International Student Admission Requirements

Thank you for your interest in Morton College. We look forward to having you as an International student on our campus. Morton College is a 2 year public community college which offers 2 year Associate Degrees to International students. The college is located in the city of Cicero, which is adjacent to Chicago, Illinois. Current Enrollment is approximately 5,000 students. Morton College is a commuter institution and thus there is no on-campus housing available.

Requirements for Admission:

- **International Student Admission Application.**
- **Official High School transcripts** in Native language. High School transcripts must be translated to English.
- **TOEFL score**: 500 or higher on paper exam or 160 or higher on computer exam. 
  ***The TOEFL is not needed if student will be enrolling on the English as a Second Language program (ESL).***
- **Financial Affidavit of Support.** The forms are attached in this packet.
- **Bank statements** from one or more accounts. The form is included in this packet. A total minimum of $17,858 US dollars must be shown.

  ***If you are a **transfer student** from another American college or university, you must fill out the Transfer Clearance form and submit official college transcripts.***

Please Submit all International Student Requirements to:

Morton College  
Office of Admissions and Records  
Attn: Marlena Avalos-Thompson  
3801 S. Central Ave.  
Cicero, IL 60804

**Deadlines.**

Below are the deadlines for admission.

- Fall semester = all requirements must be submitted by June 15.
- Spring semester = all requirements must be submitted by October 15.
MORTON COLLEGE
International Student Application

Please print

PERSONAL INFORMATION

Last Name_________________________________________ First Name_________________________________________

Home Country Address
Street
City
State/Province
Country
Zip Code

Telephone Number (__________) (__________) __________________________
Country Code
City Code

Mailing or Current U.S. Address
Street
City
State/Province
Country
Zip Code

Telephone Number (__________) (__________) __________________________ Email _____________________
Country Code
City Code

Country of Birth________________________________ Country of Citizenship_____________________

Date of Birth _______/_____/_________ Gender: __ Male __ Female Marital Status: __ Single __ Married

Social Security Number (if applicable)_____________________________________________________

Passport Number_________________________ Expiration Date____/____/____ Country of Issuance___________

Visa Status (if applicable)_________________________ Expiration Date____/____/____ I-94 Departure #_____________

Will any dependents be accompanying you during your studies in the US? ____YES ____NO
If yes, please provide the following instructions:

Name_________________________________________ Relationship to you________________ Date of Birth________/_____/______
Country of Birth__________________________ Country of Citizenship____________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Person to Contact in Case of Emergency:________________________________________________________

Relationship__________________________ Telephone Number (__________) (__________) __________________________
Country Code
City Code

Or USA Telephone Number (__________) __________________________
Area Code
EDUCATION INFORMATION

___ Fall (August) Year 20___

Term and Intended Level

Year of Entry ___Spring (January) Year 20___

___Associate Degree

Intended Concentration

EDUCATIONAL BACKGROUND

Name of Secondary School

Name _____________________________________________

City __________________________ State/ Providence __________________________ Country

Date Certificate Received

Note: All International transcripts must be sent to World Educational Services for a course by course description. Go to www.wes.org

Post Secondary Record: List all colleges/ universities after high school/ secondary school.

Name of University/ College City/ State/ Providence Country Dates of attendance Degree

__________________________________________

__________________________________________

Exams taken: Please check the box of any exams you have taken and list the score you received.

____ TOEFL  ____ ACT  ____SAT  ____GRE  ____GMAT

Score received ___________________________ Date exam was taken ___________________________

WORK EXPERIENCE

Work Experience: Applicants must list a minimum of 3 years full time work experience beginning with the most recent employment. Include full time and part time experience.

Name of Employer City/ State Dates Position

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

ALL INTERNATIONAL STUDENTS MUST HAVE PROOF OF HEALTH INSURANCE OR PURCHASE HEALTH INSURANCE THROUGH THE COLLEGE.

Morton College does not discriminate against any applicant because of race, color, religion, sex, national origin, age or disability.

Your signature is required. I understand that withholding information requested on the application or giving false information will make me ineligible for admission to Morton College. I understand that the submission of fraudulent academic records by a student for admission, transfer credit, or any purpose shall be cause for dismissal from the College. I certify that the information provided in this application is complete and accurate, and if admitted, I agree to comply with College regulations.

