



# International Transfer Admissions Packet

Office Use Only

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- **INCOMPLETE ADMISSIONS PACKETS WILL NOT BE REVIEWED.**
- **YOU MUST SUBMIT ALL THE DOCUMENTS LISTED IN THE CHECKLIST BY POST MAIL.**
- **ALL DOCUMENTS MUST BE RECEIVED IN OUR OFFICE BY THE DEADLINE LISTED BELOW.**

## APPLICATION DEADLINES

SEMESTER	DEADLINE FOR ALL DOCUMENTS TO BE RECEIVED	SEMESTER YOU PLAN TO ENROLL (please circle one)
Fall (August-December)	June 15	FALL      SPRING      SUMMER
Spring (January-May)	November 1	YEAR _____

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

(LAST NAME)

(FIRST NAME)

(MONTH/DATE/YEAR)

**COUNTRY:** \_\_\_\_\_ **MAJOR/PLAN OF STUDY:** \_\_\_\_\_

**PRIMARY E-MAIL** \_\_\_\_\_ (this will be the primary way we communicate with you)

**SECONDARY E-MAIL** \_\_\_\_\_ (optional) **PHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLEASE INITIAL THE FOLLOWING CHECKLIST ITEMS ONCE THEY ARE COMPLETE. PLEASE READ INSTRUCTIONS THOROUGHLY. *ONCE ALL CORRECT DOCUMENTS ARE RECEIVED, THE MINIMUM PROCESSING TIME FOR AN I-20 IS THREE WEEKS.*

\_\_\_\_\_ 1. **ONLINE APPLICATION**

Submit International admissions online application via [tjc.edu/applynow](http://tjc.edu/applynow).

\_\_\_\_\_ 2. **COPY OF PASSPORT AND VISA PHOTO PAGES**

\_\_\_\_\_ 3. **AFFIDAVIT OF SUPPORT-FORM I-134** <http://www.uscis.gov/sites/default/files/form/i-134.pdf>

This form is to be completed by your financial sponsor. Every blank must be completed on the form and where the information is not applicable, you must mark N/A. The original signed document must be sent.

\_\_\_\_\_ 4. **ORIGINAL BANK STATEMENT CERTIFIED BY OFFICIAL BANK SEAL**

The sponsor must show that they have \$22,500 USD available in a checking or savings account.

\_\_\_\_\_ 5. **OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT(S)** The transcript(s) must be in English. Foreign college/university transcript must be evaluated. ([tjc.edu/internationalstudent](http://tjc.edu/internationalstudent) for more information regarding evaluation services)

\_\_\_\_\_ 6. **EVIDENCE OF BACTERIAL MENINGITIS** (if under 22 years of age)

\_\_\_\_\_ 7. **PERMISSION TO RELEASE INFORMATION FORM**

Must complete upon arrival to campus at International admissions office. (Needs original signature)

\_\_\_\_\_ 8. **STATEMENT OF UNDERSTANDING**

Student must sign understanding their responsibilities prior to attending.

\_\_\_\_\_ 9. **SEVIS TRANSFER RELEASE FORM**

Student must submit SEVIS transfer form from previous institution stating student is in good standing, upon acceptance to TJC.

# STATEMENT OF UNDERSTANDING

**Please read these statements carefully. You must agree to each statement before being considered for admission.**

I understand and agree that:

1. If English is not my native language, I must take the Test of English as a Foreign Language (TOEFL) in order to qualify for admission.
2. I will take the placement exams (TSI Exam) administered by the college to place me at the appropriate level of English, Reading and Mathematics.
3. I must make my own arrangements for Housing.
4. I have read and understood all admission procedures. I understand that all documents and materials relating to my admission should be forwarded to the International Student Admissions Office and must all be received by the deadline.
5. I must give written permission to Tyler Junior College for anyone other than myself to request information about the status of my application and/or admission.

*Non-immigrant students on an F-1 visa must also agree to the following:*

I understand and agree that:

1. I accept immigrant restrictions, which prohibit all off-campus employment and require completion of a full course of study (12 semester credit hours) each fall and spring semester.
2. I am only allowed to take one online course per semester.
3. I must be in Tyler on or before the date specified on the 1-20 form. If I cannot arrive on time, I must request that my application be considered for a subsequent semester.
4. I must return the old 1-20 form to Tyler Junior College before a new 1-20 can be issued and/or if I decided not to enroll at Tyler Junior College.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**MAIL COMPLETED APPLICATION PACKET TO:**

TYLER JUNIOR COLLEGE  
International Admissions  
PO BOX 9020  
Tyler, TX 75711

or

TYLER JUNIOR COLLEGE  
International Admissions  
1327 S. Baxter Avenue  
Tyler, TX 75701

