ADMISSION REQUIREMENTS FOR TRANSFER STUDENTS

- **International Student Application for Admission** (completed and signed by the applicant).
- $50.00 Application processing fee (nonrefundable) - Money order or check payable to Weatherford College.
- Official transcripts from ALL colleges/universities attended in and outside the U.S. If you are transferring from an Intensive English program, provide a copy of your IEL certificates and high school transcripts.
- **Statement of Understanding Form** (completed and signed by the applicant).
- Applicant Affidavit (completed by applicant)
- Sponsor Affidavit (completed by sponsor)
- Financial Documentation
- Bank Statements or Letter from sponsor’s financial institution
- Form I-134 Affidavit of Support - required if the student’s sponsor resides in the United States.
- Copy of passport page, I-94 (front and back), visa page and I-20 (first and third pages).
- Must meet English proficiency requirement through one of the following options: (*NOTE: THEA, Accuplacer, SAT and ACT can be used to replace the TSI Assessment.)
  - **TSI Assessment**
    - Minimum score requirements:
      - Reading – 351+
      - Writing – 5 on Essay OR 4 on Essay & 363
      - Math – 350+
    - “C” or better in TSI restricted courses:
      - Reading – Government, History, Literature
      - Writing – English Comp. I, II
      - Math – College Algebra, Trig, Calculus, Statistics
- **Transfer Status Form** – Completed by the current college/university’s International Office.
- Completed **Bacterial Meningitis Vaccination Form or Copy of Shot Record showing vaccination**.
- **(Optional) Third Party Authorization Form** - allows a third party to receive/submit mail for the applicant throughout the application process. (completed and signed by the applicant)
- Must provide official written proof of freedom from TB (tuberculosis) through either a negative skin test or chest X-ray that was given in the U.S. within the last 12 months. Prior vaccination with GCG does not exempt the student from this testing requirement.

All of the above requirements must be met prior to an acceptance letter being issued.

**IMPORTANT NOTE:**

For the purpose of determining admission, an international transfer student is one who is in good standing from his/her former accredited higher education institution. If the international transfer student is on academic or disciplinary suspension from his/her former accredited higher education institution, he/she is not eligible for WC International Student Admission.

Please submit the admission packet using one of the below methods:

**Email:** lhines@wc.edu

**Mail:** Weatherford College
Attn: International Office
225 College Park Drive
Weatherford, TX 76086

If you have any questions you can contact the International Office at (817)598-6468 or by email at lhines@wc.edu.

If you would like to stay on-campus in our student housing (Coyote Village), please click here for additional information:

[http://coyotevillage.wc.edu/](http://coyotevillage.wc.edu/)
INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Social Security Number Last/Family Name  First Name  Middle Name

If returning student, name(s) under which you previously enrolled

ACADEMIC PROGRAM

Mark the box next to your intended major. If you are undecided, choose the AA or AS General Studies major.

AA General Studies 240102

AS General Studies 240103

Teaching/Education 130101

Associate in Arts Programs
2-year general program for non-math & non-science majors transferring to a university

Associate in Science Programs
2-year general program for math and science majors transferring to a university

Associate of Arts in Teaching
2-year degree in education for students transferring to a university

Associate of Applied Science Programs
These programs provide essential skills for immediate entry into the job market and/or transfer to a university.

Applicants for the following Allied Health programs should choose the AA or AS General Studies major prior to acceptance to the program:

Nursing (LVN and RN) Respiratory Care Radiology Sonography

Date of Birth: (MM/DD/YYYY)  Gender: Male  Female

ETHNIC BACKGROUND: Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  ❑ Yes  ❑ No

Please select the racial category or categories with which you most closely identify. Check as many as apply.

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

Weatherford College does not discriminate on the basis of age, sex, race, color, creed, religion, national or ethnic origin, disability, or veteran status in the administration of its employment practices, educational or admission policies, scholarships or loan programs, athletic or other school administered programs.

