



**Thank you for requesting the CPTC 2016-2017 International Admission Application Packet!**

To apply for admission, please fill out the forms below and submit with the documents indicated:

**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**

- **Original 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 (varies by program).**
  - If you have dependent(s) coming to the U.S. with you, add **\$2,400** 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 U.S.)
- **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 iBT61/PBT500/CBT173 or higher. IELTS overall band score 5.5 or higher with no band score lower than 5.0. Please have your test scores sent to us directly from ETS or IELTS. Some programs may require higher test scores. Please contact international program office staff for more details.)
- **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 the Peirce College 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](mailto: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.  
 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.

**TYPE OR PRINT USING BLOCK LETTERS**

<b>FAMILY NAME AS PRINTED ON PASSPORT</b>	<b>FIRST NAME</b>	<b>MIDDLE</b>	<b>PREVIOUS LAST NAME</b>
<input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>MALE</b> <b>DATE OF BIRTH</b> _____ <small>MM/DD/YYYY</small>	<b>COUNTRY OF BIRTH:</b> _____		<b>CITIZENSHIP:</b> _____ <b>NATIVE LANGUAGE:</b> _____

**PERMANENT ADDRESS IN HOME COUNTRY:**    **STREET** \_\_\_\_\_  
 PROVINCE / CITY / COUNTY \_\_\_\_\_    COUNTRY \_\_\_\_\_  
 PERMANENT EMAIL: \_\_\_\_\_    PERMANENT PHONE: \_\_\_\_\_

**YOUR ADDRESS IN U.S.**    **STREET** \_\_\_\_\_    **APT#** \_\_\_\_\_  
 CITY \_\_\_\_\_    STATE \_\_\_\_\_    ZIP CODE \_\_\_\_\_  
 YOUR EMAIL: \_\_\_\_\_    YOUR PHONE: \_\_\_\_\_

**EMERGENCY CONTACTS:**    **NAME:** \_\_\_\_\_    **PHONE:** \_\_\_\_\_  
 EMAIL: \_\_\_\_\_    **RELATIONSHIP:** \_\_\_\_\_

**ASSURED SUPPORT FIRST YEAR:** \_\_\_\_\_

**SOURCE OF FUNDS**

- Self-Support:** Attach a notarized statement from a bank official on the bank stationery verifying the amount you indicate.
- Parent or Individual Sponsor:** Attach a statement from the guarantor's bank verifying his/her ability to provide you with the funds you indicate. The guarantor must also sign the certification portion below.
- Government or Other Sponsoring Agency:** Enclose with this form a signed copy of your letter of award, specifying the current date, dollar amount, and the exact starting date and length of grant.
- Other: Specify** \_\_\_\_\_. Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.

**ASSURED SUPPORT SECOND YEAR:** \_\_\_\_\_

**SOURCE OF FUNDS**

- Self-Support:** Attach a notarized statement from a bank official on the bank stationery verifying the amount you indicate.
- Parent or Individual Sponsor:** Attach a statement from the guarantor's bank verifying his/her ability to provide you with the funds you indicate. The guarantor must also sign the certification portion below.
- Government or Other Sponsoring Agency:** Enclose with this form a signed copy of your letter of award, specifying the current date, dollar amount, and the exact starting date and length of grant.
- Other: Specify** \_\_\_\_\_. Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.

**CERTIFICATION OF SOURCE OF FUNDS AND AMOUNTS.** This is to certify that I have read the information furnished on this form, that it is a true and accurate statement, and that the funds are available in U.S. currency and will be provided as required. I UNDERSTAND THE ABOVE VERIFICATION AND DECLARE THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

NAME – PRINT IN BLOCK LETTERS \_\_\_\_\_    SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

RELATIONSHIP TO STUDENT:     PARENT     RELATIVE     OTHER, SPECIFY: \_\_\_\_\_

GUARANTOR'S PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_    EMAIL: \_\_\_\_\_



## International Student Health Insurance Agreement

ALL international students studying in the United States must 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 valid health insurance while maintaining your 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 ***LewerMark Student Medical Insurance***. The insurance premium for 2016-2017 is ***\$318.24*** per quarter (3 months) and is charged automatically upon registration.

Not all medical treatments/prescription drugs will be covered by this insurance. Please read the insurance booklet (given to you at the New Student Orientation) carefully and familiarize yourself with the insurance plan. Please do not hesitate to ask if you have any questions.

If you have your own health insurance from your home country, the quarterly insurance fee may be waived **ONLY IF** your insurance has the same level of coverage as the insurance from the College. If you would like to request a waiver, please provide a proof of the comparable coverage in English for evaluation.

Please check the box, sign and date below:

- I need the health insurance through CPTC and hereby authorize the College to release my personal information to LewerMark for the purpose of insurance plan enrollment.
- I have my own health insurance that provides the same level of coverage as the insurance plan from CPTC. I will submit proof of my insurance.

I, (print your name) \_\_\_\_\_, understand that all international students must carry a valid health insurance while studying in the United States. I agree to pay the insurance fee each quarter, or keep my own insurance valid, while I am enrolled, during a vacation quarter and while I'm engaging in OPT. I also understand that, if my own insurance coverage is not comparable to the college insurance, I'm required to get the insurance through the College. I further understand that it is my responsibility to keep my own insurance valid, renew it in a timely manner and submit a copy of the new insurance card/document to the International Programs Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

## CREDIT CARD AUTHORIZATION FORM

**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:** \_\_\_\_\_

*(The security code is the last 3 digit numbers on the back of your card)*

### Amount to be charged in US dollars:

- Application Fee (M7): \$50
- Housing Fee (M8): \$150    (This fee is NOT the Homestay Placement Fee)
- Health Insurance Fee (M9): \$318.24
- 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.