

1113 South 14th Avenue Washington 98902-5368

Appl

	rakima, wasnington 98902-5568
lication for Admission	Phone (509) 574-4885 • Fax (509) 574-4747

1. For Admission to:	Year 20		2. Field of	Study	/	3.	. Degree Sou	ght	4. Se	x	5. Date of Birth	
Summer Quarter	Winter Quarte	r						M			24 11 12 11	
Fall Quarter	Spring Quarter					_			F		Month/Day/Year	
6. How did you hear about us? Exhibition Internet Family Friend Ad Other (Please specify)												
7. Name in Full												
7. Name in Full		amily Nan	ne)		First			Middle				
8. Permanent Address Address for Reply (if different)												
Phone FAX E-Mail (Note: If mailing address is a U.S. Post Office box, please give a street address in addition, to meet INS requirements).												
(Note: It mailing address is a U.S. Post Office box, please give a street address in addition, to meet in S requirements).												
9. Country of Birth :1					10. Do you have a physical or mental				11. Ethnic Origin (for state coding			
					bility? Yes				purpose	es only)		
Country of Citizenship:				If Ye	es, please d	escr	ibe					
12. Have you taken th	12. Have you taken the TOEFL? 13. If not, what other English 14. If you have not taken any 15. Do you plan to transfer										Do you plan to transfer	
			y test have y	_			English prof	ficiency test	s, when		U.S. university to	
Month Year		Test Name	e:			_	do you plan	to take on	e?	com	plete a Bachelor's	
Score		Month	Year	Sco	re	_	Month	Year		deg	ree? Yes 🔲 No 🔲	
16. List all your previous educational experience (indicate special diplomas or certificates, e.g., GCE "O" or "A" Levels, MCE certificates, etc.) Send original or certified copies of mark sheets, transcripts, and final diploma or degree results for all secondary and postsecondary education. Students who wish to transfer credit from international institutions must have their international transcripts evaluated (course-by-course) through the AACRAO .												
Official Name of S		Location Dates of Attendance Diploma, Certificates, or Degrees Received									or Degrees Received	
Secondary Sch	001			From/To Month/Yo			nth/Year					
				Н								
	Uiah											
Higher Education (ALL Postsecondary institutions, including language centers)												
17. If you are still e	nrolled in a co	llege, ind	licate wher	า งดน	plan to le	ave	Mor	nth	Yea	r		
18. Are you current												
19. Please attach a											, pc o. 1.ou	
20. Provide one pas		_			_							
21. Persons to be n												
A. In U.S.	Name						Relation	iship				
	Addross											
	Address	Stre			City		State		Zip		Telephone No.	
		500			City		Jace				. Siephone 140.	
B. In Home Coເ	intry											
	Name						Relationship					
	Address	C+w			City		State		7in		Talanhana Na	
									Zip		Telephone No.	
I certify that to the best of my knowledge all statements I have made in this application are complete and true and that all records are complete and unaltered.												
and true and that an records are complete and unaftered.												
SIGNATURE OF APP	LICANT							D/	ATE			



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Certificate of Financial Responsibility

Yakima Valley Community College requires certification of adequate financial resources from applicants with non-immigration status. A student must be prepared to pay tuition and fees at the beginning of each quarter. If, upon arrival at the college, you do not have the required funds, it will be necessary for us to notify the U.S. Immigration and Naturalization Service that you have failed to fulfill the requirements for a student visa. This is to certify that I,_______, have_______ Name of student Amount of funds available to me each academic year that I am in attendance at Yakima Valley Community College. These funds come from the following sources: **Academic Year U.S. Dollars** \$ _____ from personal funds (A letter from a bank official certifying finances must be included.) \$ ______ from parents or guarantor (A letter from a bank official certifying finances must be included.) \$ _____ from home government scholarship \$ _____ other sources (described): **Summer Quarter** \$ ______ Source _____ **Total** I hereby certify that the information I have provided is accurate and complete to the best of my knowledge and that I will have available for my academic and personal expenses the full amount reported above. Student's Signature Date **Parent or Guarantor's Certification** I have read the above statement and find it true. I certify that the funds will be forwarded as promised. Guarantor's Signature _____ Relationship _____ Date ____ Address Bank Certification

Name and Address of Bank A certified statement from a bank official must accompany this form. **Government Verification of Funds** Name and Address of Bank A signed copy of the letter of award must accompany this form.

YVCC complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, sex, disability, creed, marital status, age, religion, sexual orientation or veteran status. Inquiries regarding compliance and/or grievance procedures may be directed to the college's Title IX/RCW 28A.640 officer and/or Section 504/ADA coordinator through the Human Resources Director, P.O. Box 22520, Yakima, WA, 98907-2520, 509-574-4676. (Revised 10-06)