International Admissions
Associate & Certificate
APPLICATION

Mission

Quincy College is an open access institution that encourages academic achievement and excellence, diversity, economic opportunity, community involvement, and lifelong learning. The College facilitates valuable learning relationships that inspire students to realize their educational and professional futures.

The College of the South Shore™

Quincy College offers over 50 associate degree and certificate programs in a variety of disciplines, including those within Professional Programs, Liberal Arts, Natural & Health Sciences and Nursing. Founded in 1958, the college is accredited by the New England Commission of Higher Education, and is licensed by the Board of Higher Education of the Commonwealth of Massachusetts to grant the degrees of Associate in Arts and Associate in Science. The college draws a diversity of students from the greater Boston area as well as 100 countries around the world. In the Fall of 1991, Quincy College founded the Plymouth Campus in historic downtown Plymouth to serve the educational needs of Southeastern Massachusetts.

Application Deadlines
For students outside U.S.
Fall: August 1
Spring: December 1
Summer: May 1
For students within U.S.
Fall: August 25
Spring: January 6
Summer: May 22
Associate Degree Programs

Accounting
Biology
Biotechnology and Good Manufacturing Practice (Quincy Campus)
Business
Business Management
Computer Science
Computer Science: Networking
Computer Science: Programming
Criminal Justice
Criminal Justice: Law Enforcement
Early Childhood Education
Elementary Education
Exercise Science/Personal Training
Healthcare Administration
Human Services
Liberal Arts:  — Behavioral Science
              — English
              — Fine Arts: Music & Theatre
              — General Studies
              — Government
Mathematics
Medical Laboratory Technician* (Quincy Campus)
Natural Science
Paralegal Studies
Physical Therapist Assistant†* (Plymouth Campus)
Security Management

*Requires completion of a Natural and Health Sciences application. Please contact the International Student Services Office for more information on how to apply.

†The PTA Program at Quincy College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. If needing to contact the program/institution directly, please call 617-405-5939 or email kcook@quincycollege.edu.
Certificate Programs

Accounting
Computer Science
Computer Science: Networking
Criminal Justice: Law Enforcement
Early Childhood Education
Exercise Science and Personal Training
Paralegal Studies
Admissions Document Checklist

Use this checklist to make sure you have submitted a complete application to Quincy College. The following items are to be submitted in one envelope.


2. Official high school diploma or foreign equivalent, submitted as originals or certified copies. If documents are not in English, an official English translation must be submitted along with your documents.
   - Students must submit an evaluation by CED or WES upon request.
   - For transfer credits, all overseas transcripts must be evaluated through CED or WES.

3. All international applicants are required to provide proof of your English Proficiency:
   - If you are overseas, you must provide TOEFL score sent directly from ETS (code: 3713)
     Minimum scores: 423 (written), 113 (computer), 38 (IBT)

4. If you are in the United States, you are not required to submit a TOEFL score, but you must
   - Score 69 or above on the Quincy College Placement test; or
   - Have completed an English Composition I course at U.S. college or university; or
   - Provide proof of an I.E.L.T.S. score 4.5 or above.

5. Copy of your passport, current I-20, as well as any previous I-20s you have been issued.

6. 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.

7. An original financial statement showing sufficient funds in a bank account to cover total educational and living expenses for one year, dated within six months. The amount must be a minimum of $24,400.

8. If student receives financial support from a sponsor, a notarized Affidavit of Support Form must be completed and submitted stating that the sponsor will be responsible for your educational and living expenses for the duration of your studies at Quincy College. Your sponsor’s official bank statement, dated within 6 months, will also need to be submitted.

9. Completed Physicians Immunization Verification Form, you are required to have the following vaccinations: DPT/DT, TD, MMR, Meningococcal, Hepatitis B, Varicella, and Influenza.

