



International Student Admission Application

International Student Program

Columbia Basin College

2600 North. 20th Ave., Pasco, WA 99301-3379, USA

Telephone: 011-1-509-547-0511

Fax: 011-1-509-544-2023

Email: internationalstu@columbiabasin.edu

Photograph:

Were you referred by an agency? yes no

Name of the agency: _____

New student residing outside U.S. New student residing in U.S.

All applicants complete the following:

Name (on your passport in English letters): _____

Sex male female

Family name: _____

First name: _____ Middle name(s): _____

Country of birth: _____ Country of citizenship: _____

Date of birth: (day) _____ (month) _____ (year) _____

Native language(s): _____

Home country mailing address:

Street/P.O. Box: _____

City: _____

Country: _____

Telephone: (country code) _____ (city code) _____ (house) _____

All international students MUST have current major health insurance by the first day of the quarter.

Will you have insurance from your country? yes no

Will you need to purchase Columbia Basin College health insurance? yes no

Note: In signing this form, I acknowledge that I have read and understand the attached instructions and that failure to submit complete and accurate information and all required documents may result in denial of admission or dismissal from Columbia Basin College.

Full Legal Signature _____ Date _____

Applications deadlines: July 1 for fall, October 1 for winter, January 1 for spring, March 1 for summer.

When do you wish to enroll? Year _____ fall quarter winter quarter spring quarter summer quarter

Applicants MUST attach:

- Official language proficiency scores (see website for accepted exams)
- High school diploma
- Official transcripts (college, university)

What will your intended college major be? _____

How long will you study in the US? 2-year transfer degree other _____

Transfer students complete the following:

Are you now in the U.S.A.? yes no If yes, what type of visa do you have? _____

Are you are currently enrolled in a United States school? yes no

If yes, a CBC F-1 Transfer-In Form (available on website) must be provided by the international student advisor at your current/previous school.



International Student Certificate of Financial Responsibility

International Student Program
Columbia Basin College

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All international students are required by the U.S. Department of Homeland Security (DHS) to prove that 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, please provide an original official bank statement that is no more than six months old, showing that funds are available in U.S. dollars.

APPROXIMATE COSTS

Quarterly Tuition/Fees: \$3,500.00 + any lab (per quarter)
Books: \$400.00 (quarterly average)
***Living Expenses:** \$16,000.00 (Annually)
 *Determined on student's lifestyle

Personal Information:

Family Name (from passport): _____ First name: _____ Middle name: _____

Date of Birth (mm/dd/yyyy): _____ Country of birth: _____ How long do you plan to study at CBC?: _____

Official Certification of Sources of Funds and Amounts (Please use U.S. Dollars)

Student's Sources of Funds

Assured Support

Personal or Family Savings	FIRST YEAR FUNDS (U.S. \$)	
Name of Bank*: _____ *A bank official's signature is required on the certification if the student is partially or totally supported by personal savings and/or parents' savings. Bank Seal (required)		Signature of Bank Official: _____ Title: _____ Address of Bank: _____ Date: _____
Parents Name: _____ Name: _____		Parent's Signature (required): _____ Date: _____
Sponsors (other than parents, if any) Name: _____ Name: _____ Relationship to applicant: _____		Signature of sponsor outside U.S.: _____ Address (number & street): _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____

		Signature of sponsor in U.S.: _____ Name of sponsor in U.S.: _____ Address (number & street): _____ City: _____ State: _____ Zip: _____
Your Government Name of Agency: _____ Enclose with this form a signed copy of your official letter of award. Date of letter must not be over one year old.		
Other (please specify) Name: _____ Name: _____		
TOTAL AMOUNT NEEDS TO EQUAL ESTIMATED EXPENSES	\$	What is the present exchange rate of your country's currency to the U.S. dollar? _____ = \$1.00
Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe restrictions:	What is the total amount of money you expect to have when you arrive at this institution? U.S. \$ _____ Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to attend summer classes? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to bring dependents with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Dependent/Relationship to you _____/_____ _____/_____	

A CERTIFICATE OF ELIGIBILITY (I-20) will not be authorized until this affidavit is completed and returned to the International Student Program, Columbia Basin College. By signing this affidavit, I certify that the information is true, correct, and complete, and that I have adequate funds to complete my full course of study at this institution. I understand that any misrepresentation may be cause for refusing/revoking admission.

