English as a Second Language (ESL) Requirements

Required Documents:

- [English as a Second Language Application](attached)
- Secondary/High School Transcript or Diploma *(with notarized English translation)*
- Post-secondary Academic Transcript, if applicable *(with notarized English translation)*
- [International Student Agreement](attached)
- [Affidavit of Support](attached)- signed by your financial sponsor
- Official Recent Bank Statement of Sponsor
  - Bank statement must be dated within the past 3 months
  - Final balance on the bank statement must document the financial capability of your sponsor to cover at least one academic year of estimated expenses
  - Bank statement should document the currency of the account
- Copy of Passport Photo Page
- $50 Application Fee

Additional Documents Required of Transfer Students:

- Transcripts from all previous ESL courses
- Copy of Current I-20
- Copy of Current Visa
- Immigration Transfer Request Form

***All of the above documents may be scanned and emailed as an attachment to [international@laroche.edu](mailto:international@laroche.edu), faxed to 412-536-1188, or mailed to: La Roche College, 9000 Babcock Blvd, Pittsburgh, PA 15237 USA***
1. Family Name (SURNAME) ____________________________

2. First Name (GIVEN NAME) ____________________________

3. Birth Date ________ - ________ - ________
   MM DD YYYY

4. Gender:  ❑ Male  ❑ Female

5. Social Security Number (IF APPLICABLE)
   ________ - ________ - ________

6. Home Telephone Number
   ________ - ________ - ________
   COUNTRY CODE AREA CODE

7. Email address ____________________________

8. Home/Permanent address
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

9. Current Address (IF DIFFERENT THAN HOME/PERMANENT ADDRESS)
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

10. Citizenship ____________________________

11. Country of Birth ____________________________

12. Year 20 ________

13. ❑ Fall (August)  ❑ Spring (January)  ❑ Summer (May - July)

14. Reason for ESL training:
   ❑ Academic purposes (college-level work)
   ❑ Conversational English and basic literacy
   ❑ Other (please specify) ____________________________

15. I am planning to reside:
   ❑ On campus  ❑ Off campus

   La Roche College does not provide housing for families. Students accompanied by dependents must make their own arrangements for off-campus housing.

16. If you are in the United States, please indicate your current visa status:
   ❑ F-1  ❑ F-2  ❑ J-1  ❑ J-2  ❑ Other

17. Please submit a copy of your current I-20 form (F visa students) or DS-2019 (J visa students) to assist in processing your application for transfer to La Roche College.

• PLEASE SUBMIT THE FOLLOWING:
  1. Completed application form
  2. Copy of passport
  3. Certified copy of high school transcripts showing attainment of secondary-school degree
  4. International student agreement
  5. Affidavit of support
  6. Certified bank statement
  7. Nonrefundable application fee of $50 (U.S.) payable to La Roche College

MAIL TO:
International Admissions
La Roche College
9000 Babcock Boulevard
Pittsburgh, Pennsylvania 15237

PHONE: (412) 536-1277  |  (412) 536-1273
FAX: (412) 536-1188
EMAIL: esl@laroche.edu
WEB: laroche.edu
In consideration of being accepted to La Roche College as an F-1 student, I hereby agree to the following:

1. I will register for, attend and complete a full-time program of study each semester. I will maintain a cumulative grade point average (GPA) of 2.0 or an alternate minimum GPA as specified by my sponsor if I am in an undergraduate program.
   
   Note: Full-time study is defined as a minimum of 12 credits for undergraduate and English as a Second Language (ESL) programs.

2. If I receive any merit-based awards or scholarships, I will honor all conditions as a basis to keep the awards or scholarships.

3. I will take the English as a Second Language (ESL) Placement Test upon arrival, if required, to demonstrate my proficiency and determine my eligibility to begin undergraduate coursework. If advised on the basis of my test results, I will enroll in the ESL Program to achieve the required proficiency prior to beginning undergraduate coursework. I will pay any fee associated with taking this test.

4. I will take the Mathematics and College Writing Placement Tests, if required, which will determine my readiness to enroll in College Algebra (the minimum core mathematics requirement) and College Writing 1 (the minimum core English requirement). I will pay any fees associated with taking these tests.

5. I will supply the college with final, official copies of all transcripts prior to registering for classes.

6. I will obtain the approval and signature of my academic adviser prior to scheduling, adding, dropping or withdrawing from classes.

7. I agree to purchase the mandatory medical insurance provided through La Roche College or provide proof of acceptable coverage prior to the start of classes.

8. I understand my financial commitment, and I am prepared to maintain myself financially for the period of time necessary to complete my education at La Roche College.

9. I will abide by the United States immigration regulations that relate to my visa status. Note: Please visit http://www.uscis.gov for more information on USCIS regulations.

10. I agree to keep my passport valid at all times.

11. I will report to the Office of International Student Services within 48 hours of my arrival in Pittsburgh.

12. I will obtain permission and a signature on my I-20 from the Office of International Student Services, should I decide to travel outside the United States for any reason throughout the duration of my studies at La Roche College.

13. I will provide a current address, telephone number, email address and emergency contact information to the Office of International Student Services upon arrival in Pittsburgh. I will report any change in my contact information to the Office of International Student Services within 10 days of its occurrence.

14. I will establish and regularly check my La Roche College email account.

15. I will abide by the standards outlined in the La Roche College Student Handbook. Note: Access the Student Handbook at http://www.laroche.edu/student-online-handbook/handbook.htm. I verify that I have read the above conditions and fully understand and agree with them.

I verify that I have read the above conditions and fully understand and agree with them.

