

Dear International Student:

Thank you for your interest in Columbia Basin College (CBC)! CBC is a fully accredited two-year college. International students who have an F-1 visa may earn an Associate Degree in Arts & Sciences or an Associate in Science Transfer Degree and then transfer to a four-year university. International students may also choose to earn an Associate in Applied Science or an Associate in Applied Science-T; however, these degrees are not designed for transfer, although some classes may be accepted for transfer by baccalaureate degree institutions.

It can be beneficial for international students to attend a two-year college; the tuition costs are lower than four-year schools. A cost comparison shows that two years at CBC will cost possibly thousands of dollars less than spending your freshman and sophomore years at a four-year university. Yet, after two years, the opportunity exists to transfer to a four-year school, complete the remainder of your academic program, and graduate from that school.

You will find an application packet enclosed which includes the following:

- o Information sheet for international students;
- o International student admission application;
- Certificate of financial responsibility (international students are not eligible to receive federal financial aid);
- Affidavit of support (only complete this form if a U.S. citizen is paying all or part of your expenses or providing room and board);
- Approximate costs to attend CBC; and,
- CBC application.

After you complete these forms, please return them to the Student Records office at CBC. Include your applications, certificate of finances and affidavit of support (if applicable). The high school transcript included with your application must be **official**. All correspondence must be in English and official transcripts must be translated into English by a certified translation agency.

A TOEFL (Test of English as a Foreign Language) score must be submitted if your native language is not English. An official TOEFL score of 500 (paper-based testing) or 173 (computer-based testing) or 61 (Internet-Based testing) or above is required. An official STEP (Society for Testing English Proficiency) score of pre-first grade level is accepted in lieu of the required TOEFL score. CBC's code number for the TOEFL is 4077.

If you meet the acceptance requirements to attend CBC, an I-20 will be issued to you for application to the Immigration and Naturalization Service for F-1 student status visa. Upon your arrival to CBC, you **must** make an appointment with Ms. Sylvia Withers, International Student Counselor, who will be your academic advisor. You may contact her office by calling (509) 542-5505.

Again, thank you for your interest in CBC; our Catalog may be viewed online at **columbiabasin.edu**. If you have further questions, please contact me at (509) 542-4633.

Sincerely,

Lorena Schubert International Students PDSO Program Coordinator

2600 North 20th Ave. Pasco, WA 99301 Phone: (509) 547-0511 Fax: (509) 546-0401 columbiabasin.edu

Columbia Basin College

Information for International Students

International Student Program

Columbia Basin College

2600 N. 20th Ave., Pasco, WA 99301-3379, USA Telephone: 011-1-509-547-0511 extension 2633 • FAX: 011-1-509-546-0401

Columbia Basin College is a two-year comprehensive community college, located in the northwestern region of the United States. It is in the city of Pasco, in the southeastern section of the state of Washington.

Programs of Study

The college offers the associate of arts and sciences degree, which is primarily geared to individuals planning to transfer to a four-year B.A./B.S. degree institution.

Basic Admissions Requirements

The college grants admission on an individual basis to persons who are at least 18. The student must submit:

- · official proof of TOEFL
- official transcripts (ESL, high school, college, university)
- high school diploma
- · statement of financial responsibility

English Ability

To enter a degree program, a TOEFL (Test of English as a Foreign Language) must be submitted if English is not the native language of the applicant. The TOEFL score must be at least 173 if the test was administered by computer (computer-based) or at least 500 if the test was administered on paper (paper-based).

Have your official TOEFL score sent to Columbia Basin College directly by ETS (Educational Testing Services). CBC's institutional code is 4077.

For information about the TOEFL, write to:

Educational Testing Services P.O. Box 6151 Princeton, New Jersey, 08541 U.S.A.

Finances

The international student must provide evidence of financial responsibility for the entire length of time he/she is planning to study.

