student ID#: ____________________________   Date: _________________________________

1. CONTACT PERSON IN YOUR HOME COUNTRY

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

Address (Line 1)

Address (Line 2)

Your address in home country if different:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

2. CONTACT PERSON IN THE UNITED STATES (THIS MAY BE A FRIENDS, ROOMMATE, RELATIVE, ETC.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

Address (Line 1)

Address (Line 2)

Telephone Numbers

3. DO YOU HAVE ANY IMMIGRATION SITUATIONS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

NOTARIZED AFFIDAVIT OF SUPPORT

Student Last Name ______________________________________ First Name: ______________________________________

I ____________________________________________, am providing support in the amount of $ __________________ USD
to ____________________________________________________ (Name of Student) for his/her studies at Quincy College.

I have enclosed proof of this funding in the form of an original statement or letter from a bank showing funds in U.S.
dollars and dated within the past (6) months. I further certify that these funds are readily accessible for use in the
United States.

Signature ______________________________________________________________________________________________

Name (please print): ______________________________________________________________________________________

Relationship to Applicant: _______________________________  Date: ____________________________________________

Permanent Address: ______________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Phone Number: _______________________________________  Fax Number:  ______________________________________

E-mail Address: _________________________________________________________________________________________

Please complete, sign and submit this notarized statement to Quincy College.

Remember to keep a copy for your records.

Notary Signature: ______________________________________  Seal: ____________________________
PHYSICIANS IMMUNIZATION VERIFICATION FORM

Name of Student (Last/First): ____________________________________________ Date of Birth: _______________

PART A

PLEASE NOTE: Regular Measles (Rubeola), Mumps and German Measles (Rubella) A student can be considered immunized to these diseases only if he/she has documentation of immunization with live virus vaccine on or after his/her first birthday. An individual vaccinated with a killed or an unknown vaccine prior to 1968 should be revaccinated.

Specific Requirements

- **Hepatitis B**: Physician’s validated date of vaccination
- **Measles, regular (Rubeola)**: Physician’s validated date of vaccination or protective titer (= > 2.5)
- **Mumps**: Physician validated of vaccination or protective titer (=> 1.0)
- **Measles, German (Rubella)**: Physician validated date of vaccination or protective titer (=> 1.08)
- **Tetanus and Diphtheria**: 

IMMUNIZATION HISTORY (PLEASE PUT IN THE DATES OF VACCINATION)

- **DPT/DT TD**: ____________________________ (within the last ten years)
- **MMR I**: _____________  MMR II: ____________
- **HEPATITIS B**: 1ST dose: __________  2ND dose: __________  3rd dose: __________
- **VARICELLA**: 1ST dose: __________  2ND dose: __________

Name of Physician/ Medical Personnel completing this form: ____________________________________________

Signature of Physician/ Medical Personnel completing this form: ____________________________________________

Address: _____________________________________________________________________________________

Phone Number: ____________________________

PART B

PHYSICIAN WAIVER

I have examined the above named student and in my opinion, the physical condition of the student is such that his/her health will be endangered by such immunization. Please explain:

Physician’s Signature: ____________________________ Date: ________________

Stamp
TRANSFER REPORT

Quincy College, International Student Services Office, 1250 Hancock Street, Quincy Center, MA 02169, USA
Tel: (617) 984-1674 | Fax: (617) 984-1616 | E-mail: international@quincycollege.edu | Web: www.quincycollege.edu

Student Name _____________________________________________________________________________________________________
Local Address _____________________________________________________________________________________________________

Please read this form carefully and sign in the space provided, then give it to your International Student Advisor at the college you
are currently attending or last attended. The International Student Services Office must receive this form before an I-20 can be
issued.
I_______________________________________, grant permission for the information on this form to be released to Quincy College.
Student Signature _______________________________________  Date  _______________________________________

PLEASE NOTE: QUINCY COLLEGE WILL NOT ACCEPT COMPLETED OR TERMINATED RECORDS.

TO THE INTERNATIONAL STUDENT ADVISORS: THE ABOVE STUDENT IS APPLYING FOR TRANSFER ADMISSION TO
QUINCY COLLEGE. Please complete this section and mail the reply to the address above.

1. Date of most recent enrollment __________________________________________________
2. Is the student eligible to continue at your institution _________________________________
3. Has the student met all financial obligations to your institution?_________________________
4. To the best of your knowledge, has the student met all obligations to the U.S. citizenship and immigration services.
   (If no, please explain.) ____________________________________________________
5. SEVIS I.D. number:_____________________________________________________________
6. Student Admission (I-94) number:__________________________________________________
7. Tentative SEVIS release date:_____________________________________________________

Signature:________________________________________  Date: _______________________________________
Title: ____________________________________________  E-mail:______________________________________
Telephone: _________________________________________  Fax: ________________________________________
Institution: ________________________________________  College Seal:

Required Address:________________________________________________________________________