10. Completed International Student Transfer Report, if you are transferring from another institution to Quincy College.

All deferred students must submit new and up-to-date documentation for 7 and 8 (see above).
Admissions Document Checklist

How to apply for a student visa in your country:

1. After you are accepted, Quincy College will provide you with an I-20 form that indicates that you are eligible for a student visa.
2. Pay SEVIS fee.
3. Schedule an appointment with the U.S. Embassy.
4. Go to a United States Embassy or Consulate to apply for a student (F-1) visa.
5. Make sure you have all the required documentation for your visa interview, including your Affidavit of Support Form, your sponsor’s financial statement, the I-20 and acceptance letter from Quincy College, and your valid passport.

For more information on obtaining your student visa, review the Study in the States website: studyinthestates.dhs.gov.

Application deadlines for international students:

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<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
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<tr>
<td>Students outside the U.S.</td>
<td>August 1</td>
<td>December 1</td>
<td>May 1</td>
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<tr>
<td>Students within the U.S.</td>
<td>August 25</td>
<td>January 6</td>
<td>May 22</td>
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</tbody>
</table>

Office of International Student Services
international@quincycollege.edu
617-984-1665 | fax: 617-984-1616

Quincy Campus: 1250 Hancock Street, Quincy MA 02169
800-698-1700
Plymouth Campus: 36 Cordage Park Circle, Plymouth MA 02360
508-747-0400
International Student Application for Admission

Please refer to the Admissions Checklist for mailing instructions.

Date of Application ________________________________

Quincy College Student ID # ________________________
(Office Use Only)

Name (please print)

_________________________________________________

Last Name/Family Name

First Name

Middle Name (if any)

Home Country Address (required)

Street

Apartment #

City/State/Country/Postal Code

Telephone

Mobile Phone

Email Address

United States Address (if any)

Street

Apartment #

City/State/Country/Postal Code

Telephone

Mobile Phone

Email Address

Date of Birth _______ _______ _______

Month Day Year

Gender  □ Female  □ Male  □ Other

Country of Citizenship

Location of Birth (City, Country)

Semester you plan to start at Quincy College:

□ Fall (September)  □ Spring (January)  □ Summer (May/June)

Are you currently in the U.S.?  □ Yes  □ No

If you are in the U.S., list the type of visa stamped in your passport

Visa issue date: _______________________  Visa expiration date: _______________________

I-94 arrival date: ______________________  I-94 expiration date: _______________________

Office of International Student Services
international@quincycollege.edu
617-984-1665 | fax: 617-984-1616

Quincy Campus: 1250 Hancock Street, Quincy MA 02169
800-698-1700

Plymouth Campus: 36 Cordage Park Circle, Plymouth MA 02360
508-747-0400
List high school you have attended/graduated:

Name of high school ___________________________ Year started ___________________________ Year graduated ___________________________

List any colleges and/or post-high school institutions you have attended:

Name of college ___________________________ State ___________________________ Country ___________________________

Name of college ___________________________ State ___________________________ Country ___________________________

Highest degree earned:    ☐ High school or equivalent  ☐ Associate Degree  ☐ Bachelor’s Degree

Please check one:

☐ First time enrolling at any college for credit  ☐ Transferring from another college or university

☐ Quincy College graduate seeking readmission  ☐ Applying to General Studies to complete prerequisites

☐ Returning to Quincy College from an absence, non-graduate / were you in a degree program?    ☐ Yes  ☐ No

Are you requesting transfer credits?    ☐ Yes  ☐ No

To which program are you applying? (See Academic Programs sheet) ___________________________

Do you plan to transfer to a four-year college?*    ☐ Yes  ☐ No

How did you first hear about Quincy College?

☐ Language School  ☐ Internet Search  ☐ Quincy College website  ☐ Other website __________________

☐ High school counselor  ☐ Study in the USA  ☐ Facebook  ☐ Other social media __________________

☐ Quincy College alumni  ☐ Friend/Family  ☐ Agent ______________________  ☐ Other __________________________

I certify that all information stated on this application is accurate and complete.

________________________________________________________________________

_________________________    ____________________________
Student’s signature    Date
# I-20 Application Form

Please refer to the Admissions Checklist for mailing instructions.

