These steps are for students who would like to take classes at WCC on an F1 Student Visa. All admitted F1 visa students must enroll full time at WCC and successfully complete a minimum of 12 credit hours each semester during the Fall and Winter semesters. F1 students are not permitted to work off campus without proper authorization.

**Complete these steps to enrollment to join WCC!**

**Step 1:** WCC’s online application—It’s FREE!!  [www.wccnet.edu/apply](http://www.wccnet.edu/apply)

After receiving your student I.D. number by email and/or letter, create your netID:  [https://www.wccnet.edu/services/account/](https://www.wccnet.edu/services/account/)

**Step 2:** Submit these initial admissions requirements:

- **Forms:**
  - F1 Applicant Signature Form (PDF)
  - Notarized Financial Support Form (PDF)

- **Bank Letter or Statement** from the financial sponsor showing the account balance, converted to U.S. dollars, is at least the required minimum to cover all of the student’s anticipated expenses. (See Notarized Financial Support Form for specific dollar amount required and details).
  - The original document with live signatures can be submitted by mail or in person. Electronic documents must be received directly from the financial institution.
  - Business accounts will require additional information.

- **Certified Original Transcripts** (in sealed envelopes) from all previous secondary and post-secondary schools attended. Electronic documents must be received directly from the academic institution.
  - English translations by an **official translation agency** will be required. The original from which the translation was done must also be submitted.
  - Secondary school transcripts require three to four years of the courses taken and the marks/grades received for each term.
  - Students under the age 18 must show proof of High School graduation or GED completion.

- **English Language Proficiency:**
  - Original scores must be received directly from the testing authority.
  - Please allow at least 4 weeks for official test scores to be received.

<table>
<thead>
<tr>
<th>Tests Accepted</th>
<th>Minimum Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOEFL - Test of English as a Foreign Language</td>
<td>61 - internet test</td>
</tr>
<tr>
<td>WCC school code is 1935</td>
<td>500 - paper test</td>
</tr>
<tr>
<td>IELTS - International English Language Testing Systems - Academic Test</td>
<td>5.5</td>
</tr>
<tr>
<td>MELAB - Michigan English Language Assessment Battery</td>
<td>72</td>
</tr>
</tbody>
</table>

- **Additional Forms, if applicable:**
  - F2 Dependent Information Form (PDF) - if student has a spouse or dependent children
  - Personal Representative Form (PDF) - for permission to speak with someone on the student’s behalf

**Step 3:** Complete the following items upon arrival at WCC and prior to being permitted to register for classes:

- Complete online orientation, attend a WCC F1 Connect Session and take the required Placement Testing.
- Provide verification of visa status and copies of electronic I94. Transferring students should include a copy of their current Form I20.
- Proof of medical insurance including the required medical evacuation and repatriation clause. Admitted students must maintain this coverage for the duration of their studies. Proof must be submitted for each semester the student wishes to register for.

**Deadlines:**

- **Fall (August) Admission:** July 15th
- **Winter (January) Admission:** November 15th

- All documents must be completed satisfactorily and received by the deadline date.
- All submitted documents become permanent property of Washtenaw Community College.
- WCC reserves the right to request original documents if unable to verify authenticity.

**Please mail documents to:**

Washtenaw Community College
Attn: Office of Admissions/International
4800 East Huron River Drive
Ann Arbor, MI  48105 USA

Rev.03/17
F1 Applicant’s Signature Form

This form needs to be completed by the student indicating their permanent address in their home country.

Please submit along with a passport copy.

Applicant Information:

Full Name: ____________________________________________

(Please print clearly)

WCC ID #: ___________________________ Date of Birth: ___________________________

Country of Birth: ___________________________

Country of Citizenship: ___________________________

Permanent Address in Home Country:

Street Address: ____________________________________________

(P.O. Box not acceptable)

City: ___________________________

Postal Code: ___________________________ Country: ___________________________

I certify that the information I submitted on my application is correct and complete to the best of my knowledge.

_________________________________________ _______________________
Applicant’s Signature Date

*Please mail to the address below or send directly from WCC student email account.
Applicants seeking an F-1 student visa or trying to extend/maintain their F-1 student status are required to certify that they have sufficient funds to cover all expenses while attending Washtenaw Community College.

**Notarized Financial Support Form**

ESTIMATED STUDENT EXPENSES FOR THE 2017 - 2018 ACADEMIC YEAR:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition, fees, and books for two semesters</td>
<td>$7,100.00</td>
</tr>
<tr>
<td>Living expenses and medical insurance for two semesters</td>
<td>$11,400.00</td>
</tr>
<tr>
<td><strong>Total U.S. Dollars Required</strong></td>
<td><strong>$18,500.00</strong></td>
</tr>
</tbody>
</table>

Once all sections below have been completed, submit this form along with an official original bank letter/statement showing:

- Required funds are in U.S. currency and in a secure checking/savings account. Investment accounts, online bank statements, photocopies and faxes are not accepted.
- Date is not older than six (6) months from the start of the semester the student wishes to attend.
- **English only** or certified translations by an official translation agency attached to the original document must be received.

