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 the placement 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 evelez@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.

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About You

Name __________________________________________

Mailing Address _______________________________________

Telephone ____________________________

Legal Address (if different) _______________________________________

E-mail Address _______________________________________

Date of Birth _______/______/______ 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): __________________________________________

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<thead>
<tr>
<th>Name</th>
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<th>STATE/ZIP</th>
<th>COUNTRY</th>
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<th>Name</th>
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<th>STATE/ZIP</th>
<th>COUNTRY</th>
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Emergencery 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 ___________________________ Relationship to Student __________________________

Mailing Address _______________________________________

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

**Programs**: 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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Code</th>
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<tbody>
<tr>
<td>Business Administration</td>
<td>BADM</td>
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<tr>
<td>Business Careers</td>
<td>BCAR</td>
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<tr>
<td>Health Information Management</td>
<td>BCHM</td>
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<td>Computer Information Systems</td>
<td>CISB</td>
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<td>Criminal Justice</td>
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<td>Engineering</td>
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<tr>
<td>Early Childhood Education</td>
<td>ECED</td>
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<tr>
<td>Engineering Technology</td>
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<tr>
<td>Manufacturing Technology</td>
<td>ETMT</td>
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<td>Environmental Science</td>
<td>ENVS</td>
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<td>Theatre Arts</td>
<td>FATA</td>
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<td>Visual Arts</td>
<td>FAVA</td>
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<tr>
<td>Fire Science*</td>
<td>FISC</td>
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<td>Dental Assisting***</td>
<td>HLDA</td>
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<tr>
<td>Medical Assisting***</td>
<td>HLMA</td>
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<tr>
<td>Physical Fitness</td>
<td>HLPF</td>
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<tr>
<td>Surgical Technology***</td>
<td>HLST</td>
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### 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 of Varicella.
5. A recent negative Tuberculosis test (or 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:*

<table>
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<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>BCC ID#</td>
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<tr>
<td>Date of Birth</td>
<td></td>
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<tr>
<td>Home Address</td>
<td></td>
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<tr>
<td>Email Address</td>
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</table>

**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.

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**Tdap VACCINE**

- **mm/dd/yy**
- or Td Tetanus Diphtheria within the last five (5) years
- **mm/dd/yy**
  
**MEASLES**

- **mm/dd/yy**
  
**MUMPS**

- **mm/dd/yy**
- **mm/dd/yy**
  
**RUBELLA**

- **mm/dd/yy**
- **mm/dd/yy**

**MMR**

- **#1 mm/dd/yy**
- **#2 mm/dd/yy**

**HEPATITIS B**

- **#1 mm/dd/yy**
- **#2 mm/dd/yy**
- **#3 mm/dd/yy**

**VARICELLA (CHICKEN POX)**

- **mm/dd/yy**
- **mm/dd/yy**
- **mm/dd/yy**

**TUBERCULOUS TEST**

- **mm/dd/yy**
- **mm/dd/yy**
- **mm/dd/yy**
- **mm/dd/yy**

**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.*