

**CHANCELLOR’S PROCEDURE FOR POLICY  
801.04: Admission: International Students**

1. Required Admission Documentation.

For admission to an Alabama Community College System (ACCS) institution, an international student must provide:

<b>International First-Time Students</b>	<b>International Transfer Students</b>
<ul style="list-style-type: none"> <li>• Admission application</li> <li>• A certified original translated and evaluated copy of the student's high school transcript if graduated outside of the United States</li> <li>• A current and valid passport or other official documentation to verify lawful presence</li> <li>• A current photo (passport-size, preferred)</li> <li>• A minimum score of 5.5 on the International English Language Testing System (IELTS), a total score of 61 on the Internet-based Test of English as a Foreign Language (TOEFL), a 2A on the Step EIKEN Test in Practical English Proficiency, a total score of 500 on the paper-based TOEFL, or a 95 on the Duolingo English Test. Institutions may admit students to an established ESL program in preparation for the English Language Exam. However, students may not enroll in regular college courses until the English Language requirement is met.</li> <li>• A signed notarized statement verifying adequate financial support</li> <li>• Receipt of payment of I-90I Student and Exchange Visitor Information System (SEVIS) Fee.</li> <li>• A medical health history with proof of vaccination. Form is attached.</li> <li>• Documentation demonstrating adequate accident, sickness, and life insurance that includes evacuation repatriation. Students must maintain insurance coverage throughout the duration of their 1-20. The institution may provide an insurance plan or a list of available insurance providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Admission application</li> <li>• A certified original translated and evaluated copy of the student's high school transcript verifying completion status and a translated and evaluated transcript from each college attended if graduated outside of the United States. Students who have achieved a minimum of a Baccalaureate degree are only required to submit a translated and evaluated transcript from the degree-granting institution.</li> <li>• Original transcripts from all US institutions attended</li> <li>• A signed notarized statement verifying financial support</li> <li>• Copy of the student's current Form 1-20</li> <li>• Receipt of payment of I-901 Student and Exchange Visitor Information System (SEVIS) Fee</li> <li>• Copy of student's Visa and Passport</li> <li>• A medical health history with proof of vaccination (Form is attached.)</li> <li>• Documentation demonstrating adequate accident, sickness, and life insurance that includes evacuation repatriation. Students must maintain insurance coverage throughout the duration of their 1-20. The institution may provide an insurance plan or a list of available insurance providers.</li> </ul>

**CHANCELLOR'S PROCEDURE FOR POLICY**  
**801.04: Admission: International Students**

Other non-immigrant students must meet all ACCS admission requirements as well as provide documentation of immigration status as prescribed by the institution.
---

An international student who fails to provide the required documentation will not be admitted to any ACCS institution.
--

Each ACCS institution is responsible for reviewing the documentation to ensure the student has adequate health and life insurance which is inclusive of a repatriation benefit. The institution may provide a list of available insurance providers for international students seeking coverage.

2. English as a Second Language Exam Waiver.

The English as a Second Language exam may be waived for students from all English-speaking countries including but not limited to Anguilla, Antigua and Barbuda, Australia (Australian English), the Bahamas, Barbados, Bermuda, Belize (Belizean Kriol), the British Indian Ocean Territory, the British Virgin Islands, Canada (Canadian English), the Cayman Islands, Dominica, the Falkland Islands, Gibraltar, Grenada, Guam, Guernsey (Channel Island English), Guyana, Ireland (Hiberno-English), Isle of Man (Manx English), Jamaica (Jamaican English), Jersey, Montserrat, Nauru, New Zealand (New Zealand English), Nigeria, Pitcairn Islands, Saint Helena, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Tanzania, Singapore, South Georgia and the South Sandwich Islands, Trinidad and Tobago, the Turks and Caicos Islands, The Gambia, the United Kingdom, the U.S. Virgin Islands, and the United States.

Other waivers, with substantial documentation, must be submitted to the Chancellor for approval.

3. Admission to an ACCS institution does not ensure admission to any individual program or course. Institutions are expected to comply with all applicable accreditation requirements and standards regarding program admission.



ACCS Institution: \_\_\_\_\_

# Immunization Form

To ensure the health and safety of our campus, immunizations against communicable disease is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, and Meningococcal is required, as well as a negative Tuberculosis skin test. This is a requirement for all International Students. This form must be completed and submitted prior to admission in any ACCS institution.

Name \_\_\_\_\_  
 Last First Middle SS#/ID

Address \_\_\_\_\_  
 Street City State Zip

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Section A: Required Immunizations/Tests				
			Month/Day/Year	Month/Day/Year
1. Meningitis Vaccine- within the last 5 years (Menomune, Menactra, Menveo)				
2. Measles, Mumps, Rubella (MMR)				
3. Tetanus				
4. Tuberculosis Screening				
TB Skin Test by PPD	Date Placed	Date Read	MM	Neg Pos
Chest X-Ray (if positive PPD or lab)	Date	Result	Submit copy of chest X-ray report	

Section B: Recommended Immunizations				
Please attach documentation of all childhood vaccinations (copy of Blue Card)				
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Titer Date & Result
TD (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
<b>AND/OR</b> Tdap (Tetanus/Diphtheria)		Do not write here	Do not write here	Do not write here
Polio		Do not write here	Do not write here	
Hepatitis B				
Varicella (Chickenpox)			Do not write here	

I certify that the above dates and vaccinations are true.

Signature of License Health Care Professional or Authorized Individual \_\_\_\_\_ Date \_\_\_\_\_

Complete and return to: