

STUDENT INFORMATION (all fields required) Currently residing outside U.S. Currently residing in U.S. on a _____ Visa

Last (Surname/Primary) Name: _____

First (Given) Name: _____ Middle Name(s): _____

Passport Name (in English letters): _____

Birthdate (MM/DD/YYYY): _____ Native Language(s): _____

Country of Birth: _____ Country of Citizenship: _____

Gender: Male Female Other City of Birth: _____

Passport Photo:

Foreign (Home Country) Mailing Address

Street Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Country: _____

Email Address: _____

Foreign Telephone (Country Code): _____ (Number): _____

U.S. Physical Address (if available)

Street Address: _____

City: _____ State: _____ Zip Code: _____

U.S. Telephone (if available): (area code): _____ (number): _____

Which race do 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) _____

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 (722)

HEALTH INSURANCEAll international students **MUST** have current major health insurance by the first day of the quarter.Will you have insurance from your country? Yes NoWill you need to purchase *Washington State Colleges* health insurance? Yes No

EDUCATION

Name of last high school attended: _____ City/Country: _____

Once you begin college, will you have graduated from high school? Yes, year: _____ No, highest grade level completed: _____

College/University (if applicable)

Previous college/university attended: _____ City/Country: _____

Did you graduate? Yes, year: _____ No, last year attended: _____

Previous college/university attended: _____ City/Country: _____

Did you graduate? Yes, year: _____ No, last year attended: _____

QUARTER YOU'D LIKE TO BEGIN ATTENDING CBC

Application deadlines: Fall: July 1 | Winter: October 1 | Spring: January 1 | Summer: March 1

When do you wish to begin? Year _____ Quarter Fall Winter Spring Summer

What will your intended college major/program be? _____
Eligible degree options are listed on the International Student webpage.

TRANSFER STUDENTS (IF APPLICABLE)

Are you currently enrolled in a U.S. school?

No Yes, you must provide a CBC F-1 Transfer-In Form (available on website) from your current/previous school.

STUDENT ACKNOWLEDGEMENT

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 CBC.

Student Signature _____ Date _____

ADMISSIONS REQUIREMENTS

Applicants MUST attach:

- Official language proficiency scores (send directly to CBC, see website for accepted exams)
- High school diploma (copy)
- Unofficial college/university transcripts (see website for further details)

Submission Location:

Please submit the International Student Admissions Application along with the additional documents listed. Incomplete applications will not be reviewed until all documents have been received.

Completed applications can be submitted in person or by mail to the following address.

International Student Program
Columbia Basin College
2600 N. 20th Ave., MS-H4
Pasco, WA 99301-3379
USA

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 before a Certificate of Eligibility (I-20) can be issued.

In addition to completing the information requested in this form, provide **official bank statements no more than six months old**, showing that funds are available in U.S. dollars.

APPROXIMATE COSTS

| | Without Affidavit of Support | With Affidavit of Support (pg. 4-5) |
|-------------------|------------------------------|-------------------------------------|
| Tuition/Fees* | \$10,500 | \$10,500 |
| Books* | \$1,200 | \$1,200 |
| Living Expenses** | \$16,000 | Affidavit of Support required |
| TOTAL | \$27,700 | \$11,700 |

*minimum required per year-excludes summer quarter

**minimum required per year-actual costs determined by student's lifestyle

STUDENT INFORMATION:

Last (Surname/Primary) Name: _____ First (Given) Name: _____ Middle Initial: _____

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

| Sources of Funds (Check all that apply.) | Assured Support (Enter amount for each source in U.S. dollars.) |
|---|---|
| <input type="checkbox"/> Self-Support Please attach a bank statement* verifying the amount you indicate. | \$ |
| <input type="checkbox"/> Parents or Individual Sponsors Please attach a bank statement* verifying the amount you indicate. | + \$ |
| <input type="checkbox"/> Your Government or Other Sponsoring Agency Please attach a signed copy of your letter of award specifying the current date, the dollar amount (in U.S. dollars), and the exact starting date and length of the funding. | + \$ |
| <input type="checkbox"/> Other (please specify): _____ Please attach a bank statement* verifying the amount you indicate. | + \$ |
| TOTAL First Year's Funds (Total needs to equal approximate costs as shown above) | = \$ |

**All financial documents must be in English and must have a signature, official seal, or be on letterhead from an official agency. Documents must be no more than six months old.*

Dependents

Are you requesting any dependents accompany you? No Yes (Complete the table below.)

| Relationship | Last (Surname/Primary) Name | First (Given) Name | Birthdate (MM/DD/YYYY) | Country of Birth | Country of Citizenship | Gender |
|--------------|-----------------------------|--------------------|------------------------|------------------|------------------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Costs of Dependents \$ _____ (add \$6,300 per year for spouse and \$5,130 per year for each child)

I certify that the information is true, correct, and complete, and that I have adequate funds available to complete my full course of study at this institution. I understand that the costs listed above are estimates and are subject to change without notice. I understand that any misrepresentation may be cause for refusing/revoking admission and/or my Visa.

Student Signature _____ Date _____



International Student Affidavit of Support

Required ONLY if your financial sponsor is a U.S. citizen paying all or part of the living expenses listed on the Certificate of Financial Responsibility or providing room and board.

I, _____ residing at _____
(Financial Sponsor Name) (Street Address)

(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 on behalf of the following international student:

| | | | | | |
|--|------|--------------------------|-------------------------|-----|-----|
| International Student Name | | | Gender | Age | |
| Citizen of (Country) | | Marital Status | Relationship to Sponsor | | |
| Presently Resides at Street Address | City | State/Province/Territory | 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) named 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 Address) (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 \$ _____

The balance of all my savings and checking accounts in the United States is \$ _____

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 Address) _____ (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.

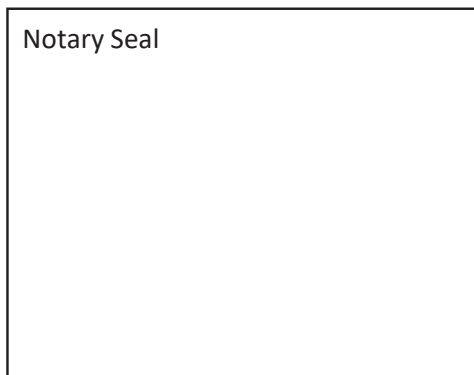
Signature of Sponsor _____

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20 _____ at _____.

My commission expires on _____

Signature of Officer Administering Oath _____

Title _____



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 the Vice President for Human Resources & Legal Affairs and CBC's Title IX/EEO 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 CBC Disability Support Services 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.