Student Signature _____ Date _____



International Student Affidavit of Support

International Student Program Columbia Basin College

2600 North. 20th Ave., Pasco, WA 99301-3379, USA

Telephone: 011-1-509-547-0511 Fax: 011-1-509-544-2023 Email: internationalstu@columbiabasin.edu

Required if your financial sponsor is a U.S. citizen that is paying all or part of the expenses or providing room and board.

I, _____ residing at _____
(Financial Sponsor Name) (Street and Number)

(City) (State) (Zip Code)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on _____ at _____
(Date) (City) (Country)

If you are not a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number _____
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If a United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am _____ years of age and have resided in the United States since (date) _____

3. That this affidavit is executed in behalf of the following international student:

International Student Name			Sex	Age	
Citizen of (Country)		Marital Status	Relationship to Sponsor		
Presently resides at Street & Number		City	State	Country	
Name of spouse and children accompanying or following to join person:					
Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) name in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigration status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of _____ with _____
(Type of Business) (Name of concern)

at _____
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief \$ _____

I have on deposit in savings banks in the United States. \$ _____

I have other personal property, the reasonable value of which is. \$ _____

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief..... \$ _____

I have life insurance in the sum of. \$ _____

With a cash surrender value of \$ _____

I own real estate valued at \$ _____

With mortgages or other encumbrances thereon amounting to \$ _____

Which is located at _____
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support:
(Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of person	Status	Age	Relationship to me
	<input type="checkbox"/> Wholly Dependent <input type="checkbox"/> Partially Dependent		
	<input type="checkbox"/> Wholly Dependent <input type="checkbox"/> Partially Dependent		
	<input type="checkbox"/> Wholly Dependent <input type="checkbox"/> Partially Dependent		

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name _____ Date Submitted _____

Name _____ Date Submitted _____

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state "None".

Name _____ Date Submitted _____

Name _____ Date Submitted _____

OATH OR AFFIRMATION OF SPONSOR

Sponsor and Beneficiary Liability

Under section 213 of the Act, if the person you are sponsoring becomes a public charge, the agency that provides assistance may be able to sue you to recover the cost of the assistance.

In addition to that provision, your income and assets may be combined with the income and assets of the person you are sponsoring in determining whether that person is eligible for Food Stamps, 7 U.S.C. 2014(i)(1), Supplemental Security Income (SSI), 42 U.S.C. 1382j, and Temporary Assistance for Needy Families (TANF), 42 U.S.C. 608.

I acknowledge I have read the Sponsor and Alien Liability above and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

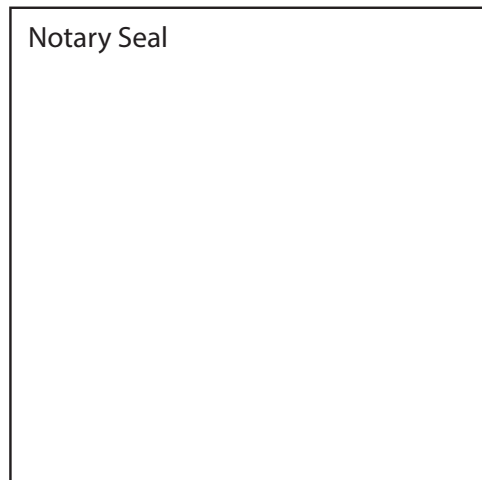
I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of Sponsor _____

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20____
at _____ . My commission expires on _____

Signature of Officer Administering Oath _____

Title _____



The Washington State Community & Technical Colleges do not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, gender, marital status, disability, or status as a disabled or Vietnam era veteran. Response or non-response to any of the questions listed as voluntary in this application will not affect your consideration for admission.

