

EST. 1958

QUINCY COLLEGE  
QUINCY | PLYMOUTH | ONLINE

# International Admissions Language Training 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.

QUINCY COLLEGE

Office of International Student Services  
international@quincycollege.edu  
617-984-1641 | fax: 617-984-1616

Quincy Campus: 1250 Hancock Street, Quincy MA 02169  
617-984-1700

Plymouth Campus: 36 Cordage Park Circle, Plymouth MA 02360  
508-747-0400

# 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.

1. Completed International Student Admissions Application Packet.
2. Copy of your passport, current I-20, as well as any previous I-20s you have been issued.
3. 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.
4. 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 \$29,000.
5. 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.
6. Completed *Physicians Immunization Verification Form*, you are required to have the following vaccinations: DPT/DT, TD, MMR, Meningococcal, Hepatitis B, Varicella, and Influenza.
7. 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](http://studyinthestates.dhs.gov).



# 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)

United States Address (if any)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Sex  Female  Male

Date of Birth \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
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: \_\_\_\_\_

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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?

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



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# 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 \$29,000 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.

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Name (please print)

\_\_\_\_\_  
Last Name/Family Name First Name Middle Name (if any)

Home Country Address (required)

United States Address (if any)

\_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
Street Apartment #

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

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

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

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) \_\_\_\_\_ Student ID # \_\_\_\_\_

\_\_\_\_\_  
Last Name/Family Name                      First Name                      Middle Name (if any)

Emergency Contact (in your home country)

Emergency Contact (in the United States)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
City/State/Country/Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
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 \$29,000 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:

Stamp or seal required

\_\_\_\_\_  
Signature of notary public, bank official

\_\_\_\_\_  
Address, location  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

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# Physician's Immunization Verification Form

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

Student name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_  
Last Name First Name Middle Name (if any)

**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 ( $\geq 2.5$ )

**Mumps:** Physician validated date of vaccination or protective titer ( $\geq 1.0$ )

**Measles, German (Rubella):** Physician's validated date of vaccination or protective titer ( $\geq 1.08$ )

**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.

MenACWY (formerly MCV4)	MMR I	MMR II	DPT/DT TD	Hepatitis B	Varicella
_____	_____	_____	_____	_____	_____
Date	Date	Date	Date must be within the last ten years	First Dose	First Dose
				Second Dose	Second Dose
				Third Dose	

Physician/nurse's name \_\_\_\_\_ Name of medical institution \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

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

## 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.

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# 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.

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Student Signature

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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, \_\_\_\_\_, \_\_\_\_\_ grant permission for the information  
Student name Date of birth  
on this form to be released to Quincy College. \_\_\_\_\_  
Student signature Date

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](mailto: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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