An individual on a student visa cannot expect to work off the college campus. (Exceptions are those students from countries in a compact of free association with the U.S. or from trust territories of the U.S.)

Insurance

The student must provide evidence of having a full medical insurance plan. If the student does not have insurance, he/ she is required to purchase it through the college.

Housing

Columbia Basin College does not have dormitories.

Application Deadlines

All application materials, including a completed application form, high school and college transcripts, and financial certificate, should be received by the following dates: June 1 for entry in fall quarter, October 1 for entry in winter quarter, January 1 for entry in spring quarter, and March 1 for entry in summer quarter.

Admittance

Upon receipt, your application materials will be reviewed by the registrar's office. If you are accepted, an I-20 form will be sent to you. Once accepted, international students are academically advised through the multicultural students program at Columbia Basin College.

Feel free to write, fax, or phone Columbia Basin College for more information. Direct your inquiries to the Student Records office. A copy of the college catalog can be obtained by sending U.S. \$10 to the college to cover the cost of air mail postage.

Rev 3/14





Full Legal Signature __

International Student Admission Application

Photograph:

Degree Program

International Student Program Columbia Basin College

2600 North. 20th Ave., Pasco, WA 99301-3379, USA Telephone: 011-1-509-547-0511, extension 2633 Fax: 011-1-509-546-0401

11			
Were you referred by an agency? \Box ye	s 🗖 no		
Name of the agency:			
☐ New student residing outside U.S.	☐ New student residir	ng in U.S.	
All applicants complete the fo	llowing:		
Name (on your passport in English lett	ers):		
Sex ☐ male ☐ female			
amily name:			
-irst 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 prove Will you have insurance from your cou	•	nsurance by the first day of the quarter.	
Will you need to purchase Columbia Ba	•	urance? 🗖 yes 🚨 no	
		nderstand the attached instructions and esult in denial of admission or dismissal	

_ Date _

All applicants complete the following	ıg:	
When do you wish to enroll? Year	🗖 fall quarter 📮 winter qua	arter 🗖 spring quarter 🗖 summer quarter
Applications deadlines: June 1 for fall, October	r 1 for winter, January 1 for spring	g, March 1 for summer.
Degree program applicants MUST attach:		
 Official proof of TOEFL Official transcripts (ESL, high school High school diploma Statement of financial responsibility 	-	
What will your intended college major be?		
How long will you study in America?		
☐ 2-year transfer degree ☐ other		
Transfer students complete the follo	owing:	
Are you now in the U.S.A.? yes no If	yes, what type of visa do you ha	ve?
U.S. mailing address:		
Street/P.O. Box		
City	State/ZIP _	
	are currently enrolled in a United a ation MUST be provided by the in	
Student's name:		
Admissions number (from 1-94 in passport):		
	tudent is applying for admissions t es proof of transferability of interna	to Columbia Basin College. ational students. Please complete the following:
☐ Current student in good standing	FSI ·	College:
To your knowledge, has the student experience yes no		
Name of school		
City	State	Telephone
Name of official completing form		
Signature	Title	
Date		



Certificate of Financial Responsibility

Columbia Basin College **Student Records office** 2600 N. 20th Ave., Pasco, Wa 99301-3379