* Although entering your social security number is optional, providing it will ensure your documents are matched and processed promptly.
Local Address ___________________________ Apt. # ___________________ City ___________________ State _______ Zip Code _______

Home Country Address ___________________________ City, State/Province ___________________ Country _______ Zip Code _______

Home Phone (____)_________________ Cell Phone (____)_________________ Email ___________________

Country of Citizenship: ___________________________ Country of Birth: ______________________

EMERGENCY CONTACT INFORMATION

Name ___________________________ Home Phone Number (____)_________________ Cell Phone Number (____)_________________

What is the highest level of education completed by your FATHER (check one)?

Unsure (0)
Not a high school graduate (1)
High School graduate (2)
Some college or Associate’s degree (3)
Bachelor’s degree or above (4)

What is the highest level of education completed by your MOTHER (check one)?

Unsure (0)
Not a high school graduate (1)
High School graduate (2)
Some college or Associate’s degree (3)
Bachelor’s degree or above (4)

CLASSIFICATION INFORMATION

I am entering Weatherford College as a (check one):

Freshman (0-29 semester hours) Sophomore (30-60 semester hours) Above sophomore, no degree Associate degree earned

INTENT & ADMISSION

Primary reason for attending Weatherford College (check one)

Earn an Associate Degree (1)
Earn a 1-yr. Certificate (2)
Accumulate Transfer Credit (3)
Obtain new/better job or improve current job skills (4)
Personal/Other (5)
No response (6)

On what basis are you seeking admission (check one):

High School Graduate (1)
Early Admission/Dual Enrollment (2)
GED (3)
College Transfer (5)
Individual Approval (6)

Have you lived in Texas 12 months or longer? Yes No

Are you a new student to Weatherford College (check one)? New Student Returning Student, if so last year attended: _______________

What is your current employment status (check one)?

Employed full time (1)
Employed part time (2)
Homemaker (3)
Not employed, actively seeking work (4)
Not employed, not seeking work (5)

For the most recent tax year, what is your household’s gross income (check one)?

$0-$12,999 (1) $64,000-$75,999 (6)
$13,000-$25,999 (2) $76,000-$100,999 (7)
$26,000-$38,999 (3) $101,000 + (8)
$39,000-$50,999 (4) Choose not to answer (9)
$51,000-$63,999 (5)

How many people including yourself live in your household (include brothers and sisters) attending college? _________

Number of people in your household currently attending college at least 1/2 time _________

When do you plan to enroll at Weatherford College? Fall Spring Summer I Summer II Year _________

Are you presently in the U.S.? Yes No If yes, What is your visa status? _____________________ (F-1, J-1, H-4, etc…)
EDUCATIONAL INFORMATION

<table>
<thead>
<tr>
<th>Name of High School OR G.E.D.</th>
<th>Month &amp; Year of Graduation or G.E.D.</th>
<th>City or Country</th>
<th>State</th>
</tr>
</thead>
</table>

Did you graduate under the recommended plan?  Yes  No
Do you plan to transfer TECH PREP credit to Weatherford College?  Yes  No

List all colleges attended, regardless of whether you intend to apply the credits toward your degree.
Official transcripts must be submitted from each college attended. Use additional paper if necessary.

<table>
<thead>
<tr>
<th>College Name</th>
<th>Dates Attended</th>
<th>Hours/Credits Earned</th>
</tr>
</thead>
</table>

**DEPENDENT INFORMATION**

(Dependent is defined as Spouse or Child under the age of 18 yrs. old on an F-2 visa status in the U.S.)

