

**Thank you for your interest in Piedmont Community College!**

The information you provide on the following Application for Admissions begins your enrollment process. Please contact us at any time if you have questions regarding your enrollment: Phone (336) 599-1181, Fax (336) 598-9283, Email [admissions@piedmontcc.edu](mailto:admissions@piedmontcc.edu)

It takes two weeks to process an application packet for an I-20 consideration. You may check the status of your application by emailing [admissions@piedmontcc.edu](mailto:admissions@piedmontcc.edu)

It is recommended that you keep a copy of your application for reference.

**MAIL YOUR COMPLETED APPLICATION TO:** Piedmont Community College  
Admissions  
PO Box 1197  
Roxboro NC 27573

**SUBMITTING AN INCOMPLETE APPLICATION, WILL CAUSE DELAYS IN THE PROCESSING OF YOUR I-20 FORM.**

**GENERAL INFORMATION**

**Financial Aid** - Piedmont Community college does not offer financial aid or scholarships to international students. In general, only permanent residents and citizens of the U.S. are eligible for financial aid.

**Housing** - Piedmont Community College has no dormitories, residence halls or on-campus housing. All students must arrange for housing in the Roxboro or surrounding area.

**Transportation** - No public transportation is available in the PCC service area. Commuter students must provide their own transportation.

**INTERNATIONAL STUDENT APPLICATION FINAL CHECKLIST**

- ☐ PCC Admission application
- ☐ Online residency determination
- ☐ Affirmation statement
- ☐ Affidavit of support
- ☐ Letter from sponsor's bank
- ☐ Medical history
- ☐ TOEL scores
- ☐ Official transcripts translated to English
- ☐ Visa clearance (visiting student only)

## International Student Application Packet

**This application packet should be completed by applicants who want to qualify for an I-20 Form from Piedmont Community College. This includes:**

1. Individuals who are living outside the United States who want to receive an I-20 to apply for a student visa at the U.S. Embassy or Consulate in their home country. (Note: The application must be completed by the applicant in his or her home country and not by a friend or relative in the United States.)
2. Individuals who are currently in the United States on a student visa but hold an I-20 from another College or university and are interested in transferring to Piedmont Community College. (Note: You must first attend the college, university or language training center that issued your current I-20 for one academic period before you are eligible to transfer.)
3. Individuals who are in the United States on another non-immigrant visa (such as: B-1/B-2, F-2, J-1/J-2, H-4, L-2, R-1) and who want to receive an I-20 to apply to change their visa status to student status. **(Note: Piedmont Community College will not process the change of visa status application.** You need to apply to qualify for an I-20 and then seek the advice of an immigration attorney to change your visa status through application to INS.)

**This application packet should not be completed by:**

1. Individuals who are citizens or permanent residents of the United States. This category would also include refugees, political asylees, conditional permanent resident and pending permanent residents.
2. Individuals who hold another non-immigrant visa **(such as A-1, B-1, F-2, H-4, L-2, R-1) AND ARE NOT INTERESTED IN CHANGING THEIR CURRENT VISA STATUS.** Many non-immigrant visa categories allow both part and full-time study.

These individuals should complete a Piedmont Community College application for admission, submit official high school or equivalency and college transcripts that you have previously attended and request any TOEFL scores be sent to the college.

**If you have questions regarding the application process for international students and non-immigrant students, please email [admissions@piedmontcc.edu](mailto:admissions@piedmontcc.edu), call the Admissions Office at 336-599-1181 or fax 336-598-9283 (Attention Admissions Office).**

## ADMISSION REQUIREMENTS

### NEW FOREIGN STUDENT REQUIREMENTS

1. Completed Piedmont Community College admission documents submitted by the application deadline: **Application For Admission, Residency Determination, and Affirmation Statement**. Please provide complete information. Incomplete forms will be returned to you and will result in delays in reviewing your application.
2. An **Affidavit of Financial Support** completed and notarized is required for all applicants. It must also be accompanied by an **original letter from your bank or financial institution** verifying the availability of funds to support a fulltime student and any accompanying dependents for each year of study. An I-20 form will not be issued until all financial documentation is received and approved.
3. **Official Academic Transcript** of secondary education and post-secondary education (equivalent to high school education in the U.S.). Records should include courses taken, grades received, and degrees or certificates earned. Records must be sent directly from secondary education institution to PCC Admissions Office or include them with your application IN SEALED ENVELOPS. **All transcripts must be translated into English.** In the case of translated transcripts, CERTIFIED COPIES of the original transcripts may be included with the official translation. The name that you are currently using should appear on each transcript or documentation of a legal name change should be included.
4. A completed statement of **Medical History** signed by a practicing physician. Include a record of updated immunization history.
5. **Official TOEFL Score** is required if English is not your native language. Evidence of English Proficiency must come in the form of a statement from the American Embassy in the prospective student's country of origin or if you have taken the TOEFL, submit your score and it will be considered as part of your placement information. To submit the TOEFL score, you must provide a copy of your official TOEFL score report or have the score reported directly to Piedmont Community College.  
Our institutional TOEFL code is 5518. A minimum score of 550 is required for admission.

