

International Student Admission Information

Admission Process

- STEP 1** Submit completed application, \$40 (US) non-refundable application fee, and \$300 Housing fee and any other required documents (See “Application Checklist” for complete list) to the Registrar’s Office.
- STEP 2** You will be contacted within approximately 2 weeks confirming whether your application has been accepted. If the application is incomplete, you will be requested to submit the missing/incomplete documents.
- STEP 3** After you have been accepted, you must submit the tuition and fees payment, by check or by credit card.
- STEP 4** A letter of acceptance and all necessary immigration documents will then be issued to you.

Application Deadlines

Applicants Applying from Overseas:

Applicants Applying from the U.S.:

Summer Semester (June – July): APR 1

Summer Semester (June – July): MAY 1

Fall Semester (Aug – Dec): JUNE 1

Fall Semester (Aug – Dec): JULY 1

Spring Semester (Jan – May): OCT 1

Spring Semester (Jan – May): DEC 1

***You are encouraged to apply early to ensure class enrollment.
 Late applications may be accepted on a case-by-case basis.
 Be aware that Initial Attendance students coming from overseas
 cannot enter the US more
 than 30 days before the first day of the semester.***



Application Checklist

- Application Form** (with completed Applicant Signature)
- \$40 non-refundable application fee and \$300 housing fee** (Visa or MasterCard credit card, check or money order – no cash) payable to Prince William Sound College
- Official Transcripts**
All international transcripts must be evaluated by [World Education Services \(WES\)](#).
- Copy of Diploma** (from secondary school)
- TOEFL Score** (Minimum score of 45 IBT, 133 CBT or 5.0 IELTS)
- Financial Documents:**
 - **Financial Support Declaration**
 - **Bank Statement**
- Health Documents:**
 - **Student Statement of Health**
 - **Medical Examination** (with Physician's signature)
- International Student Agreement Form**
- Transfer Students:** Student transferring from a school in the U.S. must also
 - **Submit copies of all related immigration documents, passport biography and visa pages**
 - **Complete a Transfer Form** (Certification of F-1 Student Visa Status)

Please mail all application materials to:

**Registration Office
Prince William Sound College
PO Box 97
Valdez, AK 99686**

Note: Do **NOT** mail application materials to another department.
This may delay the processing of your application.



PO Box 97
 Valdez, Alaska 99686
 (907) 834-1600
 1-800-478-8800

APPLICATION FOR ADMISSION

PERSONAL

Full Legal Name _____ Social Security Number ____/____/____
Last First M.I.

Previous Names _____ Sex Male Female

Current Mailing Address _____
Street City State Zip

Address Until ____/____/____ E-mail address _____ Date of Birth ____/____/____
Month Day Year Month Day Year

Local Phone Number _____ Permanent Phone Number _____

Permanent Mailing Address (If different from current) _____
Street City State Zip

Will you require campus housing? (Valdez only) Yes No

Please check here if you would like all your information kept confidential

ETHNIC ORIGIN: Requested for compliance with Title IV of the Civil Rights Act of 1964. Optional. Used for statistical purposes only.
Circle one:

IN. American Indian	WH. White, non-Hispanic	AT. Alaskan Indian, Athabascan	AA. Alaskan Aleut	BL. Black, non-Hispanic
AQ. Alaskan Eskimo, Inupiat	AS. Alaskan Native, Southeast	AN. Alaskan Native, Other	HI. Hispanic	AY. Alaskan Eskimo, Yupik
AI. Alaskan Indian, Other	PI. Asian, Pacific Islander	AE. Alaskan Eskimo, Other	OT. Other	

RESIDENCY

In what state do you claim official residency? _____ Are you Active Duty Military Military Dependent

If you claim Alaska residency, how long have you lived in Alaska? _____ Branch of the Service _____

CITIZENSHIP

Are you a U.S. Citizen? Yes No

If no, list country of citizenship _____ Visa Type _____

If resident alien, list card # _____ Country of Birth _____

Do you require an F-1 student Visa? Yes No TOEFL taken

TERM

Please check the term for which you are applying:

Fall 20____

Spring 20____

Summer 20____

PROGRAMS OFFERED AT PWSC: (check one)

Campus attending: Copper Basin Cordova Valdez

— **DEGREE PROGRAMS (\$40 Fee)** —

Associates of Art (AA) Industrial Technology (AAS) Outdoor Leadership (AAS)

Millwright (OEC)