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle)</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Relationship to the prospective student</th>
</tr>
</thead>
</table>

Where do you want your I-20/Acceptance package sent?
Please check which address you would like your acceptance packet and I-20 delivered to: (Please check one)

- Home Country Address
- Local Address
- Other Address (Complete section below, if other address)

Name (first, last): _____________________________ Address: ____________________________________________________

City: __________________________     State/Province: ___________________    Zip/Post Code: ___________    Country: ________________________

**VERIFICATION OF RESIDENCY**

**PART A. Previous Enrollment (For All Students)**
1. During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a fall, spring or summer term?
   - Yes  No
   - If you answered "no", please continue to PART B.
   - If you answered "yes", complete questions 2 - 5.
2. What Texas public institution did you last attend? (Give full name, not just initials.)
3. In which terms were you last enrolled?  (check all that apply)
   - Fall, 20 ___
   - Spring, 20 ___
   - Su I, 20 ___
   - Su II, 20 ___
4. During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state)?
   - Resident (in-state)  Nonresident (out-of-state)  Unknown
5. If you paid in-state tuition at your last institution, was it because you were classified as a resident or because you were a nonresident who received a waiver?  Resident  Nonresident with a waiver  Unknown

**PART B. Residency Claim**
Are you a resident of Texas?  Yes  No  Place of birth: _____________________________

- If Yes, continue to Part C.
- If No, complete the following question.
  - Of what state or country are you a resident? _____________________________  Country of Birth: _____________________________
  - If you are uncertain, continue to Part C.

**PART C. Acquisition of High School Diploma or GED**
1. Did you graduate from high school or complete a GED in Texas?  Yes  No
   1. If you graduated from high school, what was the name and city of the school?
      Name: _____________________________  City: _____________________________
   2. Did you live in TX the 36 months leading up to high school graduation or completion of the GED?  Yes  No
   3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months?  Yes  No
4. Are you a U.S. Citizen  Yes  No  or Permanent Resident  Yes  No  (Please check ONLY one)

Instructions to Part C:
• If you answered “no” to question 1a or 2 or 3, continue to Part D.
• If you answered "no" to question 4, complete a copy of the residency Affidavit in the Admissions Office.

PART D. Basis of Claim to Residency
TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER YES TO QUESTIONS 1a, 2, and 3 of Part C.

1. Do you file your own federal income tax as an independent tax payer?  Yes  No
2. Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian?  Yes  No
   (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support.
   A step-parent does not qualify as a parent if he/she has not adopted the student.)
3. If you answered “no” to both questions above, who provides the majority of your support?
   □ Self  □ Parent or guardian  □ Other (list)

Instructions to Part D:
• If you answered “yes” to question 1, continue to Part E.
• If you answered “yes” to question 2, skip to Part F.
• If you answered “no” to 1 and 2 and “self” to question 3, continue to Part E.
• If you answered “no” to 1 and 2 and “parent or guardian” to question 3, skip to Part F.
• If you answered “no” to 1 and 2 and “other” to question 3, skip to Part G and provide an explanation.

Part E. Questions for students who answer “yes” to Question 1 or “self” to Question 3 of Part D

1. Are you a U. S. Citizen?  Yes  No
   Years_____ Months_____ Visa/Status_______
2. Are you a Permanent Resident of the U.S.?  Yes  No
3. Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed?  Yes  No
   (You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I-485 has been reviewed and has not been rejected).
4. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status?  Yes  No
   If so, indicate which:
5. Do you currently live in Texas?  Yes  No
   If you are out of state due to a temporary assignment by your employer or other temporary purpose, please explain in Part G.
6. a. If you currently live in Texas, how long have you been living here?  Years_____ Months_____ Visa/Status_______
   b. What is your main purpose for being in the state?  □ Go to College  □ Establish/maintain a home  □ Work Assignment
   If for reasons other than those listed, give an explanation in Part G.
7. If you are a member of the U.S. military, is Texas your Home of Record?  Yes  No
   What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement?
8. Do any of the following apply to you? (Check all that apply)
   a. Hold the title to real property (home, land) in Texas?  Yes  No  If yes, date acquired____________
   b. Own a business in Texas?  Yes  No  If yes, date acquired____________
   c. Hold a state or local license to conduct a business or practice a profession in TX?  Yes  No  If yes, date acquired____________
9. For the past 12 months, have you: (Check all that apply)
   a. been gainfully employed in TX?  Yes  No
   b. received services from a social service agency that provides services to homeless persons?  Yes  No
10. a. Are you married to a person who could answer "yes" to any part of question 8 or 9?
   b. If yes, indicate which question could be answered "yes" by your spouse. Question: ____________
   c. How long have you been married to the Texas resident?  Years_____ Months_____ Visa/Status_______
   If so, indicate which:

Skip Part F and Continue to Part G.

