

## QUINCY COLLEGE



# Guide to Admissions



## FOR INTERNATIONAL STUDENTS

Thank you so much for your interest in Quincy College. We're glad you're considering studying with us.

In this packet, you'll find everything you need to apply for admissions at Quincy College. Please fill out each of the forms included in this packet and mail to the Quincy College International Student Services Office.



Greetings from Quincy College!

Leaving home to study in a foreign country can be exciting as well as overwhelming. At Quincy College we do everything possible to make sure our international students have the necessary information and support to make the process and transition easier. Our International student services office provides a “one-stop-shop” from admissions, to advising, immigration to graduation; the staff is there to assist all international students.

With over four hundred international students representing more than 65 countries around the world, Quincy College is one of the top 40 community colleges nationwide for international student enrollment. While other colleges in Massachusetts charge out of state tuition rates to international students, Quincy College’s tuition is based on one cost per credit for **all** students. This makes Quincy College one of the most affordable choices in Massachusetts for international students. And, like most community colleges, we have transfer agreements with baccalaureate institutions whereby these colleges and universities accept Quincy College credits toward four-year degree requirements.

Everything a student needs to get started is included in our Quincy College Admissions Information CD and on our website at [www.quincycollege.edu](http://www.quincycollege.edu). Once you have completed the application simply forward it to our international student services office and an advisor will get in touch with you regarding acceptance and the subsequent immigration process.

We look forward to having you join us at one of the most culturally diverse community colleges in Massachusetts.

Warm regards,

*Amy Dwyer*  
Director, International Student Services

*Sheila Vaughn*  
International Admissions Officer



# ASSOCIATE DEGREE PROGRAMS

## **BUSINESS**

Accounting  
Management  
Business Transfer  
Health Care Administration

## **COMPUTER SCIENCE**

Computer Science Transfer  
Computer Administrative Support

## **CRIMINAL JUSTICE**

Criminal Justice Transfer  
Law Enforcement

## **EARLY CHILDHOOD EDUCATION**

Early Childhood Education  
Elementary Education Transfer

## **FINE ARTS**

Dramatic Arts  
Music Arts  
Visual Arts

## **FIRE SCIENCE TECHNOLOGY**

## **GENERAL STUDIES**

## **SOCIAL WORK/HUMAN SERVICES**

Social Work Transfer  
Human Services Transfer

## **LIBERAL ARTS**

Behavioral Science  
English  
History/Government  
Humanities  
Mathematics/Science  
Mathematics  
Natural Science  
Psychology  
Social Sciences  
Sociology

## **LEGAL STUDIES**

## **NURSING**

Associate Degree in Nursing  
Advanced Placement for LPNs



# INTERNATIONAL STUDENT DOCUMENT CHECKLIST - TRANSFER

Quincy College  
International Office  
24 Saville Avenue  
Quincy, MA 02169  
Tel: (617) 984-1665  
(617) 984-1663  
Fax: (617) 984-1616  
www.quincycollege.edu

Quincy College Use

Received form on: \_\_\_\_\_

Received by: \_\_\_\_\_

The following items must be submitted in one envelope. Failure to submit all documents in one envelope will result in a delay in processing. Applications from overseas must be received no later than two months prior to the beginning of the semester.

1. \_\_\_\_\_ Completed General Application Form.
2. \_\_\_\_\_ Non-refundable application fee of \$30 - Do not send cash.
3. \_\_\_\_\_ Original or certified copy of secondary school or college diploma with English translation.
4. \_\_\_\_\_ Completed Affidavit of Support Form.
5. \_\_\_\_\_ Financial statement, no more than 6 months old:
  - certified letter from bank or
  - bank statements - conversion to US dollars
6. \_\_\_\_\_ Proof of birth date and country of citizenship as indicated on passport or birth certificate
7. \_\_\_\_\_ Completed Quincy College Immunization Form.
8. \_\_\_\_\_ Completed Address/Emergency Form.
9. \_\_\_\_\_ English Proficiency:
  - (a) If overseas, must provide TOEFL score sent directly from ETS (code: 3713)  
Minimum scores: 423 (written), 113 (computer), 38 (IBT)  
OR STEP Test Minimum score- Grade Pre-1
  - (b) In U.S.: Score 69 or above on Quincy College placement test or completion of English Composition I at US College/University
10. \_\_\_\_\_ Official transcripts from United States colleges or universities you have attended.
11. \_\_\_\_\_ Completed International Student Transfer Report.
12. \_\_\_\_\_ Copy of your current I-20, as well as any previous I-20s you have been issued.
13. \_\_\_\_\_ Copy of your current visa and I-94 card, as well as any extensions or previous changes of visa status since your last entry in the United States.

Send all materials in one envelope to:

International Student Services  
Quincy College  
24 Saville Avenue  
Quincy, MA 02169

Tel: 617-984-1663 or 1-800-698-1700  
Fax: 617-984-1616  
E-mail: international@quincycollege.edu  
Office hours: Monday - Thursday, 9am to 6pm EST  
Friday, 9am to 5pm EST



# ADMISSIONS APPLICATION

Enrollment Services  
24 Saville Avenue, Quincy, MA 02169  
617-984-1700 / 800-698-1700  
www.quincycollege.edu

Quincy College Use:
Application Received _____
Application Fee Received: _____
Student ID # _____

**A \$30 application fee, which is non-refundable, must accompany this application.  
Quincy College does not accept application fee waivers.**

Mr. Mrs. Ms. \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ List other names that may appear on credentials \_\_\_\_\_ Social Security Number \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

*Permanent Mailing Address:* \_\_\_\_\_ Number \_\_\_\_\_ Street/PO Box \_\_\_\_\_ Apartment Number \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

*Date of Birth:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year) *Gender:* \_\_\_\_\_ Male \_\_\_\_\_ Female

*Ethnic Group:* \_\_\_\_\_ White (not of Hispanic Origin) \_\_\_\_\_ Asian  
(optional) \_\_\_\_\_ Black (not of Hispanic Origin) \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please explain) \_\_\_\_\_

*Citizenship:* Country of Citizenship (required information) \_\_\_\_\_

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

Native Speaking and Writing Language: \_\_\_\_\_

Current Visa Status (CHECK THE ONE THAT APPLIES TO YOU if not a U.S. citizen)

\_\_\_\_\_ Present visa type is \_\_\_\_\_ **STUDENTS MUST SUBMIT COPY**  
\_\_\_\_\_ Immigrant or Permanent Resident **OF VISA / IMMIGRATION CARD**  
(this school is authorized under federal law to enroll non-immigrant alien students)

*Previous QC Attendance:* Have you ever attended Quincy College before? Yes No

If yes, when? \_\_\_\_\_ What was your major? \_\_\_\_\_

Have others you know attended Quincy College before? Yes No

If yes, how are they related to you? Parent Child Sibling Other Relative Other

*Plans for Study:* I currently plan to ( check all that apply )  
\_\_\_\_ complete my degree/certificate at QC  
\_\_\_\_ transfer credits to another institution  
\_\_\_\_ take courses for personal enrichment

*High School:* Did you graduate from high school or did you receive a high school equivalency certificate?  
\_\_\_\_ high school graduate \_\_\_\_\_ GED recipient Year \_\_\_\_\_  
High School Attended, City, State: \_\_\_\_\_

Post-Secondary  
Education:

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

Attendance:

Quincy Campus      Plymouth Campus      Undecided

Semester of Interest:

Fall \_\_\_\_ Winter Session \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Year of Interest:

Year \_\_\_\_\_

Schedule Interest:

Full time \_\_\_\_ Part time \_\_\_\_ Days \_\_\_\_ Evenings \_\_\_\_

Program Choice:

Please check one only. All students must select a program, regardless of course load.

**\* Allied Health programs require completion of an Allied Health Application.**

- |  |  |   |
|--|--|---|
| Degree Programs:                                   |  | Certificate Programs:   |
| <input type="checkbox"/> Business                  | <input type="checkbox"/> Human Services            | <input type="checkbox"/> Computer Science                     |
| <input type="checkbox"/> Computer Science          | <input type="checkbox"/> Legal Studies             | <input type="checkbox"/> Early Childhood Education            |
| <input type="checkbox"/> Criminal Justice          | <input type="checkbox"/> Liberal Arts and Sciences | <input type="checkbox"/> Paralegal Studies                    |
| <input type="checkbox"/> Early Childhood Education | * <input type="checkbox"/> Allied Health           | * <input type="checkbox"/> Practical Nurse                    |
| <input type="checkbox"/> Fine Arts                 | <input type="checkbox"/> Undecided                 | * <input type="checkbox"/> Surgical Technology                |
| <input type="checkbox"/> Fire Science Technology   | <input type="checkbox"/> Special / Other Program   | * <input type="checkbox"/> Exercise Science/Personal Training |
|  |  | * <input type="checkbox"/> Phlebotomy                         |

*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 Certification; and if I am a full-time student, an official immunization form.

\_\_\_\_\_  
Signature of Applicant      \_\_\_\_\_      Date      2007-2008

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 Lorri Mayer, Director of Human Resources, 34 Coddington St., Saville Hall 211, Quincy, MA 02169 or by calling 617-984-1768 or at lmayer@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, Executive Director of Student Support Services/ADA Coordinator, 34 Coddington St., Saville Hall 205A, Quincy, MA 02169 or by calling 617-984-1656 or at sbossa@quincycollege.edu.

# HEALTH INSURANCE

By Massachusetts state law, some students who register for college courses may be required to purchase health insurance if they are not covered by a comparable health insurance policy. Many students may already have comprehensive health insurance.

All students who are enrolled in 9 or more credits in a 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.

**The deadline to waive health insurance is September 21, 2007 for Fall Semester and February 8, 2008 for Spring Semester.**



RATE: The annual rate for school year 2007-08 is \$881 (both Fall and Spring semesters) and \$600 for just the Spring semester. Students carrying less than 9 credits are not eligible to participate in this plan.

NOTE: The Massachusetts Free Care Program (Free Care) is not acceptable as qualified student health insurance.

STUDENT HEALTH INSURANCE WAIVERS MUST BE SUBMITTED ONLINE AT [www.universityhealthplans.com](http://www.universityhealthplans.com).

**Full-time students without health insurance will be billed unless insurance is waived by student.**



# INTERNATIONAL STUDENT NOTARIZED AFFIDAVIT OF SUPPORT

Quincy College  
International Office  
24 Saville Avenue  
Quincy, MA 02169  
Tel: (617) 984-1665  
(617) 984-1663  
Fax: (617) 984-1616  
www.quincycollege.edu

Quincy College Use

Received form on: \_\_\_\_\_  
Received by: \_\_\_\_\_

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

I, \_\_\_\_\_, am providing support in the amount of \$\_\_\_\_\_ USD  
to \_\_\_\_\_ (name of student) for his/her studies at Quincy  
College. I enclose 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:



# INTERNATIONAL STUDENT FINANCIAL STATEMENT

Quincy College  
International Office  
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(617) 984-1663  
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Quincy College Use

Received form on: \_\_\_\_\_

Received by: \_\_\_\_\_

This statement is required of all international applicants of Quincy College applying for a student visa and must be submitted along with the application for admission. The information contained in this form does not affect admissions, but will be used to determine the College's ability to provide visa sponsorship. Please read all sections carefully, print in black ink or type the information requested, and include the requested documentation.

Be aware that you will be required to show proof of financial support when applying for your student visa. Therefore, be sure to maintain an official copy of financials for this purpose.

If you are married and your spouse will accompany you, add \$5,000.00 to the total. For dependent children, add \$2,000.00 per child.

Check one or more as applicable:

- I have personal funds to meet some or all of my expenses, and I guarantee that these funds will be available to me in the United States. I enclose proof of this funding in the form of an original statement or an original letter from a bank showing funds in U.S. dollars and dated within the past six months.
- I will be supported, in part or in full, by another individual or individuals. S/he has completed the sponsor's statement and has enclosed proof of ability to provide me with support in the form of an original bank statement or an original letter from a bank showing liquid funds in U.S. dollars and dated within the past six months.

Applicant Name: \_\_\_\_\_

Family (Last) name

Given (First) name

Middle name



# INTERNATIONAL STUDENT EVIDENCE OF FINANCIAL SUPPORT

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Quincy College Use

Received form on: \_\_\_\_\_

Received by: \_\_\_\_\_

Student Last Name

Student First Name

Immigration Services requires that the college obtain certification that you have the financial resources to provide adequately for your college and living expenses.

Supporting documentation is required, such as bank statements, or letters of support.

Quincy College has no provision for financial aid for international students. You must come fully prepared to meet all of your financial obligations.

Approximate costs for one year for which you must show evidence of financial support:

Program Area:	<u>Tuition and Fees*</u>	<u>Living Expenses</u>	<u>Total</u>
Allied Health	\$11,620	\$11,880	\$23,630
Business Administration/	\$4,755	\$11,880	\$16,635
Public Service	\$4,755	\$11,880	\$16,635
Liberal Arts	\$4,755	\$11,880	\$16,635
Computer Science	\$5,055	\$11,880	\$16,935
Fine Arts	\$4,805	\$11,880	\$16,685
Fire Science	\$4,880	\$11,880	\$16,760

\*Tuition and fee figures based on 12 credits per semester. Additional charges apply for each credit over 12. All fees non-refundable and subject to change.

Health insurance is included in living expenses. Annual 2007-\$881/Spring-\$600.

PLEASE REPORT AMOUNTS IN U.S. DOLLARS:

Source of Funding

Amount Available for Support

Student Personal Savings

\$ \_\_\_\_\_

From Family

Specify who and relationship

\$ \_\_\_\_\_

From Government or Sponsor

Specify who and relationship

\$ \_\_\_\_\_

Other

Specify who and relationship

\$ \_\_\_\_\_



# INTERNATIONAL STUDENT EXPENSES & BASIC BUDGET

Quincy College  
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To give you an idea of what kinds of living expenses and tuition costs you can expect, we prepared this sheet to help you create a budget.

## Quincy College Living Expenses and Basic Budget

Books/Supplies- (\$250 per semester)	\$500
Health and Medical Insurance- (per year*)	\$881
Rent/Housing- (\$650** x 9 months)	\$5850
Utilities- (\$75**x 9 months)	\$675
Transportation- (\$70*** x 9 months)	\$630
Food- (\$300 x 9 months)	\$2700
Miscellaneous- (clothing, etc.)	\$675
<b>Total =</b>	<b>\$11881</b>

\*Estimated premium 2007-2008

\*\*Average cost for student sharing an apartment with a roommate

\*\*\*Based on public transportation, i.e. subway, buses

## Tuition Breakdown Scenarios Per Semester

### Scenario 1 (All Liberal Arts Classes)

English Composition I (\$149/credit x 3) =	\$447
General Sociology (\$149/credit x 3) =	\$447
US History I (\$149/credit x 3) =	\$447
College Algebra (\$149/credit x 3) =	\$447
International Student Fee (\$40/credit x 12) =	\$480
<b>Total Cost =</b>	<b>\$2268</b>

### Scenario 2 (Liberal Arts Classes with Computer Classes)

Microsoft Office I (\$182/credit x 3) =	\$546
Calculus I (\$149/credit x 3) =	\$447
General Psychology (\$149/credit x 3) =	\$447
Web Development (\$182/credit x 3) =	\$546
International Student Fee (\$40/credit x 12) =	\$480
<b>Total Cost =</b>	<b>\$2466</b>

### Scenario 3 (Science, Art, Computer, and Liberal Arts Classes)

General Chemistry I (\$149/credit x 3) =	\$447
General Chemistry I Lab (1 credit) =	\$205
Basic Painting (\$160/credit x 3) =	\$480
History of Rock (\$160/credit x 3) =	\$480
Introduction to Computers (\$182/credit x 3) =	\$546
International Student Fee (\$40/credit x 13) =	\$520
<b>Total Cost =</b>	<b>\$2678</b>



# INTERNATIONAL STUDENT IMMUNIZATION FORM

Quincy College  
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Quincy, MA 02169  
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(617) 984-1663  
Fax: (617) 984-1616  
www.quincycollege.edu

Quincy College Use

Received form on: \_\_\_\_\_

Received by: \_\_\_\_\_

## COLLEGE IMMUNIZATION LAW:

The Massachusetts College Immunization Law requires that all college students submit documented evidence of immunization against Measles (2 shots) Mumps, Rubella, Diphtheria, Tetanus and 3 doses of Hepatitis B to complete registration for classes. In order to comply with the law and similar recommendations by the American College Health Association and the Federal Centers for Disease Control, you must choose one of the options listed below. 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. Quincy College tracks compliance of all applicable students.

If you are participating in late registration, by law, you have 30 days to provide immunization documentation.

## PLEASE PRINT:

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IF FOREIGN STUDENT, COUNTRY OF CITIZENSHIP: \_\_\_\_\_

## OPTION 1:

I am exempt from this requirement because:

\_\_\_\_ I am a part time student not enrolled in a health science program.

\_\_\_\_ Religious exemption: My signature below indicates my understanding that in the event of an outbreak, I will not be admitted on the Quincy College campus for the time of one incubation period of one outbreak.

## OPTION 2:

I am complying with the law by doing the following:

\_\_\_\_ I am submitting a copy of my high school/college/military record.

\_\_\_\_ I am submitting an immunization history signed by my physician. He has completed Part A on the back page.

\_\_\_\_ I am submitting a physician's statement verifying that my physical condition will be endangered by the required immunization. My physician has completed Part B on the back of this page.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PHYSICIANS IMMUNIZATION VERIFICATION FORM

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST

## PART A

PLEASE NOTE:

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 revaccinated.

### 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 validated date of vaccination or protective titer ( $\geq 1.08$ )

Tetanus and Diphtheria:

### IMMUNIZATION HISTORY

(please put in the dates of vaccination)

DPT/DT/TD: \_\_\_\_\_ (within the last ten years)

MMR I: \_\_\_\_\_ MMR II: \_\_\_\_\_

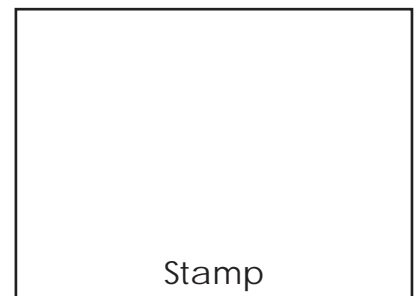
HEPATITIS B: 1st dose: \_\_\_\_\_ 2nd dose: \_\_\_\_\_ 3rd dose: \_\_\_\_\_

Name of Physician/Nurse completing this form: \_\_\_\_\_

Signature of the Physician/Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## 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: \_\_\_\_\_



# INTERNATIONAL STUDENT ADDRESS/EMERGENCY FORM

Quincy College  
International Office  
24 Saville Avenue  
Quincy, MA 02169  
Tel: (617) 984-1665  
(617) 984-1663  
Fax: (617) 984-1616  
www.quincycollege.edu

Quincy College Use

Received form on: \_\_\_\_\_

Received by: \_\_\_\_\_

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.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

## 2. CONTACT PERSON IN THE UNITED STATES (this may be a friend, roommate, relative, etc.)

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address (Line 1) \_\_\_\_\_

Address (Line 2) \_\_\_\_\_

\_\_\_\_\_

Telephone Number

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# INTERNATIONAL STUDENT TRANSFER REPORT

Quincy College  
International Office  
24 Saville Avenue  
Quincy, MA 02169

Tel: (617) 984-1665  
(617) 984-1663  
Fax: (617) 984-1616  
www.quincycollege.edu

Quincy College Use

Received form on: \_\_\_\_\_  
Received by: \_\_\_\_\_

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

TO THE INTERNATIONAL STUDENT ADVISOR: The above student is applying for transfer admission to Quincy College. Please complete this section and mail the reply to:

Quincy College  
International Student Services Office  
24 Saville Avenue  
Quincy, MA 02169  
Telephone: 617-984-1663  
Fax: 617-984-1616

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 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: \_\_\_\_\_

Address: \_\_\_\_\_



\*To the student:

Please confirm your acceptance to Quincy College before asking the advisor at your current institution to release your SEVIS record to us.