



1350 West Street ■ Pittsfield, MA 01201-5786 ■ 413-499-4660
www.berkshirecc.edu ■ admissions@berkshirecc.edu

Application for Admission

International Student Program

(please type or print)

General Admission Policy for International Students

Berkshire Community College is pleased to welcome international students to our campus.

Requirements for admission include an official translated transcript from high school (or high school equivalency program), official transcripts from any other colleges attended, an affidavit of financial support, and completion of the Berkshire Community College application form.

International students whose official language is not English must provide the scores of their TOEFL test. The scores should be 500 or above if the test was done on paper, 173 on the computerized test or 61 on the internet-base (iBT). To find out about the TOEFL; cost, test dates, preparation and most important testing sites please visit their official website at www.toefl.org. TOEFL scores must be sent to the Admissions Office at Berkshire Community College (BCC).



Upon your arrival, a placement test is also required so that the college can determine the appropriate level at which coursework should begin. Based upon these test results, placement in college preparatory English, reading, and mathematics courses may be required in preparation for a student's success in college-level courses.

BCC has a rolling admissions policy. As completed applications are received, decisions are made on a first-come, first-served basis. Students may begin their coursework for most programs

in the fall or spring. Applications should be received 4 months before intended start date. Due to processing times international student applications must be submitted by: June 1 for the fall semester (classes begin in September) and November 1 for the spring semester (classes begin in January).

Some additional admission requirements are in effect for the Nursing and Allied Health programs.

Application Checklist

- Application.** Fill out the attached application. If you are undecided about your choice of program or require more information, call the Admissions Office at (413) 236-1630; Fax: (413) 496-9511.
- Transcripts.** Contact your high school and/or any other college or university you have attended to request that official copies of your transcripts be sent to the Admissions Office at BCC. All records must be translated into English. All international high school records and previous college work must be evaluated by a credential evaluation agency. A list of approved agencies can be found at www.naces.org.
- Affidavit of Support.** In order to receive form I-20 for your student visa, you must submit an affidavit of support (official bank statement) covering at least one year (estimated at \$21,000, including tuition, fees, and all housing and living expenses).
- TOEFL Scores (if applicable).**

Immunization

In order to attend college in the Commonwealth of Massachusetts there are certain immunization requirements that all international students must meet. Medical forms from doctors' offices need to be translated into English and clearly indicate the vaccination name and date when it was administered. Students are responsible for completing the immunization form located on the last page of this application, and submitting documentation of his/her immunization record to the Immunization Records Office within 30 days of starting classes. Students who are not in compliance with these mandated immunizations will be unable to continue their participation in classes and might jeopardize their student visa status.

**Send all materials to: Admissions Office, Berkshire Community College, 1350 West Street, Pittsfield, MA 01201.
For more information, email us at evez@berkshirecc.edu or visit our website at www.berkshirecc.edu.**

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, and national origin in its education programs or employment. pursuant to Massachusetts General Laws: Chapter 151B and 151C; Title VI, Civil Rights Act of 1964; Title IX; Education Amendments of 1972; Section 504; Rehabilitation Act of 1973; Americans with Disabilities Act; and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504). All inquiries concerning application of the above should be directed to Deborah Cote, Vice President for Human Resources and Affirmative Action Officer; and Coordinator of Title IX and Section 504, at 413-236-1022, SBA Annex, Room A-20.

*Accommodations for students with disabilities - It is a college policy to provide, on a flexible and individualized basis, accommodations reasonable to students who have disabilities that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to discuss their individual needs for accommodations with Pamela Farron (Ext. 1608) in the Disability Resource Center located in the Student Development Center (next to the College Store) in the Susan B. Anthony Center.