### TRANSFER FOREIGN STUDENT REQUIREMENTS

Application deadlines do not apply to transfer students, but a completed application should be submitted at least two weeks prior to the start of classes to ensure adequate time to register.

If you are currently a F-1 student in the U.S. and want to transfer to Piedmont Community College, you must submit the following documents. **To be eligible for transfer, you must have completed one school term at the school that issued your I-20.**

1. A completed PCC Application for Admission
2. An Affidavit of Financial Support completed and notarized and accompanied by an original bank letter.
3. A Visa Clearance Form completed by the International Student Advisor at your current school.
4. An official transcript from the college or university you are currently attending.
5. A completed statement of medical history signed by a practicing physician. A record of updated immunization history.
6. A photocopy of your I-20, I-94 and visa page of your passport.

## International F-1 Admissions

Piedmont Community College (PCC) is approved to issue I-20 forms for all associate degree programs, including university transfer Associate in Science or Associate in Arts degrees. These programs prepare students to enter most four-year colleges and universities at the junior level to complete a bachelor's degree.

The admission requirements for both new, transfer and change-of-status students are listed below. Please read all the admissions requirements carefully and fill out all the forms completely. **Please submit and complete the international F-1 student visa admissions requirements by the application deadlines listed below.** Once the PCC Admissions office receives all the required documentation, a decision will be made concerning your enrollment at the college.

Processing may take up to 10 business days. After your application is processed, you will receive an email notification with instructions on how to check the status of your application. If your application is incomplete, you will receive documentation indicating the required documents needed to complete your application. The college will hold your application and supporting documentation on file for one year. After that time, the contents of your application and supporting documentation will be destroyed, and you will be required to resubmit the application and all supporting documentation if you are still interested in attending the college.

After approval of your application and all supporting documentation, you will be issued an I-20 for an associate degree. Once received, you must take the I-20 to the U.S. embassy or consulate office in your country and complete a non-immigrant visa application to apply for a student F-1 visa. If you want to defer your I-20 to another semester, some updated documentation and the application fee will be required by the application deadline.

**Applying outside the U.S.:** This is a student who resides outside the United States. The student wants to apply to receive an I-20. With this I-20, the student will apply for an F-1 student visa to come to Piedmont Community College and study as a full-time student.

**Transfer active I-20:** This is a student who is currently in the United States studying at an institution with an I-20. The student wants to apply to Piedmont Community College to transfer his or her active I-20 to study as a full-time student.

**Change of status:** This is a student who is currently in the United States with an immigration status. However, the student wants to apply to receive an I-20. With this I-20, the student will apply with U.S. Citizenship and Immigration Services for a change of status from his or her current status to F-1 student status. If the change of status is approved, the student plans to study at Piedmont Community College as a full-time student. We do not have an application deadline for an applicant to receive an I-20 to apply for a change of status with USCIS.

### Deadlines for completed F-1 application

Applicant	Fall semester	Spring semester	Summer term
Applying outside U.S.	April 15	September 15	February 15
Check-in time – Applying outside U.S.	July 15	November 15	April 15

## Financial Documents Needed by International Students

### Instructions to complete financial documents for I-20

Refer to this page when completing the Affidavit of Support and when obtaining supporting evidence of financial support from your bank. Similar documentation will be required by the U.S. consulate or embassy with your application for a non-immigrant visa. International applicants are not eligible for scholarships or financial aid through the college.

### Requirements

1. A **notarized Affidavit of Support** form completed by your sponsor - your sponsor must CHECK the clear statement of intent to support you or provide a sponsorship statement.  
\*In your sponsorship statement, your sponsor must write a clear statement of intent to support you. (Example: *"I intend to cover all educational and living expenses for (applicant's name) for the duration of his or her studies."*)  
\*The signature of your sponsor must be notarized or certified by a public official.
2. An original **letter from your sponsor's financial institution**, issued within three months, giving the following information:
  - Date the letter was issued
  - Account holder's name, account number and date account was opened
  - Current account balance (showing a minimum of \$29,725)
  - Foreign currency code or U.S. dollar equivalent

**This letter must be on the bank's letterhead and signed by a bank official. If the bank letter is not in English, the letter must be accompanied by a certified translation.**

**A photocopy or original copy of your sponsor's monthly bank statement or income DOES NOT QUALIFY.**

If you plan to support yourself (no sponsor), an **Affidavit of Support** is not required. You must, however, submit a letter from your bank with the above information and the bank account must be in your name.