Foster Care:

Have you been in Washington state foster care for at least one year since your 16th birthday? Former Foster Youth may qualify for educational benefits and support services. Yes No

Running Start:

Are you applying to participate in **Running Start**? Yes No If yes, please indicate the year you plan to graduate from high school: _____

Parents Education:

Have either of your parents earned a bachelor's (four-year) degree? Yes No I do not know

Citizenship:

Are you a U.S. Citizen? Yes No
 If not a U.S. citizen, country of citizenship: _____
 If not a U.S. citizen, immigration/non-immigration status: *
 International Student Visa (F, J, or M visa)
 Visitor
 Temporary Resident*
 A# _____
 Permanent Resident*
 A# _____
 Refugee/Asylee*
 A# _____
 Other (explain)* _____

***DOCUMENTATION REQUIRED**
(Attach front and back copies of cards or documents)

Notice to applicants who are not citizens of the United States and do not have permanent resident immigration status: a state law makes certain students who are not permanent residents or citizens of the United States, eligible for resident student status – and eligible to pay resident tuition rates – when they attend public colleges/universities in Washington state. The law does not make these students eligible to receive state or federal aid. To qualify for resident status, students must complete an affidavit/declaration/certification if they have met the following conditions: A) resided in WA state for three years immediately prior to receiving a high school diploma, and completed the full senior year at a WA high school, and continuously resided in the state since earning the high school diploma; or (B) completed the equivalent of a high school diploma, and resided in WA state for three years immediately prior to receiving the equivalent of the diploma, and continuously resided in the state since earning the equivalent of the diploma. If you meet one of these conditions, request a Residency Affidavit from the College's Student Records office.

Ethnicity:

Are you of Spanish/Hispanic/Latino ethnicity?
(providing this information is voluntary)
 No
 Yes, Mexican, Mexican American, Chicano (722)
 Yes, Puerto Rican (727)
 Yes, Cuban (709)
 Yes, other Spanish/Hispanic/Latino (Please specify) (722)

Race:

Which race do you consider yourself to be?
 Please mark one or more boxes to indicate what race you consider yourself to be:
(providing this information is voluntary)
 African American (872)
 Alaska Native (015)
 American Indian (597)
 Chinese (605)
 Filipino (608)
 Japanese (611)
 Korean (612)
 Native Hawaiian (653)
 Vietnamese (619)
 White (800)
 Other Asian (621)
 Other Pacific Islander (681)
 Other Race (specify) (799)

Washington State Residency Status:

- 1a. Have you been a legal resident of Washington and lived continuously in the state of Washington for the past 12 months? Yes No
- 1b. If no, how long have you lived continuously in the state of Washington? _____ months
- 2a. Will you be claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the current calendar year? Yes No
- 2b. Were you claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the past calendar year? Yes No
- 2c. Has your parent or legal court-appointed guardian lived continuously in the state of Washington for the past 12 months? Yes No
3. Will a public or private, non-federal agency/institution outside the state of Washington provide you with financial assistance to attend college? *(Answer yes only if your eligibility for this assistance is based on being a resident of that state.)* Yes No

Veterans Information Section:

NOTICE: veterans may qualify for educational benefits.

1. Are you a veteran? Yes No
2. If you are a veteran or the spouse/child of a disabled or deceased veteran, you **MAY** qualify for a tuition waiver. Contact the Veterans office at veterans@columbiabasin.edu for further information.

Previous Education:

Name of last high school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No: grade lvl completed _____
Have you successfully completed the GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	Where did you earn your GED? School or organization name:	Have you ever participated in Tri-Tech? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List in order of attendance - most recent first. Attach separate sheet if necessary.

Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To: _____ _____	Did you graduate? <input type="checkbox"/> Yes: year _____ <input type="checkbox"/> No

Students must have all previous official transcripts sent to CBC to verify fulfillment of course prerequisites and/or degree or certificate requirements.
Incomplete applications will be held by the College until the 10th day of the intended quarter of enrollment.

I certify to the best of my knowledge that all statements on this form are true.

Applicant's Signature

Date

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, Title IX, equal opportunity and affirmative action. CBC does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, parental status or families with children, marital status, sex (gender), sexual orientation, gender identity or expression, age, genetic information, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal (allowed by law) by a person with a disability, or any other prohibited basis in its educational programs or employment. Questions or complaints may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs and CBC's Title IX Coordinator at (509) 542-5548.

Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability, and require an accommodation, please contact the CBC Resource Center at (509) 542-4412 or the Washington Relay Service at 711 or 1-800-833-6384. This notice is available in alternative media by request.