STATUS

Are you Freshman Transfer Returning to PWSC? Is this application for a concurrent or second degree program? Yes No
If returning, have you attended other schools since your last enrollment at PWSC? Yes No

EDUCATIONAL BACKGROUND

Do you have or expect to have (check one) High School Diploma GED Foreign Equivalent No Diploma

Name of high school from which you graduated or will graduate: _____

City _____ State _____

High School Graduation Date _____ or Date GED Earned _____

LIST ALL UNIVERSITIES AND COLLEGES ATTENDED (including PWSC)

Previously earned credits may be transferred toward PWSC degrees or programs. It is your responsibility to forward official transcripts from each school below (except PWSC) to the Registration Office.

SCHOOL	CITY/STATE	DATES ATTENDED		DEGREES/DATES
		MO/YR	MO/YR	

Are you currently enrolled in a college or university? Yes No. If yes, state name of school _____

If yes, state number of credits in which you enrolled _____ and ending date of enrollment _____

MARKETING STATISTICS

How did you hear about PWSC's programs? Newspaper Ad College Career Presentation Radio/T.V. Internet Mailer
 Friend PWSC Student High School Counselor Other When did you hear about PWSC? _____

SPECIAL CONSIDERATIONS

Are you an honorably discharged veteran? Yes No Are you eligible for VA Educational Benefits? Yes No

DISABILITY – If you have a disability or believe you may need accommodations when applying, registering, or taking courses, contact the Student Services Office (907-834-1631).

AGREEMENT

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

I understand that withholding information requested on this application or giving false information may make me ineligible for admission to PWSC or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of PWSC. I further understand that from the time I file my application with PWSC, it is my responsibility to know all the rules, requirements and exemptions from my intended degree program.

Signature _____ Date _____

In order to be reviewed, this application must be signed, dated and accompanied by a \$25 non-refundable application fee.

FOR EMERGENCIES

Next of Kin (Person to notify in case of emergency) _____ Relationship _____

Mailing Address _____ Phone Number _____

AFFIRMATIVE ACTION

Applications from all persons are welcomed, and women, members of minority groups, handicapped persons and Vietnam era veterans are especially encouraged to apply. The University of Alaska does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or status as a Vietnam era veteran in employment or in admission to or the operation of its educational programs and activities, as prescribed by Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era Readjustment Act of 1974, the Age Discrimination Acts of 1974-75, and 18.80.220 of the Alaska State Code. Inquiries concerning the application of these regulations to the University may be directed to the University's Affirmative Action Office or to the director, Office of Federal Contract Compliance Programs, Department of Labor.

International Student Application Form

Prince William Sound College
PO Box 97, Valdez, AK 99686

International@pwscc.edu Tel: (907) 834.1632 Fax (907) 834.1635 <http://www.pwscc.edu/admissions/international-students/>

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

Term for which application is being made Spring Summer Fall 20_____

BASIC INFORMATION

Full Name: _____ Sex: Male Female
(Family Name) (First Name) (Middle Name) (Name EXACTLY as it appears on your passport)

Date of Birth: _____ Home Country Phone Number: _____
(Month/Day/Year)

Country of Birth: _____ Country of Citizenship: _____

Permanent Address (in home country): _____

(City) (District or Province) (Country)

Email address: _____

IMMIGRATION/VISA INFORMATION

Applying from overseas (No Visa) OR Visa Type: F-1 B-1, B-2 J-1 M-1 H-1 F-2
 J-2 M-2 H-4 Other (Please explain): _____

Previous School that Issued an I-20 to You: _____

SEVIS Number: _____ Immigration Admission Number: _____

LOCAL CONTACT INFORMATION

Please complete this section if (a) you are currently living in the United States or if (b) you have a friend or relative who will assist you with the application process and/or who can be contacted in case of an emergency.

Current US Mailing Address and Telephone Number: _____

FAMILY INFORMATION

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

EMERGENCY CARE

Who may we contact in case of emergency? Please print name and phone number of a contact person in your home country and in the U.S.

U.S. Contact: _____ (Name) _____ (Phone)

Home Country Contact: _____ (Name) _____ (Phone)

If you are under 18 years of age, and not married, when you are a student at this college, your parent or legal guardian must sign below next to **Signature of Parent/Guardian**. Otherwise, you should sign next to **Signature of Applicant**.

