International Students: Admission Requirements

Coastal Bend College is a publicly-supported, comprehensive community college offering the first two years of university-parallel academic studies and an extensive choice of technical and occupational training varying in length from six months to two years.

Applicant Checklist

1. Complete Coastal Bend College Admissions application. Visit www.applytexas.org

2. Submit original/official transcripts of school(s) attended at the current educational level. For example, if you attended more than one high school, you must submit original/official transcripts for all high schools. If you attended more than one college/university, you must submit original/official transcripts for all colleges/universities.

If you are under 18, you must also submit proof of high school graduation. Examples: copy of your high school diploma/certificate, official transcripts indicating graduation date, GED certificate that certifies completion of all areas, or official letter issued by the school certifying that you have graduated high school.

*Note:* A certified English translation must accompany all transcripts, certificates, and diplomas if the original language is not English.

3. Provide proof of English proficiency. TOEFL score of 500 on paper-based test or 173-187 on computer-based, or 61 on the Internet based TOEFL. TOEFL Alternatives: SAT Reading 400 or ACT verbal 21 English or students who have at least 12 transferable hours AND complete English Composition I with a C or better or completion of the advanced-level Texas Intensive English Program (TIEP) offered by TIEC.

4. Submit Immunization records including Bacterial Meningitis immunization. *(Note: If you are over 21, you do not have to have the Bacterial Meningitis immunization)*

5. Submit an original statement/letter from your bank or other financial institution. The name of the person on the bank statement should match the name of the person identified on the Sponsor Affidavit Form.
   - The bank statement/letter must be in English. If the bank statement/letter is not in English, please provide a certified English translation of the document.
   - Your funds must be from a checking, saving, or certificate of deposit account. *(Note: We do not accept funds such as stocks, investments, retirement, etc.)*
   - It must be issued by your bank or financial institution. The bank statement/letter must contain the date, name of the account holder(s), and states that there is funding available in the amount of at least $13,000 USD.
   - Bank statement/letter is valid for 3 months from the date of issue.
   - If bank statement/letter is not issued by a U.S. bank, currency must be specified in the statement/letter. If you have funding from multiple sources, you will need a bank statement/letter from each source.
   - The statement/letter must also be signed and stamped by a bank official at the financial institution.

6. Complete the I-134 Sponsor Affidavit Form and obtain all necessary signatures.
   *Note: If there are multiple account holders on your bank statement, please submit one affidavit form for each of the account holders. Visit www.uscis.gov/i-134 for more information.*

*Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.*

Revised 06/2020
The U.S. Immigration and Naturalization Service Form I-20 will not be issued until admission procedures are completed to the satisfaction of the college. International students are required to purchase illness and accident medical insurance coverage specified by the college during their entire period of study at CBC unless they are already covered by health insurance that covers medical cost incurred in the U.S. After acceptance by CBC, and before registration, the college requires international students to take a series of assessment tests in English, Mathematics, and Reading to comply with the Texas Success Initiative (TSI). Results of these tests will determine courses in which a student may register. International students are subject to TSI requirements as are all students at CBC.

**STUDENT HOUSING:** The CBC has a dormitory which houses 138 men and women students and 20 one-bedroom apartments. Housing application fee for dorm/apartment of $250 (which is non-refundable) to reserve housing. There is also a residential fee of $50 for dorm/apartment students. There is a waiting list so reservations should be made as soon as possible. Some private housing may be available in the community. Local realtors would have listings.

**TRANSPORTATION:** There is no public transportation available in Beeville. Students who find housing in the community will need an automobile or bicycle in order to travel to and from the college campus.

**EXPENSES:** An international student enrolled in a full program of study should expect to pay to the college a sum of approximately $3,600 for tuition and student fees, approximately $1,000 for books, approximately $2,600 for dorm and meal plan, approximately $600 per month for CBC apartment rent. This must be paid directly to the college. Personal expenses can easily add another $1,000 each semester.

**STUDENT ACCIDENT AND SICKNESS INSURANCE:** All international students are required to purchase accident and sickness medical expenses insurance each semester of their attendance at Coastal Bend College.

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*Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.*

Revised 06/2020
Name of Applicant

EDUCATIONAL DATA
RECORDS OF SECONDARY AND HIGHER EDUCATION
PREVIOUS EDUCATION

Column 1 - Actual years of schooling. The first year of schooling is Number 1, the second year Number 2, etc.

