

Thank you for requesting the CPTC International Admission Application Packet!

To complete your admission, please fill out the following forms and submit with the documents below:

FORMS

- International Education Admissions Form
- International Financial Responsibility Verification Form
- International Student Health Insurance Agreement
- Credit Card Authorization Form (only if you wish to pay your application fee by credit card)

DOCUMENTS

- <u>Original</u> bank statement or official letter from your bank manager w/ signature on the bank's letterhead
 The bank statement/letter should be:
 - No older than 6 months
 - Shows funds sufficient for the first year of your study
 - The cost for tuition, fees, health insurance, instructional materials (textbooks, clothing, tools, etc.), homestay and personal expenses for 4 quarters (12 months) varies depending on your program of study. Please contact us for a total amount needed for your bank statement.
 - o If you have dependent(s) coming to US with you, add \$2,250 per each dependent family member
 - Photocopy/scanned copy of financial documents, on-line or ATM printout of account balance will NOT be accepted
- Affidavit of Support (if you have a sponsor living in the US)
- Application Fee \$50.00 (one-time only, non-refundable)
 - The application fee is payable by personal check, money order, or credit card with authorized signature. For credit card payment, please use the attached Credit Card Authorization Form.
- Copy of your passport
- Proof of English Proficiency (TOEFL or IELTS, etc. Please contact us for the scores required for admission)
- A passport size photo
- A short essay about you and your education & career goals

HOUSING

If you wish to live with American host family, please let us know. Pierce College's Housing Office helps us with homestay placement. We will send you Peirce College's Homestay Placement Application Form. The placement fee is \$250 (non-refundable).

If you are TRANSFERING TO CPTC:

In addition to the forms and documents listed above, please also submit the followings:

- International Student Transfer Eligibility Verification Form
 (To be completed and signed by you and the international advisor of your current school)
- Copy of all your I-20s
- Copy of your passport, visa, and I-94
- Official transcripts from your previous and current schools in U.S.

If you have any questions, please feel free to contact us at International Education Programs by calling 253.589.6089 or via e-mail at International@cptc.edu.

Thank you for choosing Clover Park Technical College! We look forward to welcoming you to CPTC soon!



International Education Programs 4500 Steilacoom Blvd. S.W.

INTERNATIONAL EDUCATION ADMISSIONS FORM

Please tell us how you learned about Clover Park Technical College:

International@cptc.edu; www.CPTC.edu	Other TYPE OR PRINT USING BLOCK LETTERS	
FAMILY NAME AS PRINTED ON PASSPORT	FIRST NAME MIDDLE	PREVIOUS LAST NAME
☐ FEMALE ☐ MALE DATE OF BIRTH	MOTHER'S NAME	FATHER'S NAME
MM/DD/YYYY COUNTRY OF BIRTH: CITIZENSHIP: NATIVE LANGUAGE:	WHAT QUARTER DO YOU PLAN TO BEGIN? SUMMER / JUNE-July FALL / SEPTEMBER WINTER / JANUARY SPRING / MARCH-APRIL	PROGRAM YOU WISH TO ENTER AT CPTC: 2 ^{MD} OPTION DO YOU PLAN TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY AFTER ATTENDING CPTC? YES
IF CURRENTLY IN THE U.S., WHAT IS YOUR VISA CLASSIFICATION: F-1	EDUCATION: NAME OF HIGH SCHOOL: COUNTRY: DATES ATTENDED; GRADUATED? YES NO	EDUCATION: MOST RECENT COLLEGE/UNIVERSITY: COUNTRY: DATES ATTENDED: GRADUATED? YES NO
PROVINCE / /CITY / /COUNTY PERMANENT EMAIL: YOUR ADDRESS IN U.S. STREET	STREET PE	COUNTRYRMANENT PHONE:APT#
EMERGENCY CONTACTS: NAME:		PHONE:
IMPORTANT INFORMATION; 1. All students are required to pay all tuition 2. International students must be covered by College is not liable for failure to comply with the International students must provide the International students must maintain satisfacts.	and fees before the start of class. Financial aid y health and accident insurance. Verification of	insurance is required. Clover Park Technical ress and telephone number. robation or withdrawal from the college.
I UNDERSTAND THE ABOVE REQUIREMENTS AND DECLARE	THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM I	S TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.
NAME - PRINT IN BLOCK LETTERS	SIGNATURE	DAT



International Education Programs 4500 Steilacoom Blvd. S.W. Lakewood, WA 98499 USA Tel: 253.589.6089 Fax: 253-589-6054 International@cptc.edu; www.CPTC.edu

INTERNATIONAL EDUCATION FINANCIAL RESPONSIBILITY VERIFICATION FORM

All international students are required by U.S. Department of Homeland Security (DHS) to prove they have adequate funds to pay for educational and living expenses during their stay in the U.S. In addition to completing the information requested in this form, provide an original official bank statement showing funds are available in U.S. dollars.

I <u>Y</u>	PE OR PRINT USING BLO	K LETTERS	
FAMILY NAME AS PRINTED ON PASSPORT	FIRST NAME	MIDDLE	PREVIOUS LAST NAME
FEMALE MALE	COUNTRY OF BIRTH:		CITIZENSHIP:
DATE OF BIRTH MM/DD/YYYY			NATIVE LANGUAGE:
PERMANENT ADDRESS IN HOME COUNTRY:	STREET		
PROVINCE / CITY / COUNTY		C0	DUNTRY
PERMANENT EMAIL:		PER	RMANENT PHONE:
YOUR ADDRESS IN U.S. STREET			APT#
CITY	STATE		ZIP CODE
YOUR EMAIL:		YOUR PHO	DNE:
EMERGENCY CONTACTS: NAME:	MERGENCY CONTACTS: NAME: PHONE:		PHONE:
EMAIL:		RE	LATIONSHIP:
amount, and the exact starting date and Other: Specify authorized person to certify the accuracy ASSURED SUPPORT SECOND YEAR: SOURCE OF FUNDS Self-Support: Attach a notarized stater Parent or Individual Sponsor: Attach indicate. The guarantor must also signs	ency: Enclose with this form a salength of grant. y of this entry. ment from a bank official on the a statement from the guarantor's the certification portion below. ency: Enclose with this form a salength of grant.	pank stationery verish bank verifying his/	letter of award, specifying the current date, dollar lose with this form a signed affidavit from an fying the amount you indicate. //her ability to provide you with the funds you letter of award, specifying the current date, dollar lose with this form a signed affidavit from an
CERTIFICATION OF SOURCE OF FUNDS AND true and accurate statement, and that the fund: VERIFICATION AND DECLARE THAT THE INFO KNOWLEDGE. NAME - PRINT IN BLOCK LETTERS RELATIONSHIP TO STUDENT: PARENT PARENT RELATIONSHIP TO STUDENT: PARENT	s are available in U.S. currenc DRMATION I HAVE PROVIDED SIGNATURE	y and will be provi ON THIS FORM IS	ided as required. I UNDERSTAND THE ABOVE TRUE AND CORRECT, TO THE BEST OF MY DATE
GUARANTOR"S PERMANENT ADDRESS:			
TELEPHONE: EMAIL:			



International Student Health Insurance Agreement

ALL international students studying in the United States are required to carry a valid health insurance that covers medical expenses in the U.S. *Because medical cost in the U.S. is very expensive*, it is important that you carry a health insurance in case of unexpected illness and injuries.

As F-1/M-1 international student, you must carry a <u>valid</u> health insurance while maintaining a visa status. This includes while you are enrolled in classes, during a vacation quarter, AND during OPT (Optional Practical Training).

Clover Park Technical College offers the health insurance through *Firebird International Insurance Group, LLC*. The insurance premium for 2013-2014 is \$288.35 per quarter (three months), which is charged automatically upon registration.

Note: The OPT students are no longer eligible for the College insurance. There is other insurance option, so please contact the International Programs Office staff for more information.

Not all medical treatments/prescription drugs are covered by this insurance. Please read the *Blanket Student Accident & Sickness Plan* (the insurance booklet) carefully and familiarize yourself with what treatments are covered and what conditions are excluded under the insurance. Please do not hesitate to ask if you have any questions.

If you have your own health insurance from your country, the quarterly insurance fee will be waived, but the insurance MUST have an equal or better coverage than the insurance offered by the College. Please submit a copy of your insurance card/document to International Programs Office for evaluation and as a proof of insurance coverage.

Please check the box, sign and date below:	
☐ I need the health insurance from CPTC☐ I have my own insurance that is equal to	or better than the College insurance. I will submit a proof of my insurance.
insurance while studying in the United States. valid, while I am enrolled, while I'm on a vacathe College insurance if my own insurance covered to the College insurance if my own insurance covered to the content of t	, understand that all international students must carry a valid health I agree to pay the insurance fee each quarter, or keep my own insurance ation quarter or while I'm on OPT. I also understand that I'm required to get verage is not equal to or better than the College insurance. When my own nanner and submit a copy of the new insurance card/document to

Date

Signature



CREDIT CARD AUTHORIZATION FORM

International Education Programs 4500 Steilacoom Blvd. SW Lakewood, WA 98499 USA Tel: 253.589.6089 Fax: 253.589.6054 Email: International@cptc.edu

Student Name:	
Student ID#: 975	
Name of Card Holder:	
Billing Address for this card: _	
_	
Card Type (circle one): Visa	MasterCard (*AMEX and Discovery Card are NOT accepted)
Card Number:	
Expiration Date:/	Security Code:
Amount to be charged in US d	ollars:
☐ Application Fee (M7): \$50	
☐ Housing Fee (M8): \$150 (This fee is NOT the ABODE Homestay application fee)
☐ Health Insurance Fee (M9):	\$288.35
☐ Tuition & Fees: \$	
☐ Other (please specify): \$	for
Total: \$	
Signature of Card Holder	 Date

Important Note: An original copy of this form is needed to process charges. Please print this form and send with your application by mail to:

International Education Programs Clover Park Technical College 4500 Steilacoom Blvd. SW Lakewood, WA 98499 U.S.A.