Name Last (Family)		F	irst	Middle	Da	ate of Birth (Month/Date/Year)				
Address (Number & Street)					Pla	ace of Birth				
City	State or Province Cou						Expected Visa I-20 F-1 student status			
Country	ry Postal Code			Le	gal Permanent Resident of	other				
Field of Study:					Degree sought: Associate of Arts & Science Other					
OFFICIAL CERTIFICATION Enter amounts in U.S. dollars. Please PRINT all					•					
STUDENT'S SOURCES OF FUND	s ASSU	JRED S	UPPORT	PROJECTED SUPPORT Must reflect 4% increase per y	Г year	This is to certify that I have read the on this form, that it is a true and accavailable and will be provided as in	information furnished by the applicant curate statement, and that the funds are idicated.			
Personal or Family Savings	FIRST	ΓYEAR		SECOND YEAR						
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)	Date			
Parents						Parent's signature is require	ed.			
Name										
Name						Signature of Parent				
						Date				
Sponsors (other than parents)						Signature of sponsor outside U.S.				
Name						Address (number & street)				
Name						City	State or Province			
Relationship to applicant						Country	Postal code			
Your Government						Signature of coopear in LLS				
Name of agency						Signature of sponsor in U.SName of sponsor in U.S.				
Enclose with this form a signed copy of your						Address (number & street)				
official letter of award. Date of letter must not be over 1 year old.						City	State/ZIP			
Other (please specify) Name Name						What is the total amount of mone to have when you arrive in this in: Do you plan to remain in the U.S. the summer? If remaining in the U.S., do you plattend summer school?	stitution? US\$ during YES NO			
TOTAL Amount needs to equal estimated expenses.						Do you plan to come alone?	☐ YES ☐ NO			
What is the present exchange rate of your coun	try's currency to	the U.S.	dollar? (example	e: 20 pesos=\$1) =	\$1	Do you plan to bring dependants (Please list and specify relationship Name of dependent	with you? YES NO p to you) Relationship to you			
Does your government currently impose restrict If YES, describe restrictions:	ctions on exchar	nge and re	elease of funds for	or study in the U.S.? YES]NO					
Do you have a source for emergency funds or Amount available in U.S. dollars \$	nce you arrive ir	n the U.S.	? YES	NO]						
15	Number & Street	t		City		State/ZIP	Phone			
A CERTIFICATE OF ELIGIBILITY (1-20) w Records office, Columbia Basin College.	I certify the i	nformat	ion on this fo	rm is true, correct, and com						



l,			residi	ng at						
(Name)				(Stre	et and Number)					
(City)			(Stat	e) (ZIP (Code if in U.S.)			(0	Country)	
BEING DULY SWORN DEPOSE AND SAY:										
1. I was born on at										
(Date)		(Cit	ry)					(Country)		
If you are not a native born United States	citizen, an	swer the	e followii	ng as ap	propriate	:				
a. If a United States citizen through naturalization, gi	ve certificate o	of naturaliz	zation numb	oer						
b. If a United States citizen through parent(s) or mari	iage, give citiz	zenship ce	rtificate nun	nber						
c. If a United States citizenship was derived by some	other method	l, attach a s	statement o	f explanati	on.					
d. If a lawfully admitted permanent resident of the U	nited States, g	jive "A" nur	mber							
2. That I am years of age and have resided in the	ne United Stat	es since (a	date)							
3. That this affidavit is executed in behalf of the following	ng person:									
Name					,		Sex		Age	
Citizen of (Country)			Marital Stat	us	Relationship to	Deponen	t			
Presently resides at Street & Number	City			State		Country				
Name of spouse and children accompanying or following to join person	on:									
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 in the United States.	assuring the U	nited State	es Governm	ent that th	e person(s) ı	named i	n item 3	will not beco	ome a p	ublic charg
5. That I am willing and able to receive, maintain and su that such person(s) will not become a public charge on nonimmigration status if admitted temporarily and will	during his or l	ner stay in	the United	States, or	to guarante	e that t	he above	named will		
6. That I understand this affidavit will be binding upon documentation provided by me may be made available to a public assistance agency.	me for a perion	od of three ary of Hea	e (3) years af Ilth and Hun	ter entry o nan Service	f the person es and the Se	(s) name	ed in iter of Agricu	n 3 and that Ilture, who m	the info	rmation an e it availabl
7. That I am employed as, or engaged in the business o	f	/ T	oe of Business)		wit	h		(Name of concer		
at		(тур	oe or Business)					(Name or concer	n)	
(Street and Number) I derive an annual income of (if self-employed, I have at rating concern which I certify to be true and correct to evidence of net worth to be submitted.)	the best of my	knowledg	t income tax ge and belie	f. See instru	uction for na	nmercia ture of	I	(Zip Code)		
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 valu correct to the best of my knowledge and belief								. \$		
I have life insurance in the sum of								. \$		
Mah										