Column 2 - For each year write the grade, form, standard or class, using the terminology of the educational system attended.

Column 3 - List in chronological order every academic year in which you attended school, including any in which you remained in one grade for more than one year. If you were out of school for a year or more explain the interruption on a separate sheet of paper.

Column 5 - Write the type of school you attended during each academic year, such as elementary, colegio, ecole secondaire, gymnasium, istituto, university, etc, using the terminology of the educational system.

Column 8 - Write the name of any examinations passed, or certificates, diplomas, or degrees earned, such as Certificate of Education, Bachillerato, Abitur, Maturita, Baccalaureate, Studentereksamen, etc, using the terminology of the educational system.

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<th>3 Academic Year</th>
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<th>5 Kind of School</th>
<th>6 Name and Address of School (City and Country)</th>
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LIST ANY ACADEMIC HONORS YOU HAVE RECEIVED – prizes, scholarships, fellowships, etc:

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Form is protected by FERPA (Coastal Bend College Policy FB (LEGAL) & FJ (LOCAL)) & may not be copied or disburshed without written permission of Registrar.

Revised 06/2020
International Student Record of Immunization

Name of Applicant ________________________________________
(print)

Before being accepted to Coastal Bend College, an international applicant must show proof of immunization against the disease listed below. Please have this form filled out and signed by your medical doctor.

1. Measles - Has the above named applicant ever had measles?
   If yes, when? ________________________________
   If no, has he/she been immunized against measles?
   If yes, when? ________________________________

2. Rubella - Has the applicant been immunized against rubella?
   If yes, when? ________________________________
   If no, has he/she had a positive serologic test?
   ________________________________

3. Tetanus/Diphtheria - Has the applicant been immunized against tetanus/diphtheria within the last ten (10) years?
   If yes, when? ________________________________

4. Poliomyelitis - Has the applicant been immunized against poliomyelitis?
   If yes, when? ________________________________

Comments (of doctor) _______________________________________

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
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Signature of Medical Doctor ______________________ Date ____________

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Form is protected by FERPA (Coastal Bend College Policy FB (LEGAL) & FJ (LOCAL)) & may not be copied or distributed without written permission of Registrar.

Revised 06/2020
START HERE - Type or print in black ink.

Part 1. Information About You (the Sponsor)

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Names Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Sponsor's Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name


3.d. City or Town

3.e. State ▼ 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

4. Are your mailing address and physical address the same? □ Yes □ No

If you answered "No" to Item Number 4., provide your physical address in Item Numbers 5.a. - 5.h.

Sponsor's Physical Address

5.a. Street Number and Name


5.c. City or Town

5.d. State ▼ 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Other Information

6. Date of Birth (mm/dd/yyyy)

7.a. Town or City of Birth

7.b. Country of Birth

8. Alien Registration Number (A-Number) (if any) ▼

A-

9. U.S. Social Security Number (if any) ▼

10. USCIS Online Account Number (if any) ▼

Citizenship or Residency or Status

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

11.a. □ I am a U.S. citizen through naturalization. My Certificate of Naturalization number is

11.b. □ I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is
Part 1. Information About You (the Sponsor) (continued)


11.d. □ I am a lawful permanent resident of the United States. My A-Number is ▶ A-

11.e. □ I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is ▶

12. I am ___ years of age and have resided in the United States since (Date) (mm/dd/yyyy)

Part 2. Information About the Beneficiary

This affidavit is executed on behalf of the following person:

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Gender □ Male □ Female

4. A-Number (if any) ▶ A-

5. Country of Citizenship or Nationality

6. Marital Status
   □ Single or Single, Never Married
   □ Married
   □ Divorced
   □ Widowed
   □ Legally Separated
   □ Marriage Annulled
   □ Other

7. Relationship to Sponsor

Beneficiary's Physical Address

8.a. Street Number and Name


8.c. City or Town

8.d. State ▼ 8.e. ZIP Code

8.f. Province

8.g. Postal Code

8.h. Country

Beneficiary's Spouse (accompanying or following to join beneficiary)

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

10. Date of Birth (mm/dd/yyyy)

11. Gender □ Male □ Female

Beneficiary's Children

Child 1

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. Date of Birth (mm/dd/yyyy)

14. Gender □ Male □ Female

Child 2

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

16. Date of Birth (mm/dd/yyyy)

17. Gender □ Male □ Female

If you need additional space to complete this section, use the space provided in Part 7. Additional Information.
Part 3. Other Information About the Sponsor

Employment Information

I am currently:

1.a. □ Employed as a/an

1.a.1. Name of Employer (if applicable)

1.b. □ Self employed as a/an

Current Employer Address (if employed)

2.a. Street Number and Name


2.c. City or Town

2.d. State □ 2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

Income and Asset Information

3. My annual income is $ __________

(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See Instructions for nature of evidence of net worth to be submitted.)