Signature ___________________________ Date ___________ 

Please contact the Office of International Admissions with questions and concerns.
In accordance with the Buckley Amendment and the Family Education Rights and Privacy Act (FERPA) of 1974, we will not release any
information regarding admission status, academic records or financial aid to any persons other than the student applicant. If the applicant is
or will be 18 years of age during the application process, the admissions staff must have permission from the applicant to discuss these issues
with a parent, guardian, spouse or sponsoring organization.

Organizations providing scholarships or grants to cover the cost of post-secondary study typically require notification of admission status,
regular academic progress reports and recurrent contact with a student’s academic adviser. In order for the faculty and staff of La Roche
College to communicate with your sponsoring organization, you must select Option 1 and complete the information below.

INSTRUCTIONS: Select one of the options listed below and complete entirely. PLEASE PRINT CLEARLY.

☐ OPTION 1

I, __________________________________________, waive my rights of privacy afforded to me by the Buckley Amendment and the Family Education Rights and Privacy Act, and give permission for the release of my admissions, financial and academic records to the following individual(s) and/or sponsoring organization:

Last Name ________________________________ First Name ____________________________
Street Address _________________________________________________________________
City __________________________ State _________ Postal Code _________________________
Phone Number (______) ________________________________ Relationship to Student _______________________

Last Name ________________________________ First Name ____________________________
Street Address _________________________________________________________________
City __________________________ State _________ Postal Code _________________________
Phone Number (______) ________________________________ Relationship to Student _______________________

Sponsoring Organization __________________________________________________________
Street Address _________________________________________________________________
City __________________________ State _________ Postal Code _________________________
Phone Number (______) ________________________________ Primary Contact _______________________

I understand that by waiving my rights, my admissions, financial and academic records may be reviewed by the above named individual(s) or organization without my additional consent, without my signature or without my presence.

Signature __________________________________________ Date _______ - _______ - __________

☐ OPTION 2

I, __________________________________________, do not waive my rights of privacy afforded to me by the Buckley Amendment and the Family Education Rights and Privacy Act.

Signature __________________________________________ Date _______ - _______ - __________

This waiver will be kept permanently on file. If for any reason a student decided to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to:

The Office of the Registrar, La Roche College, 9000 Babcock Boulevard, Pittsburgh, PA 15237
SECTION 1 • APPLICANT INFORMATION

• Name of Applicant ____________________________________________________________
  LAST/SURNAME   FIRST/GIVEN   MIDDLE

• Country of Citizenship _________________________________________________________
  Date of Birth _______ - _______ - _______
  MM  DD  YYYY

I certify that the information provided on this Affidavit of Support Form is correct and complete.

• Signature _________________________________________________________________
  Date _______ - _______ - _______
  MM  DD  YYYY

SECTION 2 • SPONSOR INFORMATION

Each sponsor should fill out only one of the following parts. Evidence of available funds must be in the form of original notarized or certified official bank statements, employers' guarantees/statements or agency financial guarantee.

PART 1 – Privately Supported Students

Please complete this part if you are parent, guardian, relative or friend of the applicant whose name appears above. Please note that the applicant may choose to change his intended program of study at any time.

As a financial sponsor, I attest to my ability to provide full financial support for all expenses of the above applicant's study at La Roche College. I am providing evidence of available funds for at least one academic year of the program indicated on his/her application to the College.

• Name of Sponsor ____________________________________________________________
  LAST/SURNAME   FIRST/GIVEN   MIDDLE

• Relationship to Applicant _____________________________________________________

• Signature _________________________________________________________________
  Date _______ - _______ - _______
  MM  DD  YYYY

PART 2 – Company/Agency Supported Students

Please complete this section if you are authorized to submit financial statements on behalf of your company, organization, government or other agency. Please note that the applicant may choose to change his intended program of study at any time.

I certify that as a financial sponsor of the applicant whose name appears above, the company/agency will named below financially support the applicant's study at La Roche College. The company/agency is providing evidence of available funds for at least one academic year of the program indicated on his/her application to the College.

• Name of Company/Agency ___________________________________________________

• Name and Title of Authorizing Official _________________________________________

• Signature of Authorizing Official _____________________________________________
  Date _______ - _______ - _______
  MM  DD  YYYY
FINANCIAL RESOURCES AVAILABLE: SUMMARY STATEMENT

Institutional compliance with U.S. law and immigration regulations require that all international applicants provide evidence of sufficient financial resources to support their education. The total of estimated funds available to you from all sources (whether single or combined) must at least meet the total of estimated academic year costs for your degree program at La Roche College. Funds available must be indicated in U.S. dollars.

PERSONAL FUNDS AVAILABLE (PART 1)

Country Currency $ ________________________________________________

Bank Certification: [ ] Enclosed  [ ] Will be sent
Other Financial Certification/Documentation: [ ] Enclosed  [ ] Will be sent

AGENCY FUNDS AVAILABLE (PART 2)

Country Currency $ ________________________________________________

Bank Certification: [ ] Enclosed  [ ] Will be sent
Other Financial Certification/Documentation: [ ] Enclosed  [ ] Will be sent

TOTAL (1 AND/OR 2)

Country Currency $ ________________________________________________

• NOTE: Limited financial assistance is available to qualified international students.

• I certify that the information provided on the Affidavit of support Form is correct and complete.

Signature __________________________________________________________ Date __________ - _____ - ________

HM  DO  YYYY

LA ROCHE COLLEGE
9000 Babcock Boulevard
Pittsburgh, PA 15237-5898
USA
PHONE: 412-536-1279
FAX: 412-536-1188
EMAIL: international@laroche.edu
WEB: laroche.edu