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 suppor (Place an "X" in the appropriate column to indicate whether the person named is wholly				
Name of person	Status	Age	Relationship to me	
	□ Wholly Dependent □ Partially Dependent			
	☐ Wholly Dependent☐ Partially Dependent			
	☐ Wholly Dependent☐ Partially Dependent			
9. That I have previously submitted affidavit(s) of support for the	following person(s). If none, state "Non	ie"		
Name		_ Date Submitte	ed	
Name		_ Date Submitte	ed	
10. That I have submitted visa petition(s) to the Immigration and	Naturalization Service on behalf of the	following perso	on(s). If none, state "None	⊇″.
Name		_ Date Submitte	ed	
Name		_ Date Submitte	ed	
OATH OR AFFIRMATION OF DEPONENT I acknowledge I have read Part III of the Instructions, Sponsor and A Act, as amended, and the Food Stamp Act, as amended.			immigrant sponsor unde	r the Social Security
I swear (affirm) that I know the contents of this affidavit signed by	me and the statements are true and c	orrect.		
Signature of deponent				
Subscribed and sworn to (affirmed) before me this	day of			, 19
at	My commission expires on_			
Signature of Officer Administering Oath		Title _		
If affidavit prepared by other than deponent, please I declare that this document was prepared by me at the request of	complete the following: f the deponent and is based on all info	ormation of whic	ch I have knowledge.	
Signature		Date		
Address	Cia.		C+a+a /7:-a	
Address	City		state/ZIP	



APPLICATION FOR ADMISSION

Processing fee is due at time of applying. (Make check or money order payable to CBC.) 2600 N 20th Ave MS-H4 Pasco, WA 99301 - (509) 547-0511

	Student Information REV 3'14																			
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		SOCIAL	SECURI	 TY NU <i>l</i>	MBER*					S	TUDE	NT ID	 ENTIFIC	LL. ATION	」 NUM	UL ∕IBER (if a	applicab	ole)		
*To comply with federal law Scholarship/Life Time tax cressubmit your SSN/ITIN, you winformation). Pursuant to ste If you refuse to provide your!	redit; to ac vill not be c ate law (R	dminister s denied acc CW 28B.10	tate/fede ess to the 0.042) and	eral final College d federa	ncial aid e; howev l law (Fa	l; toʻveri er, you i mily Ed	ify enrol may be : lucation	llment, subjec al Righ	, degree t to civi hts and	e, and e il penal I Privac	acadér Ities (re y Act),	nic tra fer to li the Co	nscript i nternal f llege wil	ecords, Revenui I protec	and to Service Service	o conduc ce Treasu	ct institút. ry Regula	ional resetion 1.60	earch. If 50s-1(e)(you do not '4) for more
What year and quarter do you plan to begin? Please check one: ☐ New ☐ Returning																				
Year								attend												
Length of studies:	1 0	Quarter		? Quar	ters	1	Year		2 Yea	rs 🗆	J Otl	her	11 -				☐ Fernation		ntary)	
	Our	comp	uter s	yste	m ha	ıs dig	git liı	mita	atio	ns. L	Jse d	only	the	spac	es p	provi	ded.			
														()[_ [
Last name (Legal) This examp	ple uses a	ıll 22 digits	First n s availab	•		cia Lup	e G JR		M.I.					C	ell ph	ione				
Previous last name	1			Pr	evious	last n	name 2	2				J								
														() [_ [
Mailing address									A	pt. no				0	ther	phone				
City							State		ZIP co	da						M M	- D	D -	ΥΥ	ΥΥ
City							State	4	ZIP CC	oae						Birth d	ate			
		ovide a pe , updates,								addre	ss be a	iccura	te, as it v	vill be	used to	o commi	ınicate w	vith you i	regardin	g
OFFICE USE ONL	.Y																			
			П	Date	stamı	p					Cit					-+- f-II	le			
Application received v			_	Citz Date follow up Itr sent Res Date application fee received																
Application input											Res Date application fee received Signature									
Min. input Initial	Date	<u>-</u>									Returning student appt SM 4008 29/SOAR block									
Partial input Initial	Da	te	.	Trans	cripts	5					201	30/11	T DIOCK	`		الا حمط				
Complete input Initia	al	Date		Colleg	je	Ro	cvd		Со	llege _		_ Rc	vd		- 1	rog				
				Colleg	je	Ro	cvd		Со	llege _		_ Rc	vd		- 1	_		/		