Please also include a copy of your passport, and birth certificate or marriage certificate (required for dependents) with this form. A current bank statement, providing evidence of a minimum of USD $24,400 per year to support your study must be attached to the Affidavit of Support Form. The I-20 form will only be issued after the International Student Services Office has 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 per year per dependent must be included in your bank statement.

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Date of Birth</th>
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<tr>
<th>Name (please print)</th>
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<table>
<thead>
<tr>
<th>Last Name/Family Name</th>
<th>First Name</th>
<th>Middle Name (if any)</th>
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<table>
<thead>
<tr>
<th>Home Country Address (required)</th>
<th>United States Address (if any)</th>
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<tbody>
<tr>
<td>Street</td>
<td>Street</td>
</tr>
<tr>
<td>Apartment #</td>
<td>Apartment #</td>
</tr>
<tr>
<td>City/State/Country/Postal Code</td>
<td>City/State/Country/Postal Code</td>
</tr>
<tr>
<td>Telephone</td>
<td>Telephone</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
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<table>
<thead>
<tr>
<th>Country of Citizenship</th>
<th>Country of Birth</th>
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</table>

Where should we send the I-20  
☐ Home country  ☐ U.S. address  ☐ Will pick up

Semester you plan to start at Quincy College:  
☐ Fall (September)  ☐ Spring (January)  ☐ Summer (May/June)

Academic program of study ____________________________

Students currently in the U.S. must also answer the following questions.

If you currently hold a visa to be in the U.S., what type of visa do you hold? ____________________________

Expiration date of visa? ____________________________
# Address/Emergency Form

In case of emergency, it is necessary for you to provide the information below. The information you share with us is confidential and will only be used in the event of an emergency.

**Name (please print)**

Last Name/Family Name

First Name

Middle Name (if any)

**Student ID # ______________________________**

---

**Emergency Contact (in your home country)**

Name

Address

City/State/Country/Postal Code

Telephone

Mobile Phone

Email Address

**Emergency Contact (in the United States)**

Name

Address

City/State/Country/Postal Code

Telephone

Mobile Phone

Email Address

---

**Home Country Address**

Street Address

Apartment #

City

State

Country Postal Code

---

Do you have an immigration situation we should be aware of? □ Yes □ No

If yes, please explain: ____________________________________________________________

---

Do you have any medical conditions we should be aware of? □ Yes □ No

If yes, please explain: ____________________________________________________________
Affidavit of Financial Support Form

Please refer to the Admissions Checklist for mailing instructions.

International students or their sponsors must provide evidence of sufficient funds available to financially support two semesters of study at Quincy College. This affidavit must be signed by the sponsor and stamped or sealed by a notary public, bank official or individual authorized to certify documents. An original letter with an official signature on bank letterhead must be also be submitted. The letter should verify a current account balance with a minimum of USD $24,400 and whether the account is in good standing.

Please print

I, ________________________________, who reside at ________________________________

Sponsor name

Sponsor address

Sponsor phone number

being duly sworn, depose and say that it is my intention to support ________________________________

Student name

in the amount of $ ________________________________ (USD, United States dollar) who resides at ________________________________

Amount of funds for support

Student address (home country)

and comes to the United States to study at Quincy College and resides at (U.S. address, if known):

_________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________

I have enclosed proof of this funding in the form of original statement or letter from a bank, dated within the past six months, showing funds in USD. I further certify that these funds are readily accessible for use in the United States.

________________________________________________________________________________________

Sponsor’s signature

Date

Please note that Quincy College requires an original bank statement or letter from a bank. If you need to retain an original copy, please request multiple original copies from your bank or sponsor.

Signature and statement signed and sworn before me:

Signature of notary public, bank official

Address, location

Date

Stamp or seal required
Physician’s Immunization Verification Form

Please complete this form and return to the International Student Services Office.

Student name (please print)  Date of Birth _____________________________

__________________________  ____________________________
Last Name  First Name  Middle Name (if any)  Country of Citizenship

Regular Measles (Rubeola), Mumps and German Measles (Rubella): A student can be considered immune 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 re-vaccinated.