Name (parent or legal guardian): _____

Address: _____

In case of illness and /or injury, permission is granted to this college to provide emergency treatment to the above named student:

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

DEPENDENT INFORMATION

You must complete this section **ONLY** if you wish to have a spouse or child including (F-2 status) on your immigration documents as a dependent (Please attach additional page if you wish to list more than one dependent.)

Full Name of Dependent: _____ (Family Name) (First Name) (Middle Name)

Relationship to Applicant: _____ Date of Birth: _____ (Month / Day / Year)

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

EDUCATIONAL BACKGROUND

Are you a high (secondary) school graduate? Yes No If "Yes," list date of graduation: _____

In chronological order, list any secondary schools and colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page. You must provide a diploma or other proof of graduation from a secondary school as well as transcripts (with an English translation) from any college or university that you have attended.

All students must submit their secondary school (high school) and all college/university credentials to PWSC.

Transcripts from US institutions and from English-speaking Canadian institutions may be sent directly to PWSC from the issuing institution.

All other transcripts must be evaluated by [World Education Services \(WES\)](#).

Do not send international transcripts directly to PWSC. International transcripts will not be returned to the student, nor will they be considered in the admission process.

To submit an evaluation of academic transcripts to PWSC, students need to apply through [World Education Services \(WES\)](#). Students must provide a [Course-by-Course ICAP Evaluation](#).

WES will guide you through the process by providing you a list of [required documents and instructions on how to have the documents sent to WES](#).

Institution #1

Institution #2

Name		
Location		
Dates Attended		
Major		
Diploma/Degree Received		

******Submit proof of graduation from secondary school and college or University transcripts with application******

ACADEMIC & CAREER PLANS

What is your intended field of study/major? *(Note: If you are uncertain of your major, you should declare General Studies.)* _____

What are your educational plans after completing a two-year program at this college? _____

Do you plan to complete a four-year degree in the US? Yes No

If “Yes,” what is your intended major? _____

ENGLISH TRAINING

Is English your native language? Yes No **If “No,” what is your native language?** _____

What is your TOEFL/IELTS score? _____ **Date taken:** _____

******Submit TOEFL score report with application******

Financial Support Declaration

Answer all questions accurately and completely. Any false or misleading answers may result in denial of application for admission or dismissal from school if in attendance. Students must provide a current bank statement with application.

⁽¹⁾This is the amount that you must **pay** to the Business Office

⁽¹⁾ TUITION & FEES FOR ONE YEAR	
Non-Resident Tuition	\$ 4032 (\$168 per unit, 24 units minimum*)
Student Fee	\$ 100 (\$5 per unit)
Technology Fee	\$ 120 (\$5 per unit)
UA Fees	\$ 324 (\$12 per unit)
Housing Fee	\$ 6,000 (\$3,000 each semester)
TOTAL	\$ 10,576.00

⁽²⁾ ESTIMATED MINIMUM EXPENSES FOR ONE CALENDAR YEAR		**The above estimates are subject to change without prior notice.
** (Based on 30 units) for single student**		
Non-Resident Tuition @ \$168 per unit (based on 30 units for 2 semesters)	\$ 5040	
Student Fee @ \$5 per unit	\$ 100	
Technology Fee @ \$5 per unit (\$120 max)	\$ 120	
UA Fees @ \$12 per unit, per semester	\$ 324	
Health Insurance (Required)	\$ 1,200	
Room & Board	\$ 6,000	
Books, School Supplies, Wellness Center Fees	\$ 750	
TOTAL EXPENSES:	\$ 13,534**	

Amount of money available to you (that can be verified) for your studies in the United States: \$ _____

Will this money be available to you during your entire education at this college? Yes No

If "No," please complete Sponsor information below.

Other Funds: _____

Are there any currency restrictions in force in your home country? Yes No

If "Yes," are you limited to the amount of money you can bring into the United States? Yes No

Please explain: _____

List annual amount to be contributed to study by:

Parents: \$ _____ Self: \$ _____ Sponsor: \$ _____

Total Amount Available (from all sources): \$ _____

Sponsor Information

Name of Sponsor: _____ Relationship: _____

Address: _____

Country of Citizenship: _____ Occupation: _____

BANK STATEMENT

Submit a **recent** (i.e. within the last six months) bank statement from you and/or your sponsor or a letter from the bank indicating the amount of money that is available to you. Must show proof of **\$15,000 USD**.