**For more information:**

Tyler Junior College  
International Admissions  
international@tjc.edu  
1.903.510.2590

1.800.687.5680 Ext. 2590

[www.tjc.edu/internationalstudent](http://www.tjc.edu/internationalstudent)

*PLEASE KEEP A COPY FOR YOUR RECORDS*



# TJC™

## Evidence of Vaccination against Bacterial Meningitis Form

**Fax to:** (903) 510-2161 **Mail This Form to:** Tyler Junior College, Office of Admissions, PO Box 9020, Tyler, TX 75711

**Email to:** admissions@tjc.edu or **Hand Deliver to:** TJC Main Campus, White Administrative Services Center

### Student Information

Last Name		First Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
A-Number	Date of Birth	Phone Number		
Email Address	Student Status <input type="checkbox"/> Returning Student		<input type="checkbox"/> New to Tyler Junior College	<input type="checkbox"/> Transfer/Transient Student
First Semester Attending Year _____ Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>				

### SELECT OPTION 1 OR 2

#### Option 1: Select type of attachment

- A copy of your official immunization record signed by a Health Care provider**
- Medical Exemption Affidavit or Certificate**  
*(Texas State Law requires that you must visit a doctor in the U.S. to get an exemption for medical reasons)*
- [Texas Department of State Health Services Exemption Form](#)**

#### Option 2: Section A or B is to be completed by a Physician or other Health Care Provider

<b>A: Vaccination Date:</b> _____		<b>Vaccine Type:</b>	MCV4 MPSV4
Signature of Physician or other Health Care Provider  _____ <i>Signature</i> _____ <i>Date</i>		Please print name, office address, phone number and the state where licensed and license number.	
<b>B: Bacterial Meningitis Medical Exemption</b> In the opinion of the Physician, the Bacterial Meningitis vaccination would be injurious to the health and well-being of the student and should not be administered at this time.  _____ <i>Signature</i> _____ <i>Date</i>			

I have read and understand the Bacterial Meningitis Immunization requirements. I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct. I also give my consent for the above immunization record to be entered into my student record.

Student's Signature - <b>REQUIRED</b>	Date
Signature of Parent/Legal Guardian (if under 18 years of age)	Date

#### OFFICE USE ONLY

Processed By:	Entered:	Scanned:	Indexed:	Date:
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**Tyler Junior College**  
**Bacterial Meningitis Vaccination Requirement**  
**State of Texas Senate Bill 1107**

**YOU NEED THE VACCINE IF YOU ARE:**

- A first-time student of an institution of higher education or private or independent institution of higher education
- A transfer student
- A student who previously attended an institution of higher education before January 1, 2012 who is enrolling again following a break in enrollment of at least one Fall or Spring semester

**All new students and re-entry students must provide either:**

**1. Evidence the student has received the vaccination or booster dose during the five years preceding and at least 10 days prior to enrollment. This evidence must be submitted in ONE of the following formats:**

- A. A document bearing the signature or stamp of the physician or his/her designee, or public health personnel (must include the month, day, and year the vaccination was administered) **OR**
- B. An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered) **OR**
- C. An official record received from school officials, including a record from another state (must include month, day, and year the vaccination was administered) **OR**

**2. Evidence the student is declining the vaccination must be submitted in ONE of the following formats:**

- A. An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which 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. (Allow up to 30 days)  
<https://webds.dshs.state.tx.us/Immco/default.aspx>

**3. A student is not required to submit evidence of receiving the vaccination against bacterial meningitis or evidence of receiving a booster dose:**

- A. If the student is 22 years of age or older by the first class day of the semester in which they intend to enroll **OR**
- B. If the student is enrolled in on-line or other distance education courses only.

**Vaccinations may be available at a discounted price at the following locations:**

**Dallas County HHS  
Immunization Clinic**  
2377 N. Stemmons Fwy,  
Dallas, TX 75207  
(214) 819-2163

**East Texas Community  
Health Center**  
1309 S. University  
Nacogdoches, TX 75961  
(936) 560-5413

**Austin - St. John**  
7500 Blessing Ave  
Austin, TX 78752  
(512) 972-5520

**Angelina County Health District**  
503 Hill St.  
Lufkin, TX 75904  
(936) 632-1139

**Houston HCPHES  
Antoine Health Clinic**  
5815 Antoine, Suite A  
Houston, TX 77091  
(713) 602-3300

**North East Texas Public Health District**  
815 N. Broadway  
Tyler, TX 75702  
(903) 510-5604

**Arlington Public Health Center**  
536 W. Randol Mill Road  
Arlington, TX 76011  
(817) 548-3990

**HCPHES Humble Health Clinic**  
1730 Humble Place Drive  
Humble, TX 77338  
(281) 446-4222