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 date of vaccination or protective titer (=>1.0)

**Measles, German (Rubella):** Physician’s validated date of vaccination or protective titer (=>1.08)

**Meningococcal:** One dose of MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger administered on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

**Tetanus and Diphtheria:** a Tetanus and Diphtheria (TD) booster is required within ten years of the admission.

**Varicella:** Physician validated date of two doses.

Immunization history

Please add dates of vaccinations.

<table>
<thead>
<tr>
<th>DPT/DT TD</th>
<th>Hepatitis B</th>
<th>Varicella</th>
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<tbody>
<tr>
<td>Date must be within the last ten years</td>
<td>First Dose</td>
<td>First Dose</td>
</tr>
<tr>
<td>Second Dose</td>
<td>Second Dose</td>
<td></td>
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<tr>
<td>Third Dose</td>
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</table>

**Physician’s 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 ____________________________________________________________

__________________________  ____________________________
Signature  Date  Stamp

Massachusetts College Immunization Law requires that all college students submit documented evidence of immunization. Students failing to comply with this requirement will not be permitted to complete registration. By law, this is a mandatory part of the admission process for full time students. If you have exceptional circumstances that prevent you from completing this form, please contact the International Student Services office.
Maintaining Your F-1 Status

F-1 student, you have been admitted to the United States for “Duration of Status”. You are permitted to stay in the United States as long as you maintain your F-1 status by fulfilling the requirements of being a F-1 student. If you won’t comply with the rules outlined below, you will lose F-1 status.

U.S. Citizenship and Immigration Services (USCIS) requires that you must follow the regulations listed below in order to maintain your student status:

• Enroll and maintain a minimum of 12 credits every Fall and Spring semester. F-1 students may enroll only for one distant learning class per semester. If you fall below 12 credits, you will lose your F-1 status and must apply for reinstatement or leave the United States immediately. Students starting in the Summer Session must enroll for 12 credits as well.

• You may withdraw from a class, only after you obtain an approval from the International Student Advisor.

• Make a satisfactory progress towards completing the course of study.

• Report any changes of address, program of study, sponsorship, or name change to the International Student Services Office within ten business days.

• Maintain a valid passport at all times.

• Work only on campus unless specifically authorized by your advisor and USCIS.

• Apply for a program extension if you cannot complete your degree by the ending date listed on your SEVIS I-20. You must apply for the extension 30 days before the expiration date.

I certify that I have read the above statements about maintaining my F-1 status in the United States. I realize that it is my responsibility to understand and follow regulations pertaining to my legal status.

____________________________
Student Signature

____________________________
Student Name (please print)

____________________________
Student ID number

____________________________
Date
Transfer Report (students previously enrolled)

Please read this form carefully and sign in the space provided. Then give it to your International Student Advisor at the institution you are currently attending or last attended. The International Student Services Office must receive this form before an I-20 can be issued.

I, _____________________________________________ date of birth ______________________ grant permission for the information on this form to be released to Quincy College. _____________________________________________ date _____________________

Student signature

Please check the Quincy College campus you would like your student records to be transferred to:

☐ Quincy Campus - BOS214F00933000

☐ Plymouth Campus - BOS214F00933002

This section is for the International Student Advisor at the institution you are currently attending or last attended. Please note that Quincy College will not accept completed or terminated records.

Please scan this completed document and email to: international@quincycollege.edu

Date of most recent enrollment ________________________________

Is the student eligible to continue at your institution?  □ yes  □ no

To your knowledge, has the student met all obligations to the Department of Homeland Security?  □ yes  □ no

To your knowledge, has the student met all financial obligations to your institution?  □ yes  □ no

SEVIS ID Number __________________________________________

SEVIS Transfer release date _________________________________

International Student Advisor’s name ___________________________________

Title ___________________________________

Name of institution _____________________________________________

Mailing address _________________________________________________

Email address ______________________________________ Telephone number

Signature _______________________________________ Date

Additional Comments ____________________________________________

_________________________________________________________________

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