



Southwestern Christian College

P.O. Box 10

Terrell, Texas 75160

Phone 972/524-3341

Information for Foreign Applicants

Thank you for your interest in Southwestern Christian College. We are always happy to hear from students of other countries. In fact, we have students from several foreign countries at this time.

We are sorry that we have no financial aid available to foreign students. Furthermore, foreign students are responsible for finding their own sponsorship...we cannot do that for you. Unfortunately, without sponsorship or aid, an education in the United States is extremely expensive. There are many American students who find it impossible to attend college because of financial difficulties. We deeply appreciate your desire to attend and wish we could help you accomplish your objective.

Annual (two semesters) tuition, lodging, food and miscellaneous costs are approximately **\$12,820. Before we can issue an I-20 we must verify that you have sufficient funds to cover your expenses while in the United States.** Foreign students must submit either a sponsorship form or certificate of finances with the necessary signatures to provide that verification. Additionally, one year's tuition must be paid in advance.

To expedite the application process, we need an **official transcript (a copy cannot be accepted)** from your high school or Examination Council results indicating that you are eligible to take college-level courses. It is also required of all foreign students to have a TOEFL score of 500 or better to attend classes in English.

Because of the prolonged time required to process paperwork through embassies and mail systems, foreign applicants must meet all financial and academic requirements for admission at least 2 months before arrival time. When your file is complete, immigration papers will be sent by registered mail. If absolutely necessary, we can express mail papers at the expense of the applicant if the file is complete at least one month before arrival time. Fees for express mail vary according to country, but are usually between \$25.00 and \$100.

If you are able to meet these requirements, please let me know and I will mail or email you the necessary forms to be filled out and returned.

May God bless you as work towards your university education. If there is anything else we can help you with, please let us know. If you have access to the Internet, you can reach me by email at swccad@yahoo.com.

Sincerely,

Ramón Hodridge

Ramón Hodridge
International Student Advisor
1-800-925-9357 ext. 161

This section to be completed by international students

PLEASE PRINT USING DARK INK

Name: _____

Date of Birth: _____ Major: _____

Mailing Address: _____

The following information will be used to advise international students on immigration matters and to assist them in obtaining the appropriate immigration documents to attend Southwestern Christian College. Please complete this entire section so that final admission to the Southwestern Christian College will not be delayed. The Admissions office can be reached by telephone at (972) 524-3341, Fax: (972) 563-7133 or by E-mail swccad@yahoo.com if you need assistance with this section.

1. Please check you applicable status:
Non-immigrant now in the U.S. (Give your Visa type: _____)
Non-immigrant now outside the U.S.
U.S. Permanent Resident Alien Immigrant (Give your 'A' Number): _____
Other (please explain): _____
2. Please attach photocopies of any U.S. documents you have which indicate your status checked above. Send them with this form. Do not send original documents only photocopies. NOTE: these copies will be used for informational purposes only and will not influence an admission decision.
3. Country of permanent residency: _____
4. Country of Citizenship: _____
5. Most students have an F-1 or a J-1 student visa and must have a Certificate of Eligibility(Form I-20 or IAP-66) to obtain them. Please check the statement below that refers to you.
I expect SwCC to issue the documents for me to obtain the F-1 or J-1 student visa
Some other organization will issue my F-1 or J-1 student visa documents (Name of Organization): _____
I will not need to obtain an F-1 or J-1 student visa (explain why): _____

I certify that the information in this section of the application is complete and accurate.

Signature: _____ Date: _____

APPLICATION FOR ADMISSION

PLEASE PRINT USING DARK INK OR TYPE

Today's Date _____
(Month / Day / Year)

Referred by: _____

Admissions requested for (check all that apply)

- 1st Semester Freshman
- Transfer
- Junior
- Permanent Resident
- International
 - Currently in US, if checked list visa _____

Term you plan to enter SwCC:

- Fall Semester
- Spring Semester

Social Security# _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle I.) (Suffix- JR, etc.)

Other Names which may appear on Academic Records: _____

_____/_____/_____
Date of Birth City of Birth State/Country of Birth

Religious Preference: _____ Church you attend: _____

- Female Ethnicity (for statistical purposes only):
 - White
 - African-American
 - Male
 - Hispanic
 - Native American
 - Asian/Pacific Islander
 - Single
 - Married
 - Other _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ TX County (if applicable): _____

Permanent Phone (_____) _____ Email _____@_____

Emergency Contact: _____ Relationship: _____

Phone (Daytime): (_____) _____ (Evening): (_____) _____

Have you ever been suspended from an educational institution? Yes No
(If yes, please attached an explanation.)

