

TELEPHONE: _

INTERNATIONAL EDUCATION
FINANCIAL RESPONSIBILITY VERIFICATION 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

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.

FAMILY NAME AS PRINTED ON PASSPORT	FIRST NAME	MIDDLE	PREVIOUS LAST NAME
FEMALE MALE	COUNTRY OF BIRTH:		CITIZENSHIP:
ATE OF BIRTH MM/DD/YYYY			NATIVE LANGUAGE:
ERMANENT ADDRESS IN HOME COUNTRY:	STREET		
PROVINCE / CITY / COUNTY		C	OUNTRY
PERMANENT EMAIL:		PEI	RMANENT PHONE:
DUR ADDRESS IN U.S. STREET			APT#
CITY	STATE		ZIP CODE
YOUR EMAIL:		YOUR PH	ONE:
MERGENCY CONTACTS: NAME:			PHONE:
EMAIL:		RE	ELATIONSHIP:
indicate. The guarantor must also sign Government or Other Sponsoring Ag	ment from a bank official on t a statement from the guaran the certification portion belov gency: Enclose with this form	he bank stationery ver tor's bank verifying his v.	ifying the amount you indicate. /her ability to provide you with the funds you letter of award, specifying the current date, dol
SOURCE OF FUNDS Self-Support: Attach a notarized state Parent or Individual Sponsor: Attach indicate. The guarantor must also sign Government or Other Sponsoring Ag amount, and the exact starting date and Other: Specify authorized person to certify the accurace	ment from a bank official on to a statement from the guaran the certification portion below gency: Enclose with this form d length of grant.	he bank stationery ver tor's bank verifying his /. a signed copy of your End	/her ability to provide you with the funds you
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