



CLOVER PARK TECHNICAL COLLEGE INTERNATIONAL ADMISSION APPLICATION PACKET 2017-2018

To apply for admission, please complete 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 placements and we will send you the Peirce College Homestay Placement Application Form. The current homestay fee is \$650 per month and the placement fee is \$250 (subject to change without prior notice).

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 ADMISSIONS FORM

International Education Programs
 4500 Steilacoom Blvd. S.W.
 Lakewood, WA 98499 USA
 Tel: 253.589.6089 Fax: 253.589.6056
 International@cptc.edu; www.CPTC.edu/internationals

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

- A friend or agent Advertisement Internet
 Education Fair CPTC Student, Instructor or Staff
 Other _____

TYPE OR PRINT USING BLOCK LETTERS

FAMILY NAME AS PRINTED ON PASSPORT	FIRST NAME	MIDDLE	PREVIOUS LAST NAME
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE DATE OF BIRTH MM/DD/YYYY _____	MOTHER'S NAME		FATHER'S NAME
COUNTRY OF BIRTH: _____ CITIZENSHIP: _____ NATIVE LANGUAGE: _____	WHAT QUARTER DO YOU PLAN TO BEGIN? <input type="checkbox"/> SUMMER / JUNE-July <input type="checkbox"/> FALL / SEPTEMBER <input type="checkbox"/> WINTER / JANUARY <input type="checkbox"/> SPRING / MARCH-APRIL		PROGRAM YOU WISH TO ENTER AT CPTC: _____ 2 ND OPTION _____ DO YOU PLAN TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY AFTER ATTENDING CPTC? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF CURRENTLY IN THE U.S., WHAT IS YOUR VISA CLASSIFICATION: <input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> OTHER _____ VISA # _____ PASSPORT WITH I-94 REQUIRED EXPIRATION DATE: _____	EDUCATION: NAME OF HIGH SCHOOL: _____ COUNTRY: _____ DATES ATTENDED: _____ GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EDUCATION: MOST RECENT COLLEGE/UNIVERSITY: _____ COUNTRY: _____ DATES ATTENDED: _____ GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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: _____ PHONE: _____			
EMERGENCY CONTACTS: NAME: _____ PHONE: _____ EMAIL: _____ RELATIONSHIP: _____			
IMPORTANT INFORMATION; 1. All students are required to pay all tuition and fees before the start of class. Financial aid is not available for international students. 2. International students must be covered by health and accident insurance. Verification of insurance is required. Clover Park Technical College is not liable for failure to comply with this requirement. 3. International students must provide the International Education Office with a current address and telephone number. 4. International students must maintain satisfactory progress at all times or face possible probation or withdrawal from the college. 5. International students must maintain current VISA status and comply with all regulations regarding their VISA status or face possible withdrawal from the college.			
I UNDERSTAND THE ABOVE REQUIREMENTS 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	_____ DAT	



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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

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

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 plan through ***LewerMark Student Medical Insurance***.

The insurance premium for 2017-2018 is **\$328.44** per quarter (3 months) and is charged automatically upon registration.

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

If you have your own health insurance coverage from your home country or through your family member's employer, the quarterly insurance fee may be waived **ONLY IF** your own insurance is comparable to 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 is comparable to the insurance plan from CPTC. I will submit a 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, 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 proof of the new insurance coverage to the International Programs Office.

Signature

Date



International Education Programs
4500 Steilacoom Blvd. SW
Lakewood, WA 98499 USA
Tel: 253.589.6089 Fax: 253.589.6056
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): \$328.44
- 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.