

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;
- 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) or 61 or above is required (internet-based testing).

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.

Rev 8/14





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

Nere you referred by an agency? $lacksquare$ yes $lacksquare$	I no		
Name of the agency:			
☐ New student residing outside U.S. ☐ N	lew student residir	ng in U.S.	
All applicants complete the follow	wing:		
Name (on your passport in English letters):	:		
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:			
Felephone: (country code)	(city code)	(house)	
All international students MUST prove curr	ent major health i	nsurance 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 ins	urance? ☐ yes ☐ no	
Note: In signing this form, I acknowledge that and accurate information and all required			

_ Date _

All applicants complete the following	•		
When do you wish to enroll? Year	_ 🗖 fall quarter 🖵 wi	rinter quarter 🚨 spring quarter 🚨 summer	quarter
Applications deadlines: June 1 for fall, October 1	for winter, January 1 f	for spring, March 1 for summer.	
Degree program applicants MUST attach:			
 Official proof of TOEFL Official transcripts (ESL, high school, of the High school diploma Statement of financial responsibility 	college, university)		
What will your intended college major be?			
How long will you study in America?			
\square 2-year transfer degree \square other			
Transfer students complete the follow Are you now in the U.S.A.? ☐ yes ☐ no If ye		o vou have?	
	es, what type of visa do	o you have:	
U.S. mailing address:			
Street/P.O. Box			
City	Sta	ate/ZIP	
		a United States school, by the international student advisor.	
Student's name:			
Admissions number (from 1-94 in passport):			
		missions to Columbia Basin College. of international students. Please complete the	e following:
☐ Current student in good standing ☐ Completed course of study Date:	ESL:	College:	
To your knowledge, has the student experienced ☐ yes ☐ no	d difficulties with finan	ncial or academic responsibilities at your in	stitution?
Name of school			
City	State	Telephone	
Name of official completing form			
Signature	Tit	itle	
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 o	or Province		Co	ountry of Citizenship	Expected Visa I-20 F-1 student status		
Country			Postal Code		Le	gal Permanent Resident of	other		
•			egree 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					



(Name)				(S	treet and N	umber)				
(City)			(State	e) (Z	IP Code if ir	ı U.S.)		(Country)	
BEING DULY SWORN DEPOSE AND SAY:										
1. I was born on at		(City))					(Country)		
If you are not a native born United States citi	izen, ans	wer the	followir	ıg as a	pprop	riate:				
a. If a United States citizen through naturalization, give c	ertificate of	naturaliza	ation numb	er						
b. If a United States citizen through parent(s) or marriage										
c. If a United States citizenship was derived by some other	er method, a	attach a st	tatement of	explana	ition.					
d. If a lawfully admitted permanent resident of the Unite	d States, giv	ve "A" num	nber							
2. That I am years of age and have resided in the U	nited States	s since (da	ate)							
3. That this affidavit is executed in behalf of the following p	erson:									
Name							Sex		Age	
Citizen of (Country)			Marital Stat	ıs	Relatio	nship to Deponen	t			
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 assu in the United States. 5. That I am willing and able to receive, maintain and support that such person(s) will not become a public charge during the purpose of the purpo	ort the persong his or he	on(s) name er stay in t	e in item 3. the United	That I ar States, o	n ready a	and willing to arantee that t	deposi he abo	t a bond, if neo	cessary,	to guarante
nonimmigration status if admitted temporarily and will dep 6. That I understand this affidavit will be binding upon me documentation provided by me may be made available to to a public assistance agency.	for a perioc	d of three	(3) years af	ter entry	of the p	erson(s) nam	ed in it	em 3 and that		
7. That I am employed as, or engaged in the business of		(Typo	of Business)			with		(Name of conce	rn)	
at(Street and Number)										
I derive an annual income of (if self-employed, I have attach rating concern which I certify to be true and correct to the levidence of net worth to be submitted.)	oest of my k	nowledge	income tax e and beliet	. See ins	truction	of commercia for nature of		(Zip Code)		
I have on deposit in savings banks in the United States								\$		
I have other personal property, the reasonable value of whi	ch is							\$		
I have stocks and bonds with the following market value, as correct to the best of my knowledge and belief								\$		
I have life insurance in the sum of								\$		
With a cash surrender value of								\$		

residing at _

I own real estate valued at			\$	
With mortgages or other encumbrances thereon amounting to \dots			\$	
Which is located at	(6)		(5)	
(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 on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is wholly on the column to indicate whether the person named is not the column to the column to indicate whether the person named is not the column to indicate whether the person named is not the column to t				
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 fo	ollowing person(s). If none, state "Non	ne"		
Name		_ Date Submitte	ed	
Name		_ Date Submitte	ed	
10. That I have submitted visa petition(s) to the Immigration and N	laturalization Service on behalf of the	e following perso	on(s). If none, state "None	
Name		_ Date Submitte	ed	
Name		_ Date Submitte	ed	
to make specific contributions to the support of the person name. For example, if you intend to furnish room and board, state for how in a lump sum weekly, or monthly, or for how long.)				
OATH OR AFFIRMATION OF DEPONENT				
I acknowledge I have read Part III of the Instructions, Sponsor and Al Act, as amended, and the Food Stamp Act, as amended.	ien Liability and am aware of my respo	onsibilities as an	immigrant sponsor unde	r the Social Security
I swear (affirm) that I know the contents of this affidavit signed by I	ne and the statements are true and co	orrect.		
Signature of deponent				
Subscribed and sworn to (affirmed) before me this	day of			, 20
at	My commission expires on_			
Signature of Officer Administering Oath		Title _		
If affidavit prepared by other than deponent, please of declare that this document was prepared by me at the request of	complete the following: the deponent and is based on all info	ormation of whic	ch I have knowledge.	
Signature		Date		
Address	City		State/Zip	
	•			

APPROXIMATE COSTS

Columbia Basin College (2014-2015)

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

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. A student may contact an immigration office for more information regarding employment.

Individuals on a student visa are not eligible for federal financial aid.

Individuals on a student visa are sometimes eligible for scholarships.



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

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? 🗖 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 **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	benefits.		
1. Are you a veteran?			
2. If you are a veteran or the spouse/child of a disab veterans@columbiabasin.edu for further informat		MAY qualify for a tuition waive	er. 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 IvI completed
Have you successfully completed the GED test? ☐ Yes ☐ No ☐ Does not apply	Have you ever participated in Tri-Tech? ☐ Yes ☐ No		
List in order of att		ach 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
Previous college, vocational, or technical school attended:	City and state:	Years attended (YY) From: To:	Did you graduate? yes: year
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 set A nonrefundable Admissions and Assessment fee must be and will not be processed. Incomplete applica	submitted at the time of applations will be held by the Colle	cation. Failure to submit the fee	will result in an incomplete application ded quarter of enrollment.
Applicant's S	ignature		Date

Veterans Information Section: