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
**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.

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), 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. ___ Proof of birth date and country of citizenship as indicated on passport or birth certificate
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 $19,500.00.
   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. ___ Physicians Immunization Verification Form.

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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
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
Preferred Name
Birth Name (if different from name above)

Contact Information

Email
Cell Phone
Home Phone

Permanent Mailing Address

Street Address
City State Zip Country

Demographic Information

Social Security Number (optional)
Gender: □ Male □ Female ___/_____/_____ (Month/Day/Year)
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)

□ 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 ___________ □ GED/HiSET ___________
Graduate Year Recipient Year

Name of High School

High School Location (City, State)

Did you graduate from a Tech Prep Program? □ Yes □ No

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

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.
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.

<table>
<thead>
<tr>
<th>Associate Degree Programs</th>
<th>Certificate Programs</th>
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<tbody>
<tr>
<td>□ Accounting</td>
<td>□ Accounting</td>
</tr>
<tr>
<td>□ Biotechnology &amp; Compliance</td>
<td>□ Biotechnology and Compliance</td>
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<tr>
<td>□ Business Management</td>
<td>□ Computer Science</td>
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<tr>
<td>□ Business Transfer</td>
<td>□ Computer Science: Networking</td>
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<tr>
<td>□ Computer Science: Concentration in</td>
<td>□ Corrections Administration</td>
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<tr>
<td>□ Media Arts</td>
<td>□ Early Childhood Education</td>
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<tr>
<td>□ Programming</td>
<td>□ Exercise Science/Personal Training</td>
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<tr>
<td>□ Networking</td>
<td>□ Gerontology</td>
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<tr>
<td>□ Criminal Justice: Concentration in</td>
<td>□ Healthcare Administration: Concentration in</td>
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<tr>
<td>□ Criminal Justice Transfer</td>
<td>□ Medical Billing &amp; Coding</td>
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<tr>
<td>□ Law Enforcement</td>
<td>□ Human Services</td>
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<tr>
<td>□ Early Childhood Education</td>
<td>□ Liberal Arts: Concentration in</td>
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<tr>
<td>□ Elementary Education Transfer</td>
<td>□ Behavioral Science</td>
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<tr>
<td>□ Engineering Technician</td>
<td>□ English</td>
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<tr>
<td>□ Exercise Science/Personal Training</td>
<td>□ History/Government</td>
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<tr>
<td>□ Fine Arts: Concentration in</td>
<td>□ Humanities</td>
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<tr>
<td>□ Drama</td>
<td>□ Mathematics</td>
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<tr>
<td>□ Music</td>
<td>□ Psychology</td>
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<tr>
<td>□ Visual Arts</td>
<td>□ Social Sciences</td>
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<tr>
<td>□ Sociology</td>
<td>□ Sociology</td>
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<tr>
<td>□ Medical Laboratory Technician*</td>
<td>□ Sociology</td>
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<tr>
<td>□ Natural Science</td>
<td>□ Sociology</td>
</tr>
<tr>
<td>□ Nursing*</td>
<td>□ Sociology</td>
</tr>
<tr>
<td>□ Paralegal Studies</td>
<td>□ Practical Nursing*</td>
</tr>
<tr>
<td>□ Physical Therapist Assistant</td>
<td>□ Security Administration</td>
</tr>
<tr>
<td>□ Security Management</td>
<td>□ Substance Abuse</td>
</tr>
<tr>
<td>□ Surgical Technology*</td>
<td>□ Surgical Technology*</td>
</tr>
</tbody>
</table>

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.
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 19,500.00 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? ____________________
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.

Student ID#: ____________________________   Date: _________________________________

1. CONTACT PERSON IN YOUR HOME COUNTRY

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Line 1)</td>
<td></td>
</tr>
<tr>
<td>Address (Line 2)</td>
<td></td>
</tr>
</tbody>
</table>

Your address in home country if different:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

2. CONTACT PERSON IN THE UNITED STATES (THIS MAY BE A FRIENDS, ROOMMATE, RELATIVE, ETC.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Line 1)</td>
<td></td>
</tr>
<tr>
<td>Address (Line 2)</td>
<td></td>
</tr>
<tr>
<td>Telephone Numbers</td>
<td></td>
</tr>
</tbody>
</table>

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

Quincy College Official Use:
Received Form on: ____________
Received by: ______________
NOTARIZED AFFIDAVIT OF SUPPORT

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 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: __________________________________________________________________________________

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