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Application Deadlines

Applying for F1 Status for the First Time:

- Fall Semester (September): June 1
- Spring Semester (January): October 1

Transferring F1 Status from Another Institution:

- Fall Semester (September): August 1
- Spring Semester (January): December 1

Estimated Annual Expenses - Academic Year 2024-2025

Tuition and Fees*	$13,860
Cost of Living per year (Housing and Food)**	$17,750
Books, Supplies, etc.	$3,510
Mandatory Health Insurance (per year)***	$3,461
TOTAL:	$38,581

*Based on 15 credits per semester. All costs are subject to change and may vary for each student.

**Housing is not available at the college. Students are responsible for securing housing on their own. In addition, regardless of whether you live with family or friends in the area, you will still have to demonstrate that you have ample financial resources to support housing costs. There is an additional financial requirement for each dependent of $10,970.

***Massachusetts law requires that all international students have health insurance (MA General Law Chapter 15A, Section 18). A charge for health insurance will be added to the student's tuition unless proof of comparable insurance from a U.S. based company is provided.

Note: Some programs may charge additional fees

Application Checklist

Apply to Berkshire Community College

- ☐ I-20 Application Form
- ☐ Affidavit of Support (must be notarized)
- ☐ Bank Letter and proof of financial support (must have official bank stamp)
- ☐ BCC Immunization Requirements Form
- ☐ **For F1 Transfer Students:** submit current I-20

- ☐ Official and evaluated transcripts (high school, university, etc.)
  - Official transcripts must be evaluated by an outside agency accredited by the National Association for Credential Evaluation Services (NACES) or a member of NAFSA. Some examples are below:
    - The Evaluation Company (TEC)
    - The Center for Educational Documentation (CED)
    - World Education Services (WES)
  - All official and evaluated transcripts must be sent directly to admissions@berkshirecc.edu. **Please note, official transcripts must be sent directly from the sending institution.** We cannot accept transcripts sent to us electronically from students. If you are delivering the transcript by hand, it must be unopened with the official seal from the sending institution still intact.

- ☐ Proof of English Language Proficiency (if applicable)
  - All students seeking an International Student Visa (who are coming from countries that are non-native speakers of English) must demonstrate English language proficiency in one of the following ways:
    - Test of English as a Foreign Language (TOEFL): A minimum score of 80 or higher on the internet-based TOEFL (iBT) is required.
    - International English Language Testing System (IELTS): A minimum score of 6.5 or higher is required.

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☐ Copy of Passport

- All applicants must submit copies of passport pages with demographic/ biographical information. Send photocopy to admissions@berkshirecc.edu.
- If you are a transfer F1 transfer student, submit a copy of the visa page(s).

☐ Copy of I-94 (if applicable)

- If you are **in the United States** at the time of your application, submit a copy of the I-94 Arrival and Departure Record (i.e. F1 student transfer or prospective student applying for change of status).

BERKSHIRE COMMUNITY COLLEGE

International Student I-20 Application Form

To assist the DSO/PDSO to fill out your I-20 application through SEVIS, fill out the form below:

I-20 Issue Reason: ☐ Initial Attendance* ☐ Initial Attendance - Change of Status Requested**

*A prospective student applying for a F1 Visa to enter the United States.

** A nonimmigrant student (in the United States) applying for a change of status to F1 with U.S. Citizenship and Immigration Service (USCIS).

Surname/Primary Name: _____

Preferred Name: _____

Sex: ☐ Male ☐ Female Country of Citizenship: _____

Birth Date: _____ Country of Birth: _____
MM/DD/YYYY

Email Address: _____

U.S. Telephone: _____ Foreign Telephone: _____ ☐ I do not have a telephone number.

Foreign Address: _____
ADDRESS CITY PROVINCE TERRITORY POSTAL CODE COUNTRY

U.S. Address: _____
ADDRESS CITY STATE ZIP CODE

U.S. Mailing Address: _____
ADDRESS CITY STATE ZIP CODE

BERKSHIRE COMMUNITY COLLEGE

Dependent I-20 Application Form

Do you have any dependents as part of your F1 Visa application? ☐ Yes ☐ No

If yes, number of dependents: _____

Use this form to submit each dependent information as part of the Berkshire Community College I-20 Application.

Dependent #: _____

Surname/Primary Name: _____

Preferred Name: _____

Sex: ☐ Male ☐ Female Country of Citizenship: _____

Birth Date: _____ Country of Birth: _____

MM/DD/YYYY

Email Address: _____

U.S. Telephone: _____ ☐ Dependent does not have a telephone number.

U.S. Address: _____

ADDRESS CITY S TE ZIP CODE

Dependent #: _____

Surname/Primary Name: _____

Preferred Name: _____

Sex: ☐ Male ☐ Female Country of Citizenship: _____

Birth Date: _____ Country of Birth: _____

MM/DD/YYYY

Email Address: _____

U.S. Telephone: _____ ☐ Dependent does not have a telephone number.

U.S. Address: _____

ADDRESS CITY STATE ZIP CODE

BERKSHIRE COMMUNITY COLLEGE

International Student Affidavit of Support

The United States Citizenship and Immigration Services require prospective international students to demonstrate that they are financially able to cover their educational expenses at least for the first academic year and that, barring unforeseen circumstances, adequate funding will be available for subsequent years.

Tuition and Fees	$13,860	
Housing and Food	$17,750*	*Housing is not available at the college. Students are responsible for securing housing on their own.
Books, Supplies, etc.	$3,510**	**Costs may vary and this figure is only an estimate.
Health Insurance	$3,461***	***Massachusetts State Law requires that all full time International students participate in a health plan.
Total Expenses	**$38,581**	There is an additional financial requirement for each dependent of $10,970.

The financial sponsor should complete this affidavit and provide current official bank or financial institution records that provide proof of readily available funds. This affidavit along with financial records must be stamped or sealed by a notary public; bank official or individual authorized to certify documents.

Applicant's Name _____

Phone Number _____ E-mail Address _____

Country of Citizenship _____ Country of Birth _____

Home Country Address _____

CITY STATE ZIP CODE

U.S. Address _____

CITY STATE ZIP CODE

Dependents: ☐ Yes ☐ No If yes, number of dependents: _____ x $10,970 = _____

Sponsor's Name _____ Phone Number _____

Sponsor's Address _____

CITY STATE ZIP CODE

Relationship with applicant: ☐ Mother ☐ Father ☐ Relative ☐ Friend ☐ Other: _____

Nature of Support: ☐ Tuition and fees for the amount of $: _____ ☐ Living Expenses for the amount of $: _____

I _____ hereby certify that I am willing and able to provide financial support as above stated for

SPONSOR

_____ while he/she is enrolled at Berkshire Community College.

STUDENT

_____ _____

SPONSOR'S SIGNATURE SEAL AND SIGNATURE OF NOTARY PUBLIC

Date_____ Date_____

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Sample Bank Letter

- Letter must be in English and on official bank letterhead.
- Certified English translation must be submitted if in a language other than English.

Official copy of the bank letter with bank statement(s) must be sent to admissions@berkshirecc.edu.

[Date]

To Whom it May Concern,

This is to certify the account of _____ has the total amount that exceeds
(full name of financial sponsor)

USD $ _____. This amount will be available to _____
(must equal or exceed $38,581) (name of student)

while he/she/they is a student at Berkshire Community College.

Sincerely,

_____
(Printed Name and Title of Bank Official)

_____
(Signature of Bank Official)

Official Stamp
or
Seal of Bank
Here

BERKSHIRE COMMUNITY COLLEGE

IMMUNIZATION REQUIREMENTS

IMPORTANT: Return completed form to Immunization Records Office (A-107) before the first day of classes or you may be withdrawn from the college.

To comply with state legislation (Massachusetts General Laws 105 CMR 220.600.), BCC has adopted the following procedures on student immunizations:

WHO MUST RESPOND?

- Full-time students (12 credits or more) under the age of 30;
- All students in Nursing and Allied Health programs; or
- All international students.

WHAT IS REQUIRED?

1. One dose of Tdap if it has been longer than five years since the last dose of Td.
2. Two doses of MMR combination vaccine for Measles, Mumps and Rubella.
3. Three doses of Hepatitis B vaccine.
4. Two doses Varicella.
5. A recent negative Tuberculosis test (or negative chest x-ray within the last five years) for all international students upon entering BCC.
6. Meningococcal vaccine required for students under 21 years of age. This vaccine may be waived after reading the Meningococcal Information and Waiver Form provided by BCC.

HOW TO SUBMIT INFORMATION REQUIRED?

- Visit CastleBranch: https://mycb.castlebranch.com/

Please access CastleBranch for instructions on setting up your account and the documentation process. All records must be uploaded prior to the first day of classes. Questions?
Email studentengagement@berkshirecc.edu.

In the event no documentation can be obtained, you must be re-immunized against these diseases. Contact your personal physician or community health services agency.

* **Note:** The Massachusetts Department of Public Health (MDPH) has confirmed that the requirements for full-time students has changed starting in 2019-2020. Specifically, the immunization requirements will no longer apply to all full-time students, but only to those students who are "under 30 years of age." The immunization requirements for full and part-time health science students remain unchanged.

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, or national origin in its education programs or employment.

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