PART F. Questions for students who answered “Parent” or “Legal Guardian” to Question 3 of Part D

1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen?  Yes  No
2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident?  Yes  No
3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed?  Yes  No
   (He or she should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing his or her I-485 has been reviewed and has not been rejected). Yes  No
4. Is this parent or legal national a foreign national currently living in Texas? If he or she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part G. Yes  No
5. Does this parent or legal guardian currently live in Texas?  Yes  No
   If he or she is out of state due to a temporary assignment by his/her employer or other temporary purpose, please explain in Part G.
6. a. If he or she is currently living in Texas, how long has he or she been living here?  Years_____ Months_____ Visa/Status_______
   b. What is your parent’s or legal guardian’s main purpose for being in the state?  □ Go to College  □ Establish/maintain a home  □ Work Assignment
   If for reasons other than those listed, give an explanation in Part G.
7. If he or she is a member of the U.S. military, is Texas his or her Home of Record? □ Yes □ No
   What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement?
   State ____________________________

8. Do any of the following apply to your parent or guardian? (Check all that apply)
   a. Hold the title to real property (home, land) in Texas? □ Yes □ No If yes, date acquired ______________________
   b. Own a business in Texas? □ Yes □ No If yes, date acquired ______________________
   c. Hold a state or local license to conduct a business or practice a profession in TX? □ Yes □ No If yes, date acquired ______________________

9. For the past 12 months, has your parent or guardian: (Check all that apply)
   a. been gainfully employed in TX? □ Yes □ No
   b. received services from a social service agency that provides services to homeless persons? □ Yes □ No

10. a. Is your parent or legal guardian married to a person who could answer “yes” to any part of question 8 or 9? □ Yes □ No
    b. If yes, indicate which question could be answered yes by your parent or guardian’s spouse. Question: _____________
    c. How long has your parent or guardian been married to the Texas resident? Months _____ Years ______

PART G: General Comments

Is there any additional information that you believe your college should know in evaluating your eligibility to be classified as a resident? If so, please provide information below.
_______________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

OATH OF RESIDENCY

I understand that information submitted herein will be relied upon by Weatherford College to determine my status for Texas residency eligibility. I authorize Weatherford College to verify the information I have provided. I agree to notify the Office of Student Affairs of Weatherford College of any changes in the information I have provided.

INTERNATIONAL ADMISSION INFORMATION

Assessment Testing: All Weatherford College students are required by state law to take placement tests in Reading, Writing, and Math prior to course placement. TOEFL does not exempt students from the assessment testing. Students may be required to enroll in, attend and pay for pre-college courses in deficient areas.

Permission of Emergency Treatment: By signing this form, you hereby grant permission for Weatherford College staff or police to give first aid and/or to call an ambulance for transportation to a hospital (at your expense) in case of medical emergency.

Health Insurance: Health Insurance is strongly recommended and is a part of your estimated expenses. Student Health Insurance provider information is available in the International Office.

ADMISSION CRITERIA

I certify that the information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at Weatherford College. I authorize Weatherford College to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the college to determine my admission and residency status and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and disciplinary action. I also affirm that I meet the following admission criteria:

1. I am a high school graduate; or qualify for Early Admission process; or I have received GED credit; or I am 18 years of age or older and am applying for Individual Approval; or I am transferring from another accredited post-secondary institution; and
2. I am not currently on suspension (academic or disciplinary) at another college or university.

I authorize Weatherford College to access any required information including, but not limited to, Texas Success Initiative (TSI) Program test results.

Student’s Signature: X ________________________________ Date: _________________________
Statement of Understanding

Please read each statement carefully.

1. I understand that I must submit **ALL** application forms and supporting documents to the Weatherford College International Office **before** an I-20 will be issued.

2. I understand that I must submit **official** academic credentials from all schools I am currently attending and/or have attended in the past.

3. I understand that I **must** meet the English proficiency requirement outlined before admission will be granted.

4. I understand that upon my acceptance, I must report to the Weatherford College International Office by the date listed on the acceptance letter. If I am unable to arrive by that date, I must notify the International Office to defer the attendance until the next available semester.

5. I understand that I must have immediate access to funds in order to pay tuition, fees, textbooks and supplies, health insurance, and living expenses my first and each following semester I attend Weatherford College.

6. All students entering a Texas public institution of higher education is required to take a placement exam. I understand I may be required to take the Compass Exam (Reading, Writing and Math) **BEFORE** registering for classes. The TOEFL/IELTS scores cannot be used in place of the placement exam.

7. I understand if the placement exam scores are not college-level ready, I am required to enroll in developmental course/s.

8. I understand I am required to enroll and complete a minimum of 12 credit hours each Fall and Spring semester.

9. I understand that I **cannot** enroll in more than one online/distance learning course per semester.

10. I understand that I must have made housing arrangements; either reserved a room in Coyote Village (on-campus housing) or off campus, prior to arrival in the U.S.

11. I understand that I must attend the New International Student Orientation and/or New Student Group Advising at the beginning of my first semester at Weatherford College.

12. I understand that I must maintain a valid passport at all times by applying for the renewal at least 6 months prior to its expiration.

13. I understand that the dates on my I-20 must be valid at all times. If an extension of your I-20 is needed, I understand that I must contact the International Office to request an extension at least 30 days prior to the expiration date.

14. I understand that I must always provide the current address information to Weatherford College and USCIS by informing the International Office when there is any change to my residence in the U.S.

15. I understand as an F-1 student I am **NOT** to engage in off-campus employment without prior authorization from USCIS. I further understand I must contact and receive authorization from the International Office **BEFORE** accepting on-campus employment.

16. I understand prior to the first day of classes, all new or transferring F-1 visa students must provide documentation of having a negative TB skin test or chest x-ray and Meningitis vaccination performed in the U.S.

17. I understand that the International Office **HIGHLY** recommends having health insurance coverage while I am a student at Weatherford College.

By signing and initialing this document, I certify that I have read and understand all the information on this form, and understand the procedure and requirements to become a Weatherford College (WC) student on an F-1 student visa.

_____________________________  ______________________ _____ _____________________
Last Name    First Name    Middle Name

_________________________________________________________  _____________________
Signature         Date
Financial Documentation Requirements

United States Students and Visitors Program regulations require that sufficient financial resources be available to meet a student’s educational and living expenses while in the U.S. Therefore, a guarantee of financial resources must be submitted by each applicant who expects to obtain or maintain Student (F-1) status.

Applicants are required to submit financial documentation indicating available funds to equal or exceed one full year of expenses for their intended program of study. Financial certification adjustments cannot be made based on a student’s individual circumstances. This estimate of expenses is based on 12 semester hours of undergraduate study for one academic year.

Students should not rely on scholarships and on-campus employment due to them being limited. The amounts listed below are estimates derived from the actual cost figures for the current year. These amounts are subject to change without notice.

<table>
<thead>
<tr>
<th>SPONSOR/SOURCE</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
</table>
| Student’s Personal Funds| • *Bank Statement (3 months) or Letter on bank letterhead verifying funds  
                          | • Applicant Affidavit Form                                   |
| Parents, Relative or Friends | • *Bank Statement (3 months) or Letter on bank letterhead verifying funds  
                          | • Sponsor Affidavit Form or Letter of guarantee              
                          | • Applicant Affidavit Form                                   |
| U.S. Sponsor (not parents)| • *Bank Statement (3 months) or Letter on bank letterhead verifying funds  
                          | • Sponsor Affidavit Form or Letter of guarantee              
                          | • Applicant Affidavit Form                                   
                          | • Form I-134 – Affidavit of Support                          |

Minimum funds required: $15,611 – The total of all sponsor/source must equal the minimum amount required.