If you have a family member or friend who lives in the Person County Campus/ Caswell County Campus area and plans to provide you with housing free of charge, that person must submit an **Affidavit of Financial Support Form for International Students**. On the form, a clear statement of intent to provide room and board free of charge for the duration of studies must be written, and the signature must be notarized. In such a case, the estimated living expenses of \$10,350 per year do not have to be documented. The blank Affidavit of Support form may be duplicated for this purpose (or if you have multiple sponsors).

***\*If your financial documentation is insufficient, you will not be issued an I-20.***



## AFFIRMATION STATEMENT

You must sign and complete this form. It verifies that you personally completed the Application for Admission Form to Piedmont Community college. It must be notarized and submitted with your complete application documents. **This document cannot be completed by someone else on your behalf.**

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I, \_\_\_\_\_, do hereby affirm that I am the individual  
(Print Full Name)

Who has made application to Piedmont Community College.

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(Signature)

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**CERTIFICATION BY  
NOTARY PUBLIC, ATTORNEY, OR OTHER OFFICIAL  
AUTHORIZED TO ADMINISTER OATHS**

I, \_\_\_\_\_, A Notary Public for \_\_\_\_\_  
(county, state), do hereby certify that \_\_\_\_\_ personally  
appeared before me on this day and acknowledge the completion of attached application for  
admission. Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Official Seal or Stamp)

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(Signature)

My commission expires \_\_\_\_\_, \_\_\_\_\_



## Affidavit of Financial Support for International F-1 Admissions

Name of Sponsor:		
Address:		
City:	State/Province:	Zip Code:

This affidavit is executed on behalf of the following person:

Name of Student:	Date of Birth:		
Citizen of (Country):	Marital Status:		
Relationship to Sponsor:			
Presently Resides at Address:			
City:	State/Province:	Zip:	Country:

Name of spouse and children accompanying or following to join students:

Spouse:	Sex:	DOB:
Child:		
Child:		
Child:		

**(MUST CHECK THIS BOX)** ☐ I make this affidavit for the purpose of assuring Piedmont Community College that the person(s) named in the area above will not become a public charge in the United States. I am willing and able to receive, maintain and support the person(s) named above. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States. I understand this affidavit will be binding upon me for the duration of study of the person(s) named above. I am employed as, or engaged in the business of \_\_\_\_\_

With _____ at Address _____
City: _____ State/Province: _____ Zip: _____
I derive an annual income of \$ _____ and \$ _____ I have on deposit in savings _____
bank in the United States or \$ _____ Country _____

Please specifically describe what support you intend to provide for the student. Give many details of the level of support you will be providing. (For example: I will cover all educational and living expenses. If you live in the Person or Caswell County or local areas and are providing room and board only, please make this statement. If you are providing room and board at no charge to the student, please state no charge for the room and board.)

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**OATH OR AFFIRMATION OF SPONSOR** Signature must be witnessed by Notary Public, Attorney, or other Official authorized to administer oaths. I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and

Signature of Sponsor:
Subscribed and sworn to (affirm) before me this _____ day of,
at, _____ My commissions expires on _____ year.
Signature of Officer Administering Oath
Title

To complete the financial documentation, this affidavit must be accompanied by a bank letter confirming that the sponsor has the financial means to support the student.

## ESTIMATED ANNUAL EXPENSES FOR INTERNATIONAL STUDENTS

	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	3 <sup>rd</sup> Semester	Total (1 Year)
Tuition & Fees	\$4350	\$4350	\$2750	\$11,450
Books & Supplies	\$975	\$975	\$975	\$2925
Living Expenses				\$10,350
Transportation				\$3000
Medical Insurance				\$500
Personal/Miscellaneous				\$1500
Total Expenses				\$29,725

The above estimates are based on cost for a full-time single student. Any student who plans to bring dependents with him or her to the U.S. will have to document additional funds to accommodate increased living expenses and health insurance.\*\*

Tuition and fees are fixed costs subject to increase at the time by the N.C. State Legislature. The other items are **estimated** and should be considered as the minimum.