*****Submit Bank Statement with application*****

HEALTH (MEDICAL) INSURANCE

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Education office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? Yes No If "Yes," what is the name of the insurance company? _____
_____. What is the policy number? _____

What are dates of coverage? (Start & end dates) _____

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: _____ Male Female

Address: _____
(Number) (Street) (City/Town) (Country)

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? Yes No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

(b) To the best of your knowledge, are you now in good physical and mental health? Yes No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form (See page 8 for Medical Examination form). The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)



Submit completed Medical Examination form with application

APPLICANT SIGNATURE

=====

Please read and sign the statement below. Your signature indicates that you understand and agree to the following statement. (**Your application will not be processed if this section is not completed**).

"I certify that the above statements are true and correct. I understand that I may be denied admission or be dismissed from the College by submitting false or misleading information."

Applicant Signature _____
Date

=====

Prince William Sound College
Records of Required Immunizations
Please retain a copy for your personal records

PLEASE PRINT IN INK

Name: _____
 Last First Middle Social Security

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ New Student: Returning Student:

Proof of required immunization is mandatory of all students living in Student Housing at Prince William Sound College. This form must be completed and signed by a physician or a clinician and returned to the Student Services office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of PWSC Admission. See #6 on back.	Month ____ Year ____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #8 on back.	Primary series completed Month ____ Year ____	Booster Month ____ Year ____
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month ____ Year ____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See #7 on back.	1 st series Month ____ Year ____	2 nd series Month ____ Year ____

Clinician or Public Health Official

Certification of Dates of
Immunization and Freedom
From Active Tuberculosis

Signature : _____

Printed Name: _____

Address: _____

Description of Immunization Requirements

1. Proof of a series of 4-5 doses of diphtheria-pertussis (DPT) or tetanus-diphtheria (Td) vaccine. If the series has been previously received, a booster Td dose is needed within the past ten years.
2. Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.
3. Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968. Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at PWSC.
4. Proof of one dose of rubella vaccine (German measles). Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1st birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of these diseases. Live vaccines are not recommended, however, for pregnant women.
6. A tuberculin skin test within one year preceding registration (unless adequately treated for TB). If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. A second booster shot is now required after the MMR at 15 months.
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.

There are many sources for obtaining immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatricians office or your parents.

STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.

Return this completed form signed by a physician or clinician to:
Prince William Sound College
303 Lowe Street
PO Box 97
Valdez, AK 99686

Any questions about housing please contact us at 907 834 1631
To talk about immunization call the Valdez Medical Clinic at 907 835 4811

International Student Agreement Form

Prince William Sound College
PO Box 97, Valdez, AK 99686

1. I understand that I am required to attend the **Student Orientation** held approximately one week before the beginning of the semester
2. **I understand that I must enroll in and complete a minimum of 12 units at the college each semester with satisfactory grades or be subject to dismissal.**
3. I understand that I must obtain **prior** permission from the Office of the Registrar to enroll for less than 12 units and must provide documentation for any compelling reasons.
4. I understand that I must obtain **prior** authorization from the Office of the Registrar for a Leave of Absence or to withdraw from school.
5. I understand that I will complete my study objective as declared on the PWSC International Student Application Form or be eligible to transfer to a university when I leave.
6. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
7. I understand that I must maintain a cumulative grade point average of 2.0 (C) or better to remain in good standing, and I am subject to academic dismissal if I remain on probation for two consecutive semesters.
8. I understand that I must discuss my schedule of classes with the Student Advisor each semester before I enroll, and that I must get approval, in advance, before dropping a course.
9. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition if I add courses after registration.
10. I understand that I must **notify the REGISTRAR'S OFFICE of any changes in my status** including, but not limited to, changing my address or phone number, transferring to another college, or returning to my home country permanently.
Failure to do so will threaten my student status.

Your signature indicates that you have read and agree to all of the requirements listed above:

Student Signature: _____

Date: _____

Student Name (Please print): _____

(SEE OTHER SIDE: *IMPORTANT INFORMATION*)

Important Information

STUDENT ORIENTATION

All international students are **REQUIRED** to attend the Student Orientation. At the Orientation you will receive important information relating to maintaining your student status, academics, health insurance and safety, and will receive your Student Handbook. The Orientation is held approximately one week before the beginning of the semester.

MAINTAINING STUDENT STATUS

Any changes in your address and any changes related to your status must be immediately reported to the Registrar's Office. **Failure to do so may endanger your status as an international (F-1) student.**

FULL-TIME ENROLLMENT

International students must enroll in and **COMPLETE** at **12 units** least each semester in order to maintain their status. Do **NOT** drop below 12 units before meeting with an **International Advisor** at the Office of the Registrar.