BERKSHIRE COMMUNITY COLLEGE

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Application for Admission

International Student Program

(please type or print)

About You

Name _____
LAST FIRST M FORMER

Mailing Address _____
NUMBER/STREET CITY STATE ZIP

Telephone _____
HOME CELL WORK

Legal Address (if different) _____
NUMBER/STREET CITY STATE ZIP

E-mail Address _____

Date of Birth / / MONTH/DAY/YEAR Country of Birth _____ Citizenship _____

Gender (optional) Female Male

BCC Enrollment

You must enter your choice of program (Choose one program code located on the last page of this application)

Planned semester of enrollment September January Year _____

Have you previously applied? Yes No Year _____

Have you previously taken classes or attended BCC? Yes No Year _____

Educational Background

BCC requires an official high school transcript with graduation date to be mailed to: BCC Admissions Office, 1350 West Street, Pittsfield, MA 01201. All international high school records and previous college work must be evaluated by a credential evaluation agency. A list of approved agencies can be found at www.naces.org.

HIGH SCHOOL (Name of high school attending or last attended): _____

_____ CITY STATE/ZIP COUNTRY YEAR OF GRADUATION

COLLEGE(s) previously attended: _____

Name _____ CITY STATE/ZIP COUNTRY

Date(s) Attended _____ Degree Earned _____

Name _____ CITY STATE/ZIP COUNTRY

Date(s) Attended _____ Degree Earned _____

Emergency Information (Optional)

In the unforeseen case of an emergency, who would you like us to contact? Please complete the following allowing us to contact those whose names are indicated.

Emergency Contact Name _____ LAST FIRST M Relationship to Student _____

Mailing Address _____ NUMBER/STREET CITY STATE/ZIP COUNTRY

Telephone _____ Email _____

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund. I understand that this application for admission will not be complete until the requested documents have been submitted.

Applicant Signature _____ Date _____

Emergency Contact Name _____ Relationship to Student _____

Degree Programs of Study - Start Here. Go Anywhere.

AA (Associate in Arts) programs meet the requirements of the Commonwealth Transfer Compact, providing full transferability within the Massachusetts system of public higher education and most other colleges throughout the country.

AS (Associate in Science) programs provide both career preparation and a foundation for transfer to related majors at the bachelor's degree level.

Degree Programs of Study

Program	Code
Business	
Business Administration	BADM
Business Careers	BCAR
Health Information Management	BCHM
Computer Information Systems	
Business Systems	CISB
Computer Science	CISC
Criminal Justice	CRJS
Engineering	ENGR
Education	
Early Childhood Education	ECED
Engineering Technology	
Computer/Electronic Technology	ETCO
Manufacturing Technology	ETMT
Environmental Science	ENVS
Fine Arts	
Music	FAMU
Theatre Arts	FATA
Visual Arts	FAVA
Fire Science*	FISC
Health Science	
Dental Assisting***	HLDA
Medical Assisting***	HLMA
Physical Fitness	HLPF
Surgical Technology***	HLST

Program	Code
Hospitality Administration (Career)	HSPC
Hospitality Administration (Transfer)	HSPT
Human Services	
Social Work Transfer Concentration	HSSW
Liberal Arts	
Liberal Arts: Atmospheric Science	LATM
Liberal Arts: Biological Science	LBIO
Liberal Arts: Biotechnology	LBTC
Program	Code
Liberal Arts: Early Childhood Education	LECC
Liberal Arts: Elementary Education	LEEE
Liberal Arts: Foreign Language	LFLA
Liberal Arts: International Studies	LIST
Liberal Arts: Peace and World Order	LPWO
Nursing	NURS
Pre-Nursing	HNUR
Physical Therapist Assistant**	PTAS
Pre-Physical Therapist Assistant	HPTA
Respiratory Care**	RESP
Pre-Respiratory Care	HRSP

*Some required courses offered in the evening only.
 **Offered on a cyclical basis.
 ***Technical courses taught at McCann Technical School.