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No
(If yes, please attached an explanation.)

FAMILY INFORMATION

Father /Guardian: _____ Occupation: _____

Guardian /Mother: _____ Occupation: _____

Address: _____ City/State/Zip: _____
(if same as above write 'same')

Phone (Daytime): _____ (Evening): _____

EDUCATIONAL INFORMATION

Have you applied for admission to SwCC before? No Yes Date: _____

If you are reapplying to SwCC, give the date you last attended: _____
(Month/Day/Year)

Your reason for withdrawal: _____

Housing requirements: Dormitory Off-Campus

Your intended major (If undecided please write "Liberal Arts"): _____

EDUCATIONAL BACKGROUND

High School Attended: _____

High School Address: _____
(Street) (City) (State) (Zip)

Name of Counselor/College Advisor: _____ Telephone: (____) _____

Date of Graduation (or expected date): _____ Accumulative G.P.A. _____
(Month/Day/Year)

Class Rank: _____ out of _____

If you did not graduate from High School, do you have a GED? Yes No Date: _____

List all Colleges at which you have taken Courses for Credit:

College Name	City	State	From	To
1. _____				
2. _____				

High School or College Extracurricular, Personal and Volunteer Activities:

Honors and Outstanding Achievements:

To what other colleges are you applying?

SwCC ranks as your 1st Choice 2nd Choice 3rd Choice

My signature below indicates that all the information contained in my application is complete, factually correct, and honestly presented.

Signature: _____ Date: _____

Please be sure to complete a Free Application for Federal Student Aid @ www.fafsa.ed.gov

	Exceptional in comparison	Above Average in comparison	Average in comparison	Below average in comparison	No basis for evaluation
Leadership					
Emotional maturity					
Personal work ethic					
Social adaptability					
Character					

Additional comments: _____

If you would like to discuss any other information or circumstance regarding this student, please contact the Admissions Office at 1-800-925-9357, ext. 161.

Name: _____
 Title/Position: _____
 High School, College or University Name: _____
 Your Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____
 Phone Number: _____
 Signature: _____ Date: _____

Thank you for taking the time to complete this reference form. Your observations will greatly assist us in our evaluation of the applicant. Please return this form at your earliest convenience to:

Southwestern Christian College
 Admissions Office
 P.O. Box 10
 Terrell, TX 75160
 or Fax to: 972-563-7133



Southwestern
Christian College

Character Recommendation Form

To be completed by the applicant

Print your name and address in the space below. By signing this form, you are waiving the right to review the information contained in your admissions file. Please give this form to your minister, youth minister, another adult in a position of spiritual leadership, counselor, or community leader. Relatives are not permitted to complete recommendation forms.

Applicant's Last Name: _____ First Name: _____

Mailing Address (Current): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

To be completed by a counselor, youth minister, minister, church or community leader, etc.

Each applicant for admission to Southwestern Christian College must submit a character reference form. We value your comments, and request that you give a full and candid report so that fair consideration may be given to the applicant.

How long have you known the applicant? _____

How well do you know the applicant? (Circle all that apply)

By name/sight

Very well/numerous personal contacts

Casual/few personal contacts

Know the family quite well

Please comment on how the applicant consistently reflects attitudes and behaviors which are exemplary of biblical lifestyle: _____

In social relationships, the applicant is: (please circle):

Sought out

Well-received

Tolerated

Avoided

Please comment or explain: _____

This applicant's influence on his or her peers is:

Positive

Neutral

Negative

Please evaluate the applicant in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Leadership						
Responsibility						
Christian Commitment						
Initiative						
Diligence						
Cooperation						
Moral Character						
Social Adaptability						
Integrity and Honesty						
Service to others						
Relationship with family						

Please comment on any of the above ratings. _____

Are there any emotional, spiritual or academic characteristics that you feel would hinder the applicant in an intensive academic environment? _____

Please share with us any information you may have about the applicant that would help in our evaluation. This information may cover recent experiences or incidents in the applicant's life, or could be a general personality appraisal. _____

Name: _____ Title/Position _____

Relationship to you: _____

Your Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone Number: _____

Signature: _____ Date: _____

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Admissions Office

P.O. Box 10

Terrell, TX 75160

or Fax to: 972-563-7133

STUDENT MEDICAL RECORD

Instructions: The Office of Admissions requires each Applicant to complete a medical history form and have a physical examination done.

