



# Transfer Students

## 1. Complete Transfer Students Application

- Mail complete packet to:  
[San Antonio College](#)  
International Student Services- Box 709  
1819 Main Ave.  
San Antonio, Texas 78212-3941 OR
- Send electronically to:  
[sac-iso@alamo.edu](mailto:sac-iso@alamo.edu)

## 2. Proof of Financial Resources

Applicants must provide financial documentation in English that verifies the ability to cover the cost for each year of attendance.

- Submit official bank letter stating the amount of funds available in the checking or savings account.
- Bank letter must be dated within 30 days of application.
- **Bank statements are not accepted.**
- Affidavit of support may be required by U.S. Embassy.

### Estimated cost per year:

- Student: **\$25,000** (includes tuition, fees, books, housing and living expenses)
- Spouse and children: \$5,000 (per dependent)

## 3. Official Academic Record

- All foreign documents must be translated and evaluated by a member of the **National Associate of Credential Evaluation Services (NACES) organization.**
- Official evaluations can be sent to:  
[sac-transcripts@alamo.edu](mailto:sac-transcripts@alamo.edu).  
**Only evaluations sent by the NACES member will be accepted.**
- For the list of current NACES members, go to:  
[www.naces.org](http://www.naces.org)

## 4. Passport

- Submit copy of passport

## 5. Photo

Attach a photograph to your I-20 Application

## 6. Statement of Understanding

Carefully read and sign the Statement of Understanding included in the application

## 7. \$100.00 Application Fee (non-refundable)

To pay fee online, go to: [I-20 Application Fee](#)

**Select:** Alamo Colleges District **International Services**

**Select:** International Application Fee

**Select:** Add to Cart and follow instructions

**Print receipt:** and submit with I-20 application

## 8. Additional Documents

- Current and previous I-20's
- Form I-94: [www.cbp.gov/i94](http://www.cbp.gov/i94)
- Copy of F-1 Visa
- Dependent visa and passport (if applicable)

## I-20 Application Deadlines:

### Students currently attending a U.S. college:

- **Fall semester (August): July 1**
- **Spring semester (January) December 1**
- Mid-term or summer transfers are not accepted

**Incomplete applications will remain in pending status until all required documents have been submitted.**

## English Language Requirements

TOEFL and IELTS are not accepted or required.

- Applicants transferring from a language school or who have not completed college level English will be given the Michigan exam to determine the level of English proficiency.
- The results of the Michigan exam will determine if ESL classes are needed.



**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

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

Country of Citizenship: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Address in your Home Country**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

**Address in the United States**

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Admission Information**

I am Applying for:  Fall semester (August) \_\_\_\_\_  Spring semester (January) \_\_\_\_\_  
Year Year

I am Applying as:  College transfer (currently enrolled at a U.S. college)  
 U.S. high school graduate

Program of Study/Major at SAC: \_\_\_\_\_

**English Language Proficiency**

APPLYING FOR ESL (ENGLISH AS A SECOND LANGUAGE) PROGRAM **ONLY**

APPLYING FOR ESL (ENGLISH AS A SECOND LANGUAGE) AND \*ASSOCIATE DEGREE

\*What degree will you pursue once you complete ESL? \_\_\_\_\_

## Visa Information

Are you currently in the United States?  Yes  No

### Delivery of I-20:

Mail to address in home country (regular postal service)  Express mail (delivery fee paid by applicant)  Mail I-20 to my representative  
(U.S. address only)

I \_\_\_\_\_ authorize the representative named below to receive or collect my Form I-20.  
(Applicant name)

Applicant Name Required: \_\_\_\_\_ Date: \_\_\_\_\_

## Representative Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Emergency Contact Information

*(Name of a family member in your home country)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country/Territory: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify the information on this application is true and correct. I understand any false or misleading information could result in the cancellation of my San Antonio College I-20 application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Note: To be eligible for transfer, your SEVIS record must be in active status**

# Dependent Form

This form is used to identify family members (spouse and/or minor child) who will apply for the F-2 dependent visa. A form I-20 will be issued to eligible dependents. If there are more than 3 dependents, please print additional copies of this page.

## DEPENDENT - 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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## DEPENDENT - 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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## DEPENDENT - 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
MM DD YYYY

Passport Number: \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Relationship to Student: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_



# Sponsor Affidavit of Financial Support

I \_\_\_\_\_ residing at  
Sponsor's name

Street address city state country postal code

I Certify:

That I am \_\_\_\_\_ years of age and  do not live the U.S.  have lived in the U.S. since (date) \_\_\_\_\_

This affidavit is being completed on behalf of the individual listed below:

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Relationship to sponsor

Additional dependents: Spouse and/or children \_\_\_\_\_

## Select option below that best describes your level of sponsorship

I will make available to the applicant listed above the full sum of \$25,000 and an additional \$5,000 for each dependent for duration of the program of study at San Antonio College. The funds are readily available and in addition to any travel funds needed to travel to and from the applicant's home country.

I certify that I will make available a partial monetary contribution to the above mentioned applicant and/or his/her dependents in the amount of \$ \_\_\_\_\_ for the duration of the applicant's program of study.

I understand that I am solely responsible for the financial support of the applicant and will be held accountable by San Antonio College for maintaining the terms of this statement.

I affirm the contents of this Affidavit signed by me along with the attached documentation are true and correct.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date

**If the sponsor is a U.S. citizen or permanent resident this affidavit must be notarized**

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_\_ in \_\_\_\_\_, County.

\_\_\_\_\_  
Notary Public



## International Student Statements of Understanding

1. I and/or my sponsor will have sufficient funds for tuition, fees, and living expenses every semester I am enrolled at San Antonio College. I understand the cost of living is high and international students are not allowed to work and financial aid for international students is generally not available.
2. I understand meeting the international student admission requirements does not guarantee admission to all programs offered by San Antonio College. I further understand programs offered in specialty areas in Health Sciences or Nursing, have separate application and admission requirements.
3. I understand if my college placement exam scores in Reading, English, and Math are not at college level, I must enroll in developmental courses.
4. By U.S. immigration law, I must enroll full-time (12 semester hours or more) every fall and spring semester; otherwise, I will be in violation of my F-1 status.
5. I understand tuition must be paid in full by the tuition payment deadline or my courses will be dropped for non-payment.
6. I understand upon request, San Antonio College must release information required by the United States Citizenship and Immigration Service (USCIS) to determine my compliance with U.S. immigration laws. I further understand San Antonio College must report in the Student and Exchange Visitor Information System (SEVIS) those students who are not registered for classes or who are not pursuing a full-time course of study.
7. I certify that San Antonio College is not liable, legally or otherwise, under any circumstance for any expenses or difficulties (financial, health related or legal) I may incur while in the United States.
8. I understand students who were placed on academic dismissal or academic suspension at their previous institution and are seeking transfer to San Antonio College must follow the academic dismissal policy outlined in the Alamo Colleges District catalog.
9. I understand I must have written permission from the International Student Office at San Antonio College to enroll in courses at another college/university including the colleges within the Alamo Colleges District.
10. I understand only one internet course is allowed per fall and spring semester.
11. I understand instructors will drop students for non-attendance. I also understand the consequences for falling below the USCIS full-time enrollment requirement will result in the termination of my SEVIS record.
12. I understand as an international student I am required to have adequate health insurance while in the U.S. and I must provide verification of health insurance every semester I am enrolled.
13. I understand I and/or my sponsor are solely responsible for paying my tuition, fees and living expenses while I am enrolled at San Antonio College. I further understand, San Antonio College or the International Student Office will not seek funding on my behalf.

I certify that I have read and understand the information on this form and all documents I have submitted to support my application are true and correct. I further understand false information could result in my dismissal from San Antonio College in accordance with the college's rules and regulations.

Applicant Name (**PRINT**) \_\_\_\_\_

\_\_\_\_\_ Date