INTERNATIONAL STUDENT ADVISOR

Any problems regarding full-time enrollment **MUST** be discussed with an **International Student Advisor** at the Office of the Registrar.

RESIDENT TUITION

Prince Williams Sound College students **ALL** pay **RESIDENT** tuition.

FINANCIAL AID

Financial aid is **NOT** available to international students. Part-time work on-campus is limited. Please do not include anticipated on-campus earnings in your Financial Support Declaration.

HEALTH INSURANCE

Health (medical) insurance is **REQUIRED** for all international (F-1) students. Medical treatment is **VERY** expensive in the U.S. The Office of the Registrar will assist you in purchasing health insurance. However, you may also want to purchase short-term insurance to cover you initially after you arrive in the U.S.

HOUSING

Prince William Sound College **DOES** offer on-campus housing (i.e. student resident hall). The Office of the Registrar will be glad to assist in completing your Housing Applications.

IMMIGRATION FORMS

All related immigration and visa information will be provided after you have been accepted and have paid your first semester tuition.

(SEE OTHER SIDE: *STUDENT PLACEMENT*)



Single Student Placement Profile

Please fill out this form and submit with completed Application, Rental agreement, \$300 security deposit, and complete immunization records. *Please note that space will not be reserved for you until all application materials have been received.*

Mail to: Prince William Sound College
PO Box 97
Valdez, AK 99686 USA

Phone: (907) 834-1600
Fax: (907) 834-1635
Email: housing@pwsc.edu

This questionnaire will help us place you with the most compatible roommate/apartment-mate; please be as honest as possible. We will do our best to accommodate your preferences.

Student Name: _____ Student ID: _____

Birthdate: _____ Age at Move-In: _____ Gender: Male Female Transgender

Primary Phone: _____ Alternate Phone: _____

Year In College: First Year PWSC Student Continuing PWSC Student Transfer Student

Placement Preference: Number from 1 to 3 in order of preference (1 being your top choice). Refer to the rental agreement for current rates. Not all unit types may be available.

- Shared double room in a 1-bedroom apartment
- Private studio apartment
- Private 1-bedroom apartment
- Private single bedroom in a shared 2-bedroom or 3-bedroom apartment

Roommate Preferences:

If you wish to be placed with a particular housing resident/applicant, please list his/her name below. Roommate requests must be mutual and that your requested roommate must be eligible to reside in PWSC Student Housing. Roommate requests will be granted as space permits.

Please note that it is PWSC's general practice to place students of the same self-identified gender in student housing units. Gender-neutral housing is available, however, to interested students. Please contact PWSC Student Services for more information.

- Please place this student in my shared double bedroom (1-bedroom apartment):

- Please place these students in the other rooms with my shared apartment, if possible (2 or 3 bedroom):

- I am new to PWSC and would like to be placed with students who are most compatible with my preferences.

Personal Information and Interests

What is your planned program of study or major? _____

What are your hobbies and recreational interests? _____

What sort of things do you do for leisure with friends? _____

Do you smoke (even occasionally)?
 Yes No

Are you willing to be housed with a smoker?
 Yes No

What types of music do you listen to? _____

What types of movies do you watch? _____

Personal Living Style Profile: *Please circle the response that best characterizes you.*

How outgoing are you?

- Very Outgoing Semi-outgoing Shy/Introverted

How loud of a person are you?

- Loud Moderate Fairly Quiet

What time do you generally go to bed on weeknights?

- Before 11pm 11pm to 1am After 1am

What are your sleeping habits?

- Light sleeper; I need quiet Average; light background noise is ok Heavy Sleeper; noise doesn't bother me

What are your study habits?

- I need quiet to concentrate Average; light background noise is ok I can concentrate with any background noise

How organized and neat do you keep your living space?

- Very neat Average Messy

How protective are you of your belongings (DVDs, dishes, food, etc.)?

- Prefer not to share At my discretion Relaxed about sharing

Do you plan to participate in clubs and extracurricular activities?

- Yes Possibly Probably not

Do you plan to work a job while attending classes?

- Yes Possibly Probably not

How many credits do you plan to be enrolled in?

- 6 to 11 12 to 15 16 or more

What temperature do you prefer to keep your living space?

