

QUINCY COLLEGE

INTERNATIONAL STUDENT SERVICES | PLYMOUTH, QUINCY & ONLINE

GUIDE TO ADMISSIONS FOR TRANSFER STUDENTS



Quincy College
International Student Services
1250 Hancock Street
Quincy Center, MA 02169, USA

www.quincycollege.edu
international@quincycollege.edu
Phone: 1-617-984-1674
FAX: 1-617-984-1616



FOCUSED ON TEACHING & LEARNING, ONE STUDENT AT A TIME



QUINCY COLLEGE

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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.**

Quincy College Official Use:

Received Form on: _____

Received by: _____

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

Quincy College Use:

Application Received

Application Fee Received

Student ID #

For Quincy Campus:

Quincy College
Admissions Office
1250 Hancock Street
Quincy Center, MA 02169
phone: 617-984-1710
800-698-1700
fax: 617-984-1794
www.quincycollege.edu

For Plymouth Campus:

Quincy College
Admissions Office
36 Cordage Park Circle
Suite #228
Plymouth, MA 02360
phone: 508-747-0400
fax: 508-747-8169
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

Last Name First Name Middle Name
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

Gender: ☐ Male ☐ Female ____/____/____ (Month/Day/Year)
Social Security Number (optional) Date of Birth

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 Graduate Year _____ ☐ GED/ HiSET Recipient Year _____
Name of High School GED Location _____
High School Location (City, State) _____

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.

Market Data

How did you hear about Quincy College?

- ☐ College fair
☐ Advertisement
☐ Radio
☐ TV
☐ Online
☐ Friends or Family
☐ Other, please explain:

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.**

Associate Degree 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

Certificate Programs

- ☐ Accounting
- ☐ Aquaculture
- ☐ Biotechnology and Compliance
- ☐ Computer Science
- ☐ Computer Science: Networking

- ☐ 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

Semester of Interest

- ☐ Fall ☐ Winter
☐ Spring ☐ Summer

Schedule of Interest

- ☐ Full time
☐ Part time

Year of Interest: _____

Campus of Interest

- ☐ Quincy Campus
☐ Plymouth Campus
☐ Undecided

Plans for Study

What is your educational goal at Quincy College? **Check only one:**

- ☐ Complete a Certificate at Quincy College
- ☐ Complete an Associate Degree at Quincy College
- ☐ Complete an Associate Degree, then transfer to a 4 year institution

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

2015-2016

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.



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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? _____



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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.

Quincy College Official Use:

Received Form on: _____

Received by: _____

Student ID#: _____

Date: _____

1. CONTACT PERSON IN YOUR HOME COUNTRY

Name _____ Relationship to you _____

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.)

Name _____ Relationship to you _____

Address (Line 1) _____

Address (Line 2) _____

Telephone Numbers _____

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



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NOTARIZED AFFIDAVIT OF SUPPORT

Quincy College
International Student Services Office
1250 Hancock Street
Quincy Center, MA 02169, USA

Quincy College Official Use:

Received Form on: _____

Received by: _____

Tel: (617) 984-1674 | Fax: (617) 984-1616 | E-mail: international@quincycollege.edu | Web: www.quincycollege.edu

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: _____

Stamp

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



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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: _____