



APPLICATION DEADLINES
Fall Semester - July 1
Spring Semester - November 1

THE ADMISSION PROCESS INCLUDES THE FOLLOWING STEPS:

- 1. Complete the International Student Application Form on Pages 2 & 3. If you are going to live with friends or relatives in the Phoenix metropolitan area, have them complete Page 4.
- 2. If you are applying for admission to an academic program you must be able to prove that you are proficient in English. You can use a score from TOEFL, IELTS, ASSET, or COMPASS to prove English language proficiency. If you are from an English-speaking country and English is your native language, this requirement may be waived. All students, regardless of English admission test score or waiver, must take a Maricopa English placement exam upon arrival.
- 3. Enclose an official secondary school certificate or diploma. You must have completed secondary school and have documents that are comparable to an American high school diploma. Official records and transcripts that are not in English must be accompanied by a translation. **All documents must be originals (not photocopies)**, preferably mailed to the college by the school or educational institution.
- 4. Have your sponsor complete the Statement of Financial Support on Page 3 showing at least \$20,030 per year. Please include a bank statement signed by a bank official proving that the sponsor has sufficient funds on deposit. See estimated expenses on Page 3 for details. While all efforts have been made to present complete and accurate information, changes in tuition and fees, course fees, student services, nonresident tuition, etc., may be made without notice.

CHECKLIST



PLACE A CHECK NEXT TO EACH COMPLETED REQUIREMENT:

- 1. International Student Application Form
- 2. Proof of English language proficiency
- 3. Official diploma or certificate(s) showing completion of secondary school with transcript(s) and English translation
- 4. Statement of financial support from sponsor
- 5. Bank statement showing funds on deposit
- 6. A photocopy of the ID page of your passport

ADDITIONAL REQUIREMENTS IF YOU ARE APPLYING FROM WITHIN THE UNITED STATES:

- 1. A photocopy of your I-20
- 2. A photocopy of your I-94 card
- 3. A photocopy of the visa page in your passport
- 4. An official transcript sent from the previous educational institution attended in USA

PLEASE SEND ALL REQUIRED DOCUMENTS WITH THE APPLICATION TO:

GateWay Community College
International Education Program
108 N. 40th Street
Phoenix, AZ 85034

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

Raeann Nunez, Student Services Specialist
Phone: (602) 286-8063
Fax: (602) 286-8072
E-mail: nunez@gatewaycc.edu



The Maricopa County Community College District is an EEO/AA institution.





International Student Application Form

Family Name (as in passport):		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
First Name (as in passport):		Country of Birth:
Middle Name (as in passport):		Country of Citizenship:
Month/Day/Year of Birth:	Age:	Ethnicity:

PERMANENT MAILING ADDRESS IN YOUR HOME COUNTRY

Name:	Country:
Address:	Home Phone Number:
City:	Cell Phone Number:
Province/Territory:	Fax Number (if available):
Postal Code:	E-mail Address:

UNITED STATES MAILING ADDRESS (if applicable)

ADDRESS TO WHICH I-20 SHOULD BE SENT

Address:	Name:
City, State, & Zip Code	Address:
U.S. Phone Number	City, State, & Zipcode:

WHAT IS THE PRIMARY REASON FOR ATTENDING THIS COLLEGE?

- | | | |
|---|--|---|
| <input type="checkbox"/> Improving my career skills | <input type="checkbox"/> Learn new career skills | <input type="checkbox"/> Transfer to University/College |
| <input type="checkbox"/> Personal Interest/Self-improvement | <input type="checkbox"/> Prepare for a career change | <input type="checkbox"/> Prepare for employment |
| <input type="checkbox"/> Transfer within the Maricopa County Community College District | | |

PROGRAM INFORMATION

I am applying for admission to (select program of study from page 4.)	Indicate semester starting date
<input type="checkbox"/> Academic Program	<input type="checkbox"/> Fall (August - December) 2 0 1
Academic Field of Study:	<input type="checkbox"/> Spring (January - May) 2 0 1

EDUCATION

Name of current or last high school attended:		
Location:	Date of Graduation:	
List ALL colleges and universities attended (if applicable). Please enclose transcripts from each. If you need more space, attach a separate page.		
Name of Institution:	Location:	Degree Earned/Date:
Previous College: <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> No college/University <input type="checkbox"/> Some College/University, no degree		

STATUS INFORMATION

If you are currently in the United States, what is your visa type?	U.S. Social Security Number (if applicable)
If F-1, what school issued the I-20 to you?	Are you the first in your family to attend college Yes <input type="checkbox"/> No <input type="checkbox"/>
What school are you now attending?	
Have you applied for permanent residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you plan to travel outside the USA before you begin classes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maricopa Colleges have my permission to release directory information relative to my enrollment (as per Family Education Rights Privacy Act of 1974). Unanswered will be treated as YES. Yes <input type="checkbox"/> No <input type="checkbox"/>	
What was the first Language you spoke as a child:	What language do you speak most often?
What languages were spoken in your home when you were growing up:	
How did you find GateWay Community College: <input type="checkbox"/> Internet Search <input type="checkbox"/> College Fair <input type="checkbox"/> Family member in AZ <input type="checkbox"/> Another student <input type="checkbox"/> Advising Center in my home country	



For Official Use Only

School ID #:

SEVIS #: N

Date Received:

ESTIMATED EXPENSES FOR MARICOPA COMMUNITY COLLEGES

IF YOU ARE MARRIED AND IF YOUR SPOUSE AND/OR CHILDREN WILL ACCOMPANY YOU,
PLEASE PROVIDE NAMES, DATES AND PLACES OF BIRTH

Complete Name (In Passport)	Relationship		Date of Birth			Country of Birth	Country of Citizenship
	Spouse	Child	Month	Day	Year		
		Female Male					

The approximate cost of one academic year is:

Out of State Tuition and fees \$7,690.00 (Full-time enrollment)
 Textbooks and supplies \$1,200.00
 Living Expenses \$10,140.00
 Health Insurance \$1,000.00
Total Amount (US Dollars) \$20,030.00

In addition, you must have \$5,000 for your first dependent and \$2,500 for each additional dependent.

*You must have at least this amount of funding available to you.
All monetary amounts are stated in U.S. Dollars.*

AFFIDAVIT OF FINANCIAL SUPPORT (to be completed by financial sponsor)

This is to certify that I, (SupporterName) _____ will provide sufficient funds to cover all of the expenses of (Name of Student) _____ while she/he is enrolled as a student at GateWay Community College. I understand that international students applying for an I-20 Certificate of Eligibility from any of the Maricopa Community Colleges need to show evidence that they will have at least \$20,030 per year to cover all of their educational and living expenses. I understand that I am making a financial commitment to the student for the entire time she/he is enrolled and will not expect the student to be able to help support the costs through employment, which is strictly controlled by the U.S. government. I am submitting for your review an official bank statement from my personal bank account showing sufficient funds for this purpose.

Please contact me if you need any more information about these arrangements.

Name _____
 Address _____
 City, State, & Zip code _____
 Phone Number/Cell _____

E-mail _____
 Signature _____
 Date: Month Day Year

STATEMENT OF APPLICANT

I certify that the names, dates and other information that I have provided on this International Student Application Form are true, correct and complete and that all the documents submitted in support of this application are real, bonafide and verifiable. I understand that it is mandatory that I be enrolled in at least 12 credits per semester while studying at GateWay Community College to maintain my F-1 Status. All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974 (FERPA). The provisions of FERPA are explained in the General Catalog.



Applicant Name _____ Date: Month Day Year

📁 Please make a copy of this completed application for your records.

ATTENTION:
TO BE FILLED OUT ONLY BY SPONSORS PROVIDING LIVING SUPPORT IN THEIR HOME IN THE PHOENIX METROPOLITAN AREA.

MARICOPA COMMUNITY COLLEGES
International Education Program ♦ Statement of Living Expenses Support

This is to certify that _____
(Full legal name of supporter)

will provide a room, meals, utilities and other support for daily living in my home free of charge at:

_____ while
street City State Zip
(Name of student)

she/he is enrolled as a student at GateWay Community College.

I understand that international students applying for an I-20 Certificate of Eligibility from Maricopa Community Colleges need to show evidence that they will have at least \$20,030 per year to cover all of their educational and living expenses. I estimate that the value of housing, meals and miscellaneous support that I am providing is worth approximately \$10,140 of that amount for one year

Please contact me if you need any more information about these arrangements.

Home Number _____ Cell Number _____ E-mail _____
 Address _____ Signature _____
 City, State, & Zip code _____ Date: _____ Month _____ Day _____ Year _____

GATEWAY COMMUNITY COLLEGE PROGRAM OF STUDIES

Program Name	Program Name	MCCD Transfer Degrees
Aerospace Manufacturing Technology	Medical Transcription	Associate in Applied Sciences, AAS
Air Conditioning/Refrigeration/Facilities	Nuclear Medicine Technology	Associate in Arts, AA
Automotive Technology	Microcomputer Accounting	Associate in Business, (Abus General)
Bookkeeping and Accounting	Information Security Systems	Associate in Business, (Abus Spec Req)
Clinical Research Coordinator	Office Support	Associate in General Studies, AGS
Diagnostic Medical Ultrasound	Office Specialist: Computer Applications	Associate in Science, AS
Education Technology	Organizational Management	Associate in Transfer Partnership Degree, ATP
Electroneurodiagnostic Technician	Perioperative Nursing	
General Business	Physical Therapist Assisting	
General Studies	Nursing	
Health Services Management	Respiratory Care	
Health Unit Coordinating	Surgical Technology	
Hospital Central Service	Transfer Preparation to a University	
Hydrologic Studies	Water Purification Technology	
International Business	Web Developer	
Manufacturing Productivity	Office Automation Systems	
Medical Radiography	Occupational Safety and Health Technology	
Networking Technology (Cisco or Microsoft)	Water Technologies	
Real Time Reporting		
Supply Chain/Operations Management		