Immunization Requirements

IMPORTANT: RETURN COMPLETED FORM TO IMMUNIZATIONS RECORDS OFFICE (A-117) BEFORE THE FIRST DAY OF CLASSES OR YOU MAY BE WITHDRAWN FROM THE COLLEGE

To comply with state legislation (Chap. 76, Sec. 15C, General Laws of Mass.), BCC has adopted the following procedures on student immunizations:

WHO MUST RESPOND?

1. All foreign-born students regardless of number of credits.

WHAT IS REQUIRED?

1. One dose of Tdap if it is 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 foreign-born students upon entering BCC. If chest x-ray is positive, provide treatment schedule.
6. Medical forms from doctors' offices should include vaccinations in English language, and must be complete with month, day and year of vaccine.

WHAT PROOF IS NEEDED?

1. The form on the back of this page must be filled out and signed by a medical professional. Medical forms from doctors' offices should include vaccinations listed in English and show a complete date; month, day and year of vaccination.
2. Antibody laboratory blood test (Titer) indicating immunity for Measles, Mumps and Rubella (MMR), Varicella, and Hepatitis B must be accompanied by the laboratory report.
3. 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.



Immunization History Form for Foreign-Born Students

Please print:

Name LAST _____ FIRST _____ MIDDLE INITIAL _____

BCC ID# _____ Date of Birth MONTH/DAY/YEAR _____

Home Address _____
STREET

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Email Address _____

Tdap VACCINE ____ / ____ / ____ <small>mm dd yy</small> or Td Tetanus Diphtheria within the last five (5) years ____ / ____ / ____ <small>mm dd yy</small>	MEASLES ____ / ____ / ____ <small>mm dd yy</small> ____ / ____ / ____ <small>mm dd yy</small> Titer** ____ / ____ / ____ <small>mm dd yy</small>	MUMPS ____ / ____ / ____ <small>mm dd yy</small> ____ / ____ / ____ <small>mm dd yy</small> Titer** ____ / ____ / ____ <small>mm dd yy</small>	RUBELLA ____ / ____ / ____ <small>mm dd yy</small> Titer** ____ / ____ / ____ <small>mm dd yy</small>	MMR #1 ____ / ____ / ____ <small>mm dd yy</small> #2 ____ / ____ / ____ <small>mm dd yy</small>
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HEPATITIS B				
#1 ____ / ____ / ____ <small>mm dd yy</small>	#2 ____ / ____ / ____ <small>mm dd yy</small>	#3 ____ / ____ / ____ <small>mm dd yy</small>	Booster ____ / ____ / ____ <small>mm dd yy</small>	Titer** ____ / ____ / ____ <small>mm dd yy</small>

VARICELLA (CHICKEN POX)			
Medical Proof of Disease ____ / ____ / ____ <small>mm dd yy</small>	Vaccine #1 ____ / ____ / ____ <small>mm dd yy</small>	Vaccine #2 ____ / ____ / ____ <small>mm dd yy</small>	Titer Immune** ____ / ____ / ____ <small>mm dd yy</small>

TUBERCULOUS TEST			
Date Planted ____ / ____ / ____ <small>mm dd yy</small>	Date Read ____ / ____ / ____ <small>mm dd yy</small>	Chest X-Ray Date (If test is positive) ____ / ____ / ____	Result _____
		If positive, treatment schedule _____	

REQUESTED, NOT REQUIRED, TO COMPLETE IMMUNIZATION HISTORY: MENINGOCOCCAL VACCINE ____ / ____ / ____
mm dd yy

*Antibody laboratory blood tests (Titer) must include laboratory report proof of immunity. Medical forms from doctor's offices should include vaccinations in the English language. Immunization vaccine dates should be complete with month, day, and year.

Medical Professional's Signature _____ Date _____

Medical Professional's Printed Name and Address _____ Date _____

Please mail or fax completed form to:

Immunization Records Office, Berkshire Community College, 1350 West Street, Pittsfield, MA 01201-5786. Telephone: 413-236-1614 or Fax: 413-499-4576.