Applicant’s Name

Last: _______________________________ First: _______________________________ Middle: _______________________________

I hereby certify that I understand that tuition, fees, and books are payable at the beginning of each semester, and the expenses listed above are estimates reflecting average costs, and that actual costs may differ based on various components (course load, changes in tuition/fees, books and supplies, room and board, health insurance and personal lifestyle).

I hereby certify that I will arrange for the secure transfer of funds to the United States, and meet the expenses for each semester I am a student at Weatherford College. I further understand that I will have sufficient funds for my travel to and from the United States. The funds will be provided by the sponsor listed below:

Name: ___________________________________________ Relationship to student: ___________________

If you are married and your spouse and/or child(ren) will accompany you to the U.S., additional funds must be available to support your dependent(s) - $5,000 for a spouse and $3,000 for each child.

*PLEASE NOTE: Make sure all dependent/s and their information are listed on the International Student Application for Admission Form.

Applicant’s Signature _______________________________ Date __________________________
**Sponsor Affidavit**

**Applicant’s Name**

Last: ___________________________ First: ___________________________ Middle: ___________________________

**Sponsor’s Name (as shown on financial documents)**

Last: ___________________________ First: ___________________________ Middle: ___________________________

Mailing Address: __________________________________________________ City: ___________________________

State/Province: ___________________________ Country: ___________________________ Zip/Postal Code: ___________________________

**Student Expenses**

Scholarships and on-campus employment available to international students at Weatherford College are limited, and thus students should not rely on them to finance their education. The amounts listed below are estimates derived from the actual cost figures for the current year. These amounts are subject to change without notice. Students could see adjustments in the figures listed on their Certificate of Eligibility (I-20) to reflect estimated increases for the coming year.

Tuition and Fees $ 4,192
Living Expenses $ 8,553
Books, Supplies and Personal expenses (minimum estimate) $ 2,866
Total for Academic Year: $15,611

I, ___________________________ ___________________________ hereby certify that I understand the expenses listed in the Weatherford College International Student Application Packet are estimates reflecting average costs and that actual costs may differ based on course load, changes in tuition and fees and variation in books and supplies, room and board, health insurance and personal lifestyle. I further understand that tuition, fees and books are payable at the beginning of each semester.

I hereby certify that I will provide for the applicant’s travel to and from the United States, arrange for the secure transfer of funds to the United States on the applicant’s behalf and take full responsibility for these expenses.

If the applicant is married and his/her spouse and/or child(ren) will accompany him/her to the U.S., I will provide additional funds to support the dependents.

By signing, I affirm the statements above to be true and accurate.

____________________________________________________________
Sponsor Signature

_________________________________
Date
**Transfer Status Form**

*The intent of the form is to determine eligibility (i.e., the student is in status), not to transfer in SEVIS.*

---

### Section I

(To be completed by student and provided to the International Student Adviser at the U.S. school currently or most recently attended. Please type or print neatly)

<table>
<thead>
<tr>
<th>Last Name: ______________________________________</th>
<th>First Name: ____________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Mailing Address: __________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>City/State/ZIP Code: ____________________________________________</td>
<td>Email address: ________________________________</td>
</tr>
<tr>
<td>Telephone: __________________________________</td>
<td>Email address: ________________________________</td>
</tr>
<tr>
<td>Date of Birth <em><strong><strong>/</strong></strong></em>/_____</td>
<td>Expected Semester of Enrollment at WC: (Circle One)    Fall      Spring      Summer (MM/DD/YYYY)</td>
</tr>
</tbody>
</table>

I request and authorize the information below to be released to Weatherford College.