**\*\*Additional Funds for dependents:**

1. Spouse (husband or wife) - \$5,000.00
2. Child - \$2000.00 per child

The complete name, birth date and country of birth of each dependent must be recorded on the International Admissions Application and Affidavit of Support. You will submit a copy of each dependent's passport photo page, with the expiration date (if applicable), a birth certificate with a certified translation for each child and a marriage certificate with certified translation for your spouse dependent. **This information is essential for completing the I-20.**

**SUMMARY OF FINANCIAL DOCUMENTATION REQUIREMENTS:**

- To qualify for an I-20, a single student must document at least \$29,725 in available funding per year. Students' dependents must document additional funding. Tuition and book expenses are paid per semester. Living expenses are not paid to the college but must be documented as available to qualify for the I-20.
- Students should not expect to be able to support themselves through part-time employment while they study.
- No financial aid or scholarships are typically available.
- **Inadequate financial support will result in failure to maintain F-1 student status and possible deportation from the U.S.** Please be sure that your financial resources or those of your sponsor are readily available to meet your educational and living expenses throughout your studies.



## INTERNATIONAL STUDENT (F-1) MEDICAL FORM

**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 the International 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 health forms for their personal records prior to submitting it to the College. A physician, physician assistant, or nurse practitioner must complete your physical exam.

### REPORT OF MEDICAL HISTORY

*(Please print in black Ink)*

*To be completed by student*

Last Name:	First name	Middle Name
Permanent Address:		
City:	State:	Zip:
Area Code/Phone Number:		
Date of Birth (mm/day/yr):     /     /	Gender (Circle):	Male     Female
Marital Status (Circle):    Single     Married     Other		
Previously enrolled here (Circle):    Yes     No     If yes, dates: _____		
Semester Entering (Circle):     Fall     Summer     Spring     YEAR: _____		
Hospital/Health Insurance (Name and Address of Company):		
Area Code/Phone Number:		
Name of Policy Holder:		Employer:
Policy or Certificate Number: _____		Group Number: _____
Is this an HMO/PPO/Managed Care Plan?		Yes     No
Name of person to contact in case of an emergency:		
Relationship:		Area Code/Phone Number:
Address:	City:	State:     Zip Code:

**(Medical History Form page 2)**

The following health history is confidential, 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 additional 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.

HAVE YOU HAD	YES	NO		YES	NO		YES	NO		YES	NO
Eye Trouble			Frequent or Severe Respiratory Infections			Kidney or Bladder Disease			Diseases ↓		
Ear, Nose, Throat Trouble			Rheumatic Fever or Heart Mummer			Disease or injury of Bones or Joints			Infectious		
Frequent or Severe Headache			Stomach or Intestinal Trouble			"Tick" Knee, Shoulder, etc.			Female Only: ↓		
Epilepsy			Hepatitis or Jaundice			Anemia			Irregular Periods		
Asthma, High Fever									Severe Cramps		
Tuberculosis									Extensive Flow		

	YES	NO	Explanation
Do you have any conditions or disabilities that limit your physical activities? (I			
Have you ever been a patient in any type of hospital? (Specify when, where, and why.)			
Has your academic career been interrupted due to physical or emotional problems? (Please explain)			
Is there loss or seriously impaired function of any paired organs? (Please describe.)			
Other than for a routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe.)			
Have you ever had any serious illness or injuries other than those already noted? (Specify when and where and give details.)			

**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)

Form 1096 (11-05-2014) 5LG

**Physical Examination (required)**
*(Please print in black Ink)*
*(To be completed and signed by physician or clinic)*

Last Name:	First name	Middle Name
Permanent Address:		
City:	State:	Zip:
Area Code/Phone Number:		Date of Birth (mm/day/yr):

Height		Weight		BP	/	Pulse		/min.
Vision:	Corrected	Right 20/		Left 20/		Hearing (gross) 15 ft.	Right	Left
	Uncorrected	Right 20/		Left 20/			Right	Left
<b>Urinalysis</b>					<b>Hematocrit</b>			
Sugar					%			
Albumin								
Micro								

Are there abnormalities?	Normal	Abnormal	Description (attach additional sheets if necessary)
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Mammary			

**(Physical Examination Form page 2)**

IMMUNIZATIONS	mo./day/yr (#1)	mo./day/yr (#2)	mo./day/yr (#3)	mo./day/yr (#4)
DTP or Td(within the last 10 yrs)				
Td Booster				
Polio				
MMR (after first birthday)				
MR (after first birthday)				
Measles (after first birthday)				
Mumps				
Rubella				
BCG Vaccine				
<b>Please note:</b> <b>A TB test is required and must be administered within the last 12 months.</b> Tuberculin (PPD) Test Date Read (Within 12 months) mm induration Is the PPD negative or positive?				
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, intramurals, 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