4. Balance of all my savings and checking accounts in United States-based financial institutions $ __________

5. Value of my other personal property $ __________

6. Market value of my stocks and bonds $ __________

I have listed my stocks and bonds in Part 7. Additional Information (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

7.a. I have life insurance in the sum of $ __________

7.b. With a cash surrender value of $ __________

Real Estate Information

8.a. I own real estate valued at $ __________

8.b. I have mortgages or other debts amounting to $ __________

My real estate is located at:

9.a. Street Number and Name


9.c. City or Town


Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship to Me:

12. Date of Birth (mm/dd/yyyy) __________

13. This person is:

□ Wholly Dependent On Me For Support

□ Partially Dependent On Me For Support

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Me:

16. Date of Birth (mm/dd/yyyy) __________
### Part 3. Other Information About the Sponsor (continued)

17. This person is:
- [] Wholly Dependent On Me For Support
- [] Partially Dependent On Me For Support

18. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
19. Relationship to Me:
   
20. Date of Birth (mm/dd/yyyy)
   
21. This person is:
- [] Wholly Dependent On Me For Support
- [] Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
23. Date Submitted (mm/dd/yyyy)
   
24. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
25. Date Submitted (mm/dd/yyyy)
   
28. Date of Birth (mm/dd/yyyy)
   
29. Date of Filing (mm/dd/yyyy)

30. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
31. Relationship to Me:
   
32. Date of Birth (mm/dd/yyyy)
   
33. Date of Filing (mm/dd/yyyy)

34. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
35. Relationship to Me:
   
36. Date of Birth (mm/dd/yyyy)
   
37. Date of Filing (mm/dd/yyyy)

38. I [ ] intend [ ] do not intend to make specific contributions to the support of the person(s) named in Part 2.

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in Part 7. Additional Information. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

---

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26. a. Family Name (Last Name)
   
   b. Given Name (First Name)
   
   c. Middle Name
   
27. Relationship to Me:
Part 4. Sponsor's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-134 Instructions before completing this part.

Sponsor's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. □ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

1.b. □ The interpreter named in Part 5. read to me every question and instruction on this affidavit and my answer to every question in ,
a language in which I am fluent and I understood everything.

2. □ At my request, the preparer named in Part 6., , prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

4. Sponsor's Mobile Telephone Number (if any)

5. Sponsor's Email Address (if any)

Sponsor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my affidavit;

2) I understood all of the information contained in, and submitted with, my affidavit; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

That this affidavit is made by me to assure the U.S. Government that the person named in Part 2. will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in Part 2. I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in Part 2. become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in Part 2. for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in Part 2. does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in Part 2. is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled Sponsor and Beneficiary Liability in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

Sponsor's Signature

6.a. Sponsor's Signature

6.b. Date of Signature (mm/dd/yyyy)
NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny your affidavit.

### Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3.a. Street Number and Name


3.c. City or Town

3.d. State ☐ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and ☐ , which is the same language provided in Part 4, Item Number 1.b., and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the Sponsor's Certification, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

### Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3.a. Street Number and Name


3.c. City or Town

3.d. State ☐ 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country
Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. □ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7.b. □ I am an attorney or accredited representative and my representation of the sponsor in this case □ extends □ does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the Sponsor's Certification, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)
Part 7. Additional Information

If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; type or print the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

**Your Full Name**

1.a. Family Name (Last Name)  
1.b. Given Name (First Name)  
1.c. Middle Name  

2. A-Number (if any)  

3.a. Page Number 3.b. Part Number 3.c. Item Number  

4.a. Page Number 4.b. Part Number 4.c. Item Number  

5.a. Page Number 5.b. Part Number 5.c. Item Number  
5.d.  

6.d.  

7.a. Page Number 7.b. Part Number 7.c. Item Number  
7.d.  

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Form I-134  02/13/19  
Page 8 of 8