- Warm (75+) Moderate (68-74) Cool (Below 68)

Please provide any additional information (including health information or allergies) that would be useful in helping us make the best possible placement for you in PWSC Student Housing (attach additional pages as necessary):



Student Housing Application

Please fill out this form and submit with completed Placement Profile, Rental Agreement, \$300 security deposit, and complete immunization records. *Please note that space will not be reserved for you until all application materials have been received.*

Mail to: Prince William Sound College
PO Box 97
Valdez, AK 99686 USA

Phone: (907) 834-1600
Fax: (907) 834-1635
Email: housing@pwsc.edu

Personal Information

Student Name: _____ Student ID: _____
Birthdate: _____ Age at Move-In: _____ Gender: Male Female Transgender
Year In College: First Year PWSC Student Continuing PWSC Student Transfer Student
Occupancy Beginning: Fall Spring Summer of _____
Have you lived in PWSC Student Housing before? Yes No If "yes," what semester/years? _____

Can we give your name and contact informatin to potential roommates? Yes No

Students with physical accessibility needs should contact studentservices@pwsc.edu for accomodation.

Current Mailing Address

Street/PO Box: _____ Apartment/Suite: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____ Email Address: _____
Primary Phone: _____ Alternate Phone: _____

Permanent Address (if different from above):

Street/PO Box: _____ Apartment/Suite: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____

Emergency Contact Information

Contact Name: _____
Address: _____ Apartment/Suite: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____ Email Address: _____
Phone: _____ Relationship: _____

Office Use Received: _____ By: _____ Business Office Paid Date: _____

Eligibility

Students must be enrolled in PWSC classes during the intended academic semester of residency and have a minimum 2.0 GPA. Preference will be given to those students enrolled full-time (12 credits or 6 credits if it's the Summer), but if space permits, applicants enrolled at least half-time (7 credits or 3 credits if it's the Summer) may be placed. Accepted housing applicants must have a \$0 student account balance and arrange payment for the entire semester's housing charges with the PWSC Business Office prior to move-in. Residents must also sign a conduct agreement to abide by all College and Student Housing policies outlined in the Student Handbook; please note that PWSC Student Housing is a substance-free community that does not permit possession or use of any alcohol or drugs. Conduct violations will result in disciplinary action up to, and including, eviction and forfeiture of rent payments for the remainder of the semester. Refer to the Rental Agreement for full details and terms of termination.

Will you be enrolled in at least 6 or 12 credits during the intended semester of residency? Yes No

If "no" how many credits will you be enrolled in? _____

Criminal History Disclosure:

Do you have felony charges pending against you or have you ever been convicted of a felony? Yes No

If "yes," please attach an explanation on a separate sheet of paper.

Do you presently have charges against you, or have you ever been convicted of a misdemeanor or felony sex offense crime, or an attempt to commit such crime, as defined by Title II of Alaska State Statutes (complete list of statutes viewable online: at www.legis.state.ak.us/folhome.htm)? Yes No

Placement:

Please complete the Placement Profile for either Single Students or Families and accompany it with this Application and your Rental Agreement. Once accepted and placed in Student Housing, cancelation fees may apply – see Rental Agreements for full details.

Prince William Sound College and the Department of Student Services provide equal education, employment, and housing opportunities for all students, regardless of race, color, religion, national origin, gender, sexual orientation, age, physical or mental disability, veteran status, pregnancy, or marital status.

All three residence halls on the Valdez campus consist of fully furnished apartments, complete with kitchens and private ensuite bathrooms. Each student is provided with a twin-sized bed, a desk and chair, closet, and a chest of drawers. Studio, 1-bedroom, 2-bedroom, and 3-bedroom units are available. Please refer to the rental contracts or to the Student Housing website for current rates. Placement preferences cannot be guaranteed and will be granted based on availability and placement priority (determined by total credit enrollment and receipt date of completed application materials and deposit).

Type of rental contract you are seeking: Single Student
 Family (as defined on Family Placement Profile)

Rental Preference: Bedspace in shared double room Single room in shared apartment
 Full private apartment

I understand that PWSC's acceptance of my Housing application does not guarantee me a space, and that my preferences will be granted as best as possible based on availability and ONLY after the Housing Office has received my completed Application, a signed Rental Agreement, and my \$300 deposit application fee. I also understand that PWSC Valdez Student Housing is a substance-free community and that the highest standards of conduct and academic focus are expected of its residents. Failure to answer all questions on this application truthfully may result in the denial of my application or the termination of my rental agreement.

Signature: _____ Date: _____