

# F-1 STATUS: STUDENT RESPONSIBILITIES

Complete page 1 and page 2 and submit with your application.

**I AM RESPONSIBLE** for maintaining my F-1 status and have read the F-1 regulations and college requirements outlined below.

**I am required to have an F-1 visa, valid passport and I-20 form** to attend Santa Barbara City College (SBCC).

**I must maintain enrollment in at least 12.0 credits** per semester.

**I must maintain a 2.0 GPA** or better and make satisfactory academic progress toward my program of study.

**I must obtain permission BEFORE I drop a course** that will result in being enrolled below 12.0 credits.

**I should read and follow the syllabus (course outline) for the courses I am enrolled in.** Attendance is required to maintain legal status.

**I may not enroll in more than 3.0 credits of online courses per semester.** Only 3.0 credits of Online/Distance Education courses will count towards the required 12.0 credits. English Language Program students are not allowed to enroll in any online courses.

**I cannot work off-campus** nor engage in any internship, work experience or business while I am in the U.S. unless I have permission from my Advisor/DSO.

**I must apply for a signature on my I-20 from an SBCC Advisor before I travel outside of the U.S.**

**I must update my address on my SBCC Pipeline account** within 10 days of moving.

**I must check my Pipeline account e-mail** on a regular basis as this is the primary method of contact used at SBCC.

**Transfer students: I must complete my transfer to SBCC** within 15 days of the start of the semester to receive my I-20.

**I must purchase the school endorsed medical insurance** which is included in my tuition fees.

**I must obtain permission from an Advisor if I want to study part-time at another school** while I attend SBCC.

**I must attend classes until the date my I-20 is released to a new school** if I request to transfer or decide to end my studies early.

**I must leave the U.S. if I violate my visa status** or apply for reinstatement if I am eligible. My Advisor must notify Department of Homeland Security of my violation.

**I must depart from the U.S. within 15 days** from my last date of attendance if I do not graduate/transfer/ or apply for OPT; or 60 days from my graduation date (ESL Certificate/Associate level) or OPT Completion date.

**I should submit a copy of my flight details** to my Advisor before I return permanently to my home country.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Your Name

*page 1*

# EMERGENCY CONTACT & AUTHORIZATION FOR RELEASE OF INFORMATION

LIST TWO PEOPLE WHO MAY BE CONTACTED IN AN EMERGENCY. ONE SHOULD BE A PARENT OR LEGAL GUARDIAN. THE OTHER PERSON MAY BE ANOTHER RELATIVE OR FRIEND WHO KNOWS HOW TO CONTACT YOUR PARENTS OR LEGAL GUARDIAN.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I authorize SBCC representatives to contact the person(s) listed above in case of a legal or medical emergency, and/or any extraordinary circumstances.

I authorize a representative of the hospital or medical facility, in which I am treated for medical, psychological, or urgent care, to release information regarding my condition and prognosis to an Advisor/DSO or Program Director at Santa Barbara City College. I authorize an SBCC representative to release information on my condition to a hospital/medical facility representative.

I authorize SBCC Health/Counseling staff to provide information to ISSP staff regarding medical treatment, psychological treatment, and testing reports. I authorize ISSP staff to provide information to SBCC Health/Counseling staff.

I authorize SBCC representatives to notify my professors if I am in the hospital and unable to attend class.

I authorize my homestay representative, to release, exchange, and / or discuss information regarding my housing situation with an SBCC representative to ensure the best possible assistance is given if, or when the need arises, without liability to either party.

I authorize Santa Barbara City College to use my photograph in any and all publications for SBCC marketing and publicity purposes, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize SBCC to copy, exhibit, publish or distribute this photo, and I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears.

I authorize SBCC representatives to release any information from my records which is needed by Department of Homeland Security pursuant to 8 CFR 214.3(g) to determine my visa status.

I authorize SBCC representatives to access my I-94 record as needed to verify entry and departure information associated with my passport number.

I authorize SBCC representatives to release any information from my records to my referring agency.

I authorize SBCC representatives to contact and discuss with the persons listed above my academic and immigration status.

I authorize SBCC representatives to release any information from my records to the government agency that provides funding for my education.

I authorize SBCC ISSP representatives to discuss any pending claims with Ascension Benefits and Insurance Solutions Representatives.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Your Name