**Section 1.** Please fill out this section **only** and then take this form to an Attorney or Notary Office **before** proceeding to Section 2.

**Financial Sponsor Information:**

Name: ____________________________________________  Phone: (______)______________

(Must match name on bank statement)

Address: ____________________________________________

Student’s Name: __________________________________  Relationship to Student: ____________

*Total U.S. Dollars Available to Student Per Year  $ __________________________

**Section 2a. Financial Sponsor:** When in the presence of the Attorney/Notary, sign your name and date on the lines below.

I certify that this form is signed by me, the information is true and accurate, and that funds are available and will be provided as specified.

Signature: ______________________________________

Date: ______________________

(Must match date of Notary/Attorney signature)

- This form, as well as the required bank letter/statement, is required for self-sponsoring students.
- Tuition, fees, and estimated expenses are subject to change. Students and sponsors are responsible for any increases.
- Applicants with dependents must show an additional $4,500.00 per dependent and also submit the required F-2 Dependent Information Form.

**Section 2b. Notary or Attorney:** Please verify the Financial Sponsor’s identity, then print, sign and date below. Place your stamp or seal where indicated.

Stamp/seal must be in English or translated by an official translation agency.

I certify that I have verified the identity of the financial sponsor and I am legally authorized to do so.

Name: ____________________________________________

Signature: ______________________________________

Date: ______________________

(Must match date of sponsor signature)

Place English stamp/seal here. If not in English, original official translation required.
You must provide us with written permission in order to have information regarding your admission to WCC released to someone other than yourself. Please also indicate if you wish to have your Personal Representative send the Form I20 to you once it has been prepared.

Student’s Name: ________________________________________________________   Birth Date: ______________

I give permission to have information regarding the status of my admissions application released to my personal representative listed below:

Name: ___________________________________________________________    Email: ______________________________

Relationship to Student: ______________________________________________________________________________________

Address: ____________________________________________________     Home Phone: ___________________________
             ____________________________________________________     Work Phone: ___________________________
             ____________________________________________________     Cell Phone: ____________________________

Check ONE of the following statements:

___ I authorize WCC to give my personal representative information regarding my admission status. I would like you to mail my I-20 directly to me.

___ I authorize WCC to give my personal representative information regarding my admission status. I would like you to mail my I-20 directly to my personal representative.

I certify that the information I have provided on this document is correct and complete. I will notify the Office of Admissions/International at WCC in writing of any changes in the information provided.

_______________________________________________________          _________________________
Signature of Applicant                                      Date

*Please mail this form to the address below or send directly from your WCC student email account..
F2 Dependent Information Form

F1 students who plan to bring their spouse and/or children to the U.S. as their dependent, will need to submit additional documentation. Proof of adequate funds to support the dependent(s) while in the U.S. will be required. An additional $4,500.00 USD per dependent will be necessary and must be included on the Notarized Financial Support Form.

Please provide a copy of the following for each dependent:

- Proof of relationship to the student. Birth/marriage certificates in English or an official translation will be required.
- Passport photo page, include the issue and expiration dates.

NAME (F1 Applicant/Student): ________________________________________________________________

PHONE #: _____________________________ EMAIL: ______________________________ STUDENT ID#:_________________

Please complete the following information for each dependent:

Full Name: ___________________________________________ Full Name: ___________________________________________

Date of Birth: _________________________________________ Date of Birth: _________________________________

Country of Birth: _____________________________________ Country of Birth: ______________________________

Country of Citizenship: _________________________________ Country of Citizenship: ___________________________

Relationship to Student: ________________________________ Relationship to Student: ___________________________

ARE THEY IN THE U.S.?   Y / N   Their visa is: __________________ ARE THEY IN THE U.S.?   Y / N   Their visa is: _________________

  If Yes: Submit a copy of their current Visa and I94 (Form I20 also if applicable)

  If Yes: Submit a copy of their current Visa and I94 (Form I20 also if applicable)

Full Name: ___________________________________________ Full Name: ___________________________________________

Date of Birth: _________________________________________ Date of Birth: _________________________________

Country of Birth: _____________________________________ Country of Birth: ______________________________

Country of Citizenship: _________________________________ Country of Citizenship: ___________________________

Relationship to Student: ________________________________ Relationship to Student: ___________________________

ARE THEY IN THE U.S.?   Y / N   Their visa is: __________________ ARE THEY IN THE U.S.?   Y / N   Their visa is: _________________

  If Yes: Submit a copy of their current Visa and I94 (Form I20 also if applicable)

  If Yes: Submit a copy of their current Visa and I94 (Form I20 also if applicable)

Full Name: ___________________________________________

Date of Birth: _________________________________________

Country of Birth: _____________________________________

Country of Citizenship: _________________________________

Relationship to Student: ________________________________

ARE THEY IN THE U.S.?   Y / N   Their visa is: _________________

  If Yes: Submit a copy of their current Visa and I94 (Form I20 also if applicable)

Please mail to the address below or send directly from your WCC student email account.

Washtenaw Community College ATTN: Office of Admissions/International 4800 East Huron River Drive Ann Arbor, MI 48105 USA  www.wccnet.edu