PART I (To be completed by applicant)

Date: _____

Applicant's name: _____

Present address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

Gender: Male Female

Date of Birth: _____ Age: _____

Parent or Guardian:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you allergic to any antibiotics or other medications? Yes No

If yes, please specify: _____

Are you presently under a medical doctor's care? Yes No

If yes, for what? _____

Are you taking prescription medicines? Yes No

If yes, explain: _____

(turn over)

Health records will be held in strict confidence as with all other materials submitted in application to SwCC. The applicant is to sign below that he/she has read this statement and thereby authorizes SwCC administration to release necessary health information in emergency or life-threatening situations. (If applicant is under 18 years, he/she should have his/her parents or guardian co-sign.)

Applicant _____
Parent/Guardian

Part II: PHYSICAL EXAMINATION (To be completed by physician.)

Height: _____ Weight: _____ Blood Pressure: _____

Heart and Rhythm of Pulse: _____

Teeth: _____ Skin : _____

Eyes: _____ Right 20 / _____ Left 20 / _____

Ears: _____ Nose: _____

Throat (Tonsils): _____ Sinuses: _____

Lungs and Chest: _____ Breasts: _____

Urine (Protein): _____ Sugar: _____

Has student ever had a Chest X – Ray Yes No

Are there any thyroid or glandular difficulties? _____

Are there any weaknesses or limitations? _____

Do you consider the applicant's health adequate for intensive schoolwork and activities? Yes No

Remarks / Recommendations: _____

IMMUNIZATION RECORD

Vaccine	Date	Date	Date	Date
DTP				
TD or Tetanus				
Polio				
TBC Test				
Mumps				
Rubella (German Measles)				

Physician Signature _____
Date

(Address) (City) (State) (Zip)

Please return this form at your earliest convenience to:

Southwestern Christian College

Admissions Office

P.O. Box 10

Terrell, TX 75160

RESIDENCE HALL FORM

Personal Information

Name: _____
Last First Middle

Preferred Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

County (Texas residence only): _____ Date of Birth: _____

Phone Number: _____

Cell Phone (optional): _____

When do you plan to begin? Year: _____ Fall Spring

Gender: Female Male

Housing Options

Please select preference (not guaranteed):

Men

_____ J.S. Winston Hall

_____ Men's Auxiliary

_____ J.S. Winton Cottage

Women

_____ Mary Carpenter Hall

_____ Women's Auxiliary

(Women Basketball)

Roommate Preference:

1st Choice:

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

2nd Choice:

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

I understand that housing assignments are made according to the date this form and deposit are received by Southwestern Christian College and will be fulfilled were possible. Final decisions are made by the Dormitory Supervisors.

Signature

Date

Room Compatibility

If you have not requested a roommate, the Residence Life Staff will use the information below to help select someone with whom you should be compatible.

Step 1: Of the items below check which one applies to you.

Step 2: Indicate importance (one being the most important) by ranking the items one through eight in the box provided.

				Rank
Do you do most of your studying after 11:00 pm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="text"/>
How important is it that your room be kept neat?	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Not Important	<input type="text"/>
When you wake up in the morning, do you:	<input type="checkbox"/> Like to talk	<input type="checkbox"/> Want to be left alone		<input type="text"/>
Do you prefer a room that is?	<input type="checkbox"/> Messy	<input type="checkbox"/> Neat	<input type="checkbox"/> Comfortably cluttered	<input type="text"/>
When you are in your room, do you usually have the stereo or TV turned on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="text"/>
If yes, do you usually like:	<input type="checkbox"/> High Volume	<input type="checkbox"/> Low Volume		<input type="text"/>
How do you prefer your room temperature?	<input type="checkbox"/> Hot	<input type="checkbox"/> Warm	<input type="checkbox"/> Cold	<input type="text"/>
Would you describe yourself as a(n):	<input type="checkbox"/> Early Bird	<input type="checkbox"/> Night Owl		<input type="text"/>

Important Information

1. A \$50 (non-refundable) housing reservation fee is required for all housing request.
2. Return this form and deposit immediately. Your housing priority is determined by the date this form AND deposit are both received. Campus housing requests cannot be processed without deposits. Make payments payable to Southwestern Christian College.
3. All Admissions and Financial Aid Documentation must be turned in before a room key will be distributed. A \$200 deposit (cash, money order, or credit card) can be given in order to receive a key prior to documents being completed. These funds will be credited to your bill and are non-refundable.

Please return form and deposit to:

Southwestern Christian College
Attn: Admissions Office
P.O. Box 10
Terrell, TX 75160

Questions? Call 800-925-9357, ext. 161