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 gualify for educational benefits and support services.

Yes

No Running Start: Are you applying to participate in Running Start? Tyes Tyo 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 **Ethnicity:** Citizenship: Race: Are you of Spanish/Hispanic/ Which race do you consider Are you a U.S. Citizen? ☐ Yes ☐ No Latino ethnicity? yourself to be? If not a U.S. citizen, country of citizenship: ___ (providing this information is Please mark one or more boxes to If not a U.S. citizen, immigration/non-immigration status:* voluntary) indicate what race you consider ☐ International Student Visa (F, J, or M visa) yourself to be: □ No (providing this information is □ Visitor Tyes, Mexican, Mexican voluntary) American, Chicano (722) ☐ Temporary Resident* ☐ African American (872) ☐ Yes, Puerto Rican (727) A# ☐ Alaska Native (015) ☐ Yes, Cuban (709) ☐ Permanent Resident* American Indian (597) ☐ Yes, other Spanish/Hispanic/ ☐ Chinese (605) Latino (Please specify) (722) ☐ Refugee/Asylee* ☐ Filipino (608) ☐ Japanese (611) ☐ Other (explain)* _____ ☐ Korean (612) ☐ Native Hawaiian (653) *DOCUMENTATION REQUIRED ☐ Vietnamese (619) (Attach front and back copies of cards or documents) ■ White (800) **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 Other Asian (621) 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 Other Pacific Islander (681) 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 Other Race (specify) (799) 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. **Washington State Residency Status:** Have you been a legal resident of Washington and lived continuously in the state of Washington for the past 12 months? \square Yes \square No If no, how long have you lived continuously in the state of Washington? ___ Will you be claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the current calendar year? 2a. Were you claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the past calendar year?

Has your parent or legal court-appointed guardian lived continuously in the state of Washington for the past 12 months?......

2c.

3.

NOTICE: veterans may qualify for educational	l benefits.		
1. Are you a veteran?			□ Yes □ No
2. If you are a veteran or the spouse/child of a disab veterans@columbiabasin.edu for further informations.	•	u MAY qualify for a tuition wai	ver. Contact the Veterans office at
Previous Education:			
Name of last high school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? ☐ Yes: year ☐ No: grade lvl completed
Have you successfully completed the GED test? ☐ Yes ☐ No ☐ Does not apply	Where did you earn your G	ED? School or organization name:	Have you ever participated in Tri-Tech? ☐ Yes ☐ No
List in order of at	tendance - most recent first. A	ttach separate sheet if necessary.	
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? ☐ Yes: year ☐ No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? ☐ Yes: year ☐ No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? Yes: year No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? Yes: year No
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? ☐ Yes: year ☐ No
Students must have all previous official transcripts se A nonrefundable Admissions and Assessment fee must be and will not be processed. Incomplete applica	s submitted at the time of apparations will be held by the Coll	olication. Failure to submit the fe	e will result in an incomplete application nded quarter of enrollment.
Applicant's S	ignature		Date

Veterans Information Section: