ALVIN COMMUNITY COLLEGE INTERNATIONAL STUDENT SERVICES

INTERNATIONAL APPLICANT CHECKLIST TRANSFER (in) WITH EXISTING 1-20

| Admission Deadline | Semester of Entry | |
|--------------------|-------------------|--|
| July 1 | Fall | |
| November 1 | Spring | |

| Complete | the following | i siehs na ii | ne appropri | ate deadime. |
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| C | omplete ACC application at ApplyTexas.org. Valid for 12 months. |
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| Pa | ay \$100.00 application fee. Valid for 12 months. |
| | ubmit TOEFL or IELTS scores and/or TSI Assessment or qualifying exemption including previous oursework from college/university transcript |
| a a | Submit notarized Sponsor Declaration or Affidavit of Support (Form I-134 for sponsors within the USA) accompanied together with six months of consecutive official or notarized bank statements showing an ongoing consistent daily balance of no less than \$20,000 USD as PDF. If you are bringing lependents, add another \$5000 USD per person. |
| S | ubmit copies of previous 1-20's as PDF (and for each dependent, if applicable) |
| | ubmit all official transcripts from high school, college/university, or other institutions that you attended accompanied by an evaluation from an approved U.S. Agency. |
| Sı | ubmit copy of passport photo page, Visa and 1-94 as separate PDF (and for each dependent, if applicable) |
| | ransfer form signed by International advisor at transferring college/university as PDF (see the Transfer ection at https://www.alvincollege.edu/international-students/) |
| An acce | ptance letter and I-20 will be prepared once all the above has been submitted. |
| Minimun | m (at least) of 1 Month BEFORE course registration: |
| | ake the TSI Assessment through ACC testing department (if college readiness is not confirmed by ranscript) |
| S | atisfy Bacterial Meningitis vaccination requirement (only required for students under the age of 22) |
| Pi | roof of Medical Insurance (recommended) |

Send all documents to: International@alvincollege.edu or 3110 Mustang Rd. Alvin, TX 77511-4898 USA

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