



# 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

<b>FAMILY NAME AS PRINTED ON PASSPORT</b>	<b>FIRST NAME</b>	<b>MIDDLE</b>	<b>PREVIOUS LAST NAME</b>
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <b>DATE OF BIRTH</b> _____ <small>MM/DD/YYYY</small>	<b>MOTHER'S NAME</b>		<b>FATHER'S NAME</b>
<b>COUNTRY OF BIRTH:</b> _____	<b>WHAT QUARTER DO YOU PLAN TO BEGIN?</b> <input type="checkbox"/> SUMMER / JUNE-July <input type="checkbox"/> FALL / SEPTEMBER <input type="checkbox"/> WINTER / JANUARY <input type="checkbox"/> SPRING / MARCH-APRIL		<b>PROGRAM YOU WISH TO ENTER AT CPTC:</b> _____ 2 <sup>ND</sup> OPTION _____ DO YOU PLAN TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY AFTER ATTENDING CPTC? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF CURRENTLY IN THE U.S., WHAT IS YOUR VISA CLASSIFICATION:</b> <input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> OTHER _____ VISA # _____ <small>PASSPORT WITH I-94 REQUIRED</small> EXPIRATION DATE: _____	<b>EDUCATION:</b> NAME OF HIGH SCHOOL: _____ COUNTRY: _____ DATES ATTENDED: _____ GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>EDUCATION:</b> 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;**
- All students are required to pay all tuition and fees before the start of class. Financial aid is not available for international students.
  - 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.
  - International students must provide the International Education Office with a current address and telephone number.
  - International students must maintain satisfactory progress at all times or face possible probation or withdrawal from the college.
  - 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 \_\_\_\_\_