



All of the following requirements must be met by the admissions deadlines to be accepted to the college and before an I-20 form is issued. *Note: Acceptance to certain programs is on a first-come, first-served, space available basis. International students will not be accepted to programs that can be done entirely online.*

**INTERNATIONAL ADMISSIONS DEADLINES:**

**FALL SEMESTER (CLASSES BEGIN IN LATE AUGUST)      JUNE 1**  
**SPRING SEMESTER (CLASSES BEGIN IN EARLY JANUARY)      NOVEMBER 1**

\_\_\_\_\_ **Submit application for admission.** Complete and submit the attached DCTC International Student Application or apply online at [dctc.edu/go/onlineapp](http://dctc.edu/go/onlineapp)

\_\_\_\_\_ **Pay \$20 application fee.** Pay the one-time, nonrefundable application fee. (Must be payable in U.S. dollars via check, cash or money-order. Cannot be paid online at this time.)

\_\_\_\_\_ **Provide proof of English proficiency.**

- Official TOEFL scores (61 or higher is required) **or**
- ACCUPLACER qualifying scores on Reading Comprehension (45 or higher) and Sentence Skill (70 or higher) **or**
- Official U.S. college or university transcript with an English composition/writing course with a “C” or better.

\_\_\_\_\_ **Complete and submit the attached Financial Responsibility Form** (also available online at [dctc.edu/admissions/international-students](http://dctc.edu/admissions/international-students))

\_\_\_\_\_ **Provide copy of passport, birth certificate and/or visa.**

\_\_\_\_\_ **Provide proof of high school completion.** (Copy of high school certificate/transcript translated into English.)

\_\_\_\_\_ **Send official U.S. college transcripts** (if applicable). Courses/degrees taken or completed at non-U.S. colleges or universities can be sent to [www.wes.org](http://www.wes.org) or [www.ece.org](http://www.ece.org) for U.S. equivalency evaluation.

\_\_\_\_\_ **Provide documentation of immunization and vaccination history.**

\_\_\_\_\_ **Provide F-1 Transfer Form, a copy of original I-20, a copy of your visa and a copy of your I-94 form.** (For students with an F-1 visa who are transferring to DCTC.)



Please type or print in black or blue ink.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** You are not legally required to provide the information the college is requesting on the application; however the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to other schools in which you seek or intend to enroll, if you are first notified of the release;
- to federal, state, or local officials for purposes of program compliance, audit, or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an institution engaged in educational research of an accrediting agency.

PERSONAL INFORMATION

Full Name (Family Name, First Name, Middle Name)

Name used in high school records or in other educational records and transcripts (if different from above)

Foreign Mailing Address	City	Postal Code	Country
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U.S. Mailing Address	City	State	ZIP
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Foreign Telephone (    )	U.S. Telephone (    )	Email Address
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If you have a current U.S. Visa, list what type it is (JI, FI, etc.)	Expiration Date
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Date of Birth (Month, Day, Year)	Country of Birth
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ADMISSIONS INFORMATION

Major or Program of Interest

Educational intent at Dakota County Technical College

- Earn a certificate     
  Earn an associates degree     
  Earn a diploma     
  Earn an associates degree and transfer

Semester and year you intend to start

I am interested in

- Spring     Fall    Year \_\_\_\_\_     
  Athletics     Student government     Special clubs and organizations

## EDUCATION INFORMATION

Do you have a high school diploma?  Yes  No If yes, list date of graduation (month/year) \_\_\_\_\_

Do you have a GED?  Yes  No If yes, list date of GED completion (month/year) \_\_\_\_\_

### High school attended

\_\_\_\_\_  
*Name* *City* *Country*

### College(s) attended

\_\_\_\_\_  
*Name* *City* *State or Country*

\_\_\_\_\_  
*Name* *City* *State or Country*

## DEMOGRAPHIC INFORMATION

Providing the following information is voluntary and will assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

Gender  Male  Female

Are you Hispanic or Latino?  Yes  No

### Race and ethnic background (select all that apply)

American Indian or Alaska Native  Black or African American  White  
 Asian  Native Hawaiian or Other Pacific Islander

### What is the highest level of education for your parent(s)/guardian(s)?

#### Parent/Guardian #1

No high school diploma  High school diploma  Some college  Two-year college degree  Bachelor's degree or higher  Unknown

#### Parent/Guardian #2

No high school diploma  High school diploma  Some college  Two-year college degree  Bachelor's degree or higher  Unknown

## SIGNATURE

All of the information included is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## SUBMIT YOUR APPLICATION

Please submit your completed application along with all requirements (see checklist) by June 1 (Fall Semester) or Nov. 1 (Spring Semester) to:

Dakota County Technical College  
Office of Admissions  
1300 145<sup>th</sup> St. E.  
Rosemount, MN 55068

The Office of Admissions will contact you shortly after receipt of your application to ensure that all of your questions have been answered.

DCTC abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity. This document is available in alternative formats to individuals with disabilities by calling 651-423-8000 or TTY: 651-423-8621.



U.S. Department of Homeland Security and Dakota County Technical College requires international students to have the financial means to study in the United States. **You are responsible for demonstrating you have sufficient funds to meet all educational and personal expenses for the duration of your F-1 status at the college.** You must fill out all the information on this form before DCTC will issue you an I-20. Although DCTC is not requiring supporting documents, you will need to provide proof of financial support when meeting with U.S. embassy or consulate officials.

You must certify that you have at least the amount necessary to cover your tuition, fees, and living expenses for your first academic year (12 months). If you bring your spouse or other dependents with you to the United States, you must certify that you have the additional amount necessary to cover these costs.

Complete this form carefully to avoid lengthy delays that may affect your academic plans. We will return forms that are incomplete or that do not show adequate financial resources. Do not send bank statements.

**NAME AND PERMANENT ADDRESS**

\_\_\_\_\_  
First Middle Last Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Permanent address in your home country

\_\_\_\_\_  
Address where we should send an I-20 (if different from your permanent address)

**DCTC ESTIMATED ANNUAL EXPENSES**

Tuition & Fees . . . . . \$6,000  
Living Expenses . . . . . \$9,000  
Books & Supplies . . . . . \$1,400  
Health Insurance (Required). . . . . \$1,100  
(Must be purchased through the Minnesota State Colleges and University System)  
**TOTAL . . . . . \$17,500**

Living Expenses for Dependents. . . . . \$ \_\_\_\_\_  
(Add \$3,500 for spouse and \$2,500 for each child)

**TOTAL WITH DEPENDENTS . . . . . \$ \_\_\_\_\_**

**YOUR FINANCIAL RESOURCES**

Personal Funds . . . . . \$ \_\_\_\_\_  
Parents/Family . . . . . \$ \_\_\_\_\_  
Sponsor. . . . . \$ \_\_\_\_\_  
Funds from Other Sources . . . . . \$ \_\_\_\_\_

**TOTAL . . . . . \$ \_\_\_\_\_**

**DEPENDENT INFORMATION** (Complete the following information for each dependent of the F-1 student who is seeking entry/re-entry into the U.S.)

Family Name	First Name	Date of Birth	Country of Birth	Relationship to F-1 Student

**APPLICANT'S SIGNATURE**

I certify that the above information is complete, accurate and true. I take full financial responsibility for all of my educational and personal expenses. I understand that Dakota County Technical College accepts no responsibility for my financial needs. I understand I may be asked by U.S. embassy/consulate officials to provide supporting documentation of my financial resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Return this form to:**  
Office of Admissions  
Dakota County Technical College  
1300 145th Street East  
Rosemount, MN 55068