Signature ____________________________________________________  Date __________________________

---

### Section II

To be completed by the DSO at the current school to determine transfer eligibility.

| Name of University/Institution: ______________________________________________________________________ | |
|------------------------------------------------------------------------------------------------------------------| |
| Student SEVIS ID Number________________________________________ | Dates of Attendance: ____________________________ |
| SEVIS Release Date: __________________________________________ | |
| Is the student eligible to return or continue at your institution? | Yes | No |
| Is/Was the student enrolled full-time? | Yes | No |
| Is student in good academic standings? | Yes | No |

*If you responded "NO" to any item(s), please provide details on the below space.

____________________________________________________________________________________________________ |
|                                                                                                                                                                 |
|                                                                                                                                                                 |

Please check (✓) and complete all applicable statement(s):

___ Student has applied for reinstatement. Date it was filed: ______________________ |

___ Student is ‘out-of-status’ and must apply for reinstatement. |

___ Student is on OPT. Date of Expiration: ______________________ |

___ Other: ____________________________________________________________________________ |

Print Name ____________________________  E-mail ____________________________

Office Address ____________________________  Telephone Number ____________________________

Signature and Date ____________________________  Fax Number ____________________________

---

*Please return the completed form via fax (817) 598-6205 or email: lhines@wc.edu.*

---
BACTERIAL MENINGITIS VACCINATION FORM

225 College Park Drive
Weatherford Texas 76086
817-598-6241

Student Name (please print) _______________________________________________________

Weatherford College Student ID #_________________________________________________

SB 1107 Bacterial Meningitis Vaccination

In compliance with SB 1107, effective January 1, 2012, a first-time student attending an institution of higher education, including a transfer student, must provide written documentation of having received the bacterial meningitis vaccination at least 10 days prior to the beginning of the semester in which the student will be attending.

Evidence of the student having received the vaccination from an appropriate health practitioner must be received by the Student Services Office. This information shall be maintained in accordance with Family Education Rights and Privacy Act Regulations (FERPA).

Please provide evidence of vaccination by one of the following methods –

I have received the meningitis vaccine as follows: (please check)

______ (A) Date Bacterial Meningitis Vaccine administered _____/____/____

Signature of health care provider __________________________________________ Date _____/____/____

OR Office stamp of the physician or his/her designee, or public health personnel:

______ (B) An official immunization record generated from a state or local health authority (submit copy).

______ (C) An official record received from school officials, including a record from another state (submit copy).

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution: (check if applicable)

______ (A) An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician’s opinion, the vaccination required would be injurious to the health and well-being of the student; or

______ (B) An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used.

http://www.dshs.state.tx.us/immunize/school/default.shtml#exclusions
Third Party Authorization
(Optional)

A third party is defined as any person other than the applicant listed on the application form. The practice of having another person inquiring about the status of an application and/or providing information and documentation of an applicant can compromise the authenticity and security of the application process. We understand that there may be times when a third party can help expedite the application process; therefore, third party involvement will be limited to the following capacities as listed.

Please understand that no third party involvement will be allowed other than the person authorized below.

I authorize, ___________________________________________, to act on my behalf in the United States in the following capacity/capacities:

Please check all that apply

1. _____ Receive and submit my documents to Weatherford College International Office.
2. _____ Submit bank statement(s) and affidavit of support with the understanding that the person submitting the mentioned documents is my sponsor and is responsible for all my financial obligations in the United States.
3. _____ To pay for my application fee, housing deposit, housing fees, and tuition fees.

I understand that restriction on 3rd party involvement is meant to protect the security and authenticity of my application.

This authorization is provided to the applicant as a benefit of Weatherford College. This will provide a safe form of communication as well as secure the application from fraudulent practices.

I also understand that Weatherford College reserves the right to reject any authorization.

__________________________________________  _________________________________________
Name of Applicant (Please Print)     Applicant’s Signature

__________________________________________
Date