SIGNATURE of APPLICANT ___________________________________________ DATE _____________________
Complete the following: Please print

1. Mr. Ms. Dr. _________________________________________________________________
   Family Surname                                             First Name          Middle

2. Are you married?   ___ Yes   ___ No

3. If you are married, will your family accompany you? ___ Yes   ___ No

4. If your family will accompany you, how many of your immediate family members will accompany
   you?________________________

Please provide information on your dependents, including husband or wife:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Citizenship</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

5. Do you have the funds necessary to cover your expenses for your 1st year of study as well as available
   funds for the rest of your study? _____ Yes   _____ No

Itemize in U.S. Dollars the financial resources you will have available for the 1st year of study and
include documentation for each item. Bank statements must be shown to document financial
support. Bank statements must be no more than 6 moths old.

   a. Funds available from my savings ..................................................$________________
   b. Funds available from my family .........................................................$___________
   c. Funds available from my government ..................................................$________________
   d. Funds available from other sources ....................................................$________________

   TOTAL FUNDS..............................................................................................................$________________

6. If you plan on enrolling at the college for a second year, which of the above resources will you be able
to depend on? _____ a   _____b   _____c   _____d

Signature of Applicant__________________________________________Date_________________
Please print

PARENT, GUARDIAN OR SPONSOR: Please read and sign below.

I, ________________________________ residing at ______________________

Sponsor’s Name (s) Street

City State/ Providence Country Zip Code

Hereby state that I/we will be sponsor(s) of the applicant listed below. I/we have reviewed the University’s expense estimates and will take full financial responsibility for his/her education and living expenses for the duration of his/ her studies at Morton College. I have attached bank statements to show financial support with balance of $_____________________ US dollars equivalency.

Optional: I intend to make specific contributions to the support of the applicant listed below:
(Indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board indicate this and whether this support is available for the duration of the applicant’s studies at Morton College.)

____________________________________________________________________________
____________________________________________________________________________

This Affidavit of Support is Executed in Behalf of:

Applicant’s full name______________________________________________

Date of Birth____________________________ Gender___________________________

Citizen of Country________________________ Relationship to Sponsor______________

I acknowledge that the above information is accurate and true, and I have attached financial bank statements as proof.

SIGNATURE of SPONSOR___________________________ DATE ____________________
MORTON COLLEGE
Bank Statement Form

To: Bank Official

RE: _________________________________
   Applicant’s name

Morton College and U.S. Bureau of Immigration and Citizenship Services require that foreign applicants for admission to the college submit documentation indicating sufficient funds are available to cover tuition, fees, housing and food expenses for the 1st year of study.

We would like to request that you certify the balance of the account held at your branch for the individual whose signature is below.

____________________________________________
Account Number

____________________________________________
Signature of Account Holder or Sponsor

We, ___________________________________________ certify that the account in the name of
   (Bank Name)
   (Account Holder’s Name) has a balance of $________________________ (Stated in U.S. Dollars)

At the close of business on _____________________________.
   (Date)

Signature of Bank Official__________________________ Date _____________________

Bank Stamp or Seal
International Student
Financial Estimates for 1 year of study

<table>
<thead>
<tr>
<th></th>
<th>Associate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuition and Fees</strong></td>
<td></td>
</tr>
<tr>
<td>$271 per credit hour</td>
<td>$7896</td>
</tr>
<tr>
<td>($1392)</td>
<td></td>
</tr>
<tr>
<td><strong>Books</strong></td>
<td></td>
</tr>
<tr>
<td>$1392</td>
<td></td>
</tr>
<tr>
<td><strong>Room and Board</strong></td>
<td></td>
</tr>
<tr>
<td>Including:</td>
<td></td>
</tr>
<tr>
<td>Rent at $442.67 per month (9 months)</td>
<td>$3984</td>
</tr>
<tr>
<td>Personal $1600 (9 months)</td>
<td></td>
</tr>
<tr>
<td>$5584.00</td>
<td></td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>$600.00*</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$14080.00</td>
</tr>
<tr>
<td>One dependent</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Total w/ One dependent</td>
<td>$21,458.00</td>
</tr>
<tr>
<td>Each additional dependent</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

*Health Insurance not required since Morton College is a commuter campus, though students attending Morton College are strongly encouraged to carry Health Insurance that is valid in the United States.