

International Student Application

TO APPLY, PLEASE SUBMIT:(Note: Applicant must be **18** years of age by program start date)

- Completed application (we accept electronic signatures)
- Financial statement – Must be official and current (less than 6 months old) certifying sufficient funds for one year of study at EvCC (see website for current amount)
- Official transcripts from all high schools/colleges attended
- \$40 non-refundable application fee
- Copy of passport photo page – must be valid (less than 6 months old)
- TOEFL/IELTS score report (optional, not required)

Transfer Students - If currently attending another US institution, also submit:

- Transfer In Verification Form
- Copy of visa page
- Copy of all previously issued I-20s
- Submit sealed, official transcripts

PLEASE SUBMIT YOUR APPLICATION

by email to intadm@everettcc.edu,
fax 425-388-9968 or send by mail to:
Everett Community College
International Education
2000 Tower Street
Everett, WA 98201 U.S.A.

For additional information or questions:
425-388-9980 | intadm@everettcc.edu
www.everettcc.edu/international

*All application documents must be in **English**. We accept faxed and scanned official documents (transfer students attending a U.S. institution, see additional requirements). If further verification is needed, original documents may be requested. **All documents submitted for admission become the property of EvCC and will not be returned.***

PERSONAL INFORMATION (This entire form must be typed)

☐ New Student ☐ Returning EvCC Student ☐ Transfer Student ☐ Concurrent Student

Last name/Surname: _____
(as it appears on passport)

First name: _____
(as it appears on passport)

Middle name (s), if any: _____

Date of birth: ____/____/____ ☐ Male ☐ Female
month day year

Country of birth: _____ City of birth: _____

Country of citizenship: _____

Native language: _____

Quarter you plan to begin:

Year: _____

- ☐ Fall (Sep - Dec)
- ☐ Winter (Jan - March)
- ☐ Spring (March - June)
- ☐ Summer (July - Aug)

Are you currently in the U.S.A? ☐ NO ☐ YES If yes, what type of visa do you currently have? _____

Do you have any dependents applying with you? ☐ NO ☐ YES If yes, additional documents are required (email us for details)

Do you have any medical conditions or allergies? ☐ NO ☐ YES If yes, describe: _____

Do you require any special physical or learning assistance? ☐ NO ☐ YES If yes, describe: _____

How did you hear about Everett Community College?

Website ☐ Friends ☐ Relatives ☐ School ☐ Agency ☐ Other: _____

CONTACT INFORMATION

Student's Home Country/Current Address:

Address: _____
City: _____ Postal Code: _____
State/Province: _____
Country: _____
Phone (Include country code & city code): _____
Student Email: _____

U.S. Address: (if currently living in the U.S.)

Address: _____
City: _____ Postal Code: _____
State/Province: _____
Country: United States
Phone: _____

Emergency Contact Information (two (2) contacts are required - either in the U.S or abroad.)

I understand that the people listed above will only be contacted if I am in a life-threatening situation.

Student Signature

Today's Date: month/day/year

Emergency Contact Person #1

Full Name *Relationship to student*

Phone: include country code & city code *Email*

Address *Country*

Does this person speak English? ☐ YES ☐ NO If no, what language does this person speak?: _____

Emergency Contact Person #2 (if above-listed person cannot be reached)

Full Name *Relationship to student*

Phone: include country code & city code *Email*

Address *Country*

Does this person speak English? ☐ YES ☐ NO If no, what language does this person speak?: _____

Agency/Advising Center Information (if applicable)

Agency Name: _____ Agency Contact Person: _____
Address: _____ Phone: _____

City Province Postal Code Country Agency Email: _____

I-20 must be sent directly to applicant. Where would you like your documents sent?

☐ Pick up by applicant only (bring photo ID with you)

Name: _____ Phone: _____
Address: _____ Email: _____
Address (line 2): _____

City Province Postal Code Country

EDUCATION

Which program would you like to study?

Check **ALL** that apply:

☐ English as a Second Language (IELP)

☐ College or University Transfer

☐ High School Completion Program

Intended Major of Study: _____

List all high schools, universities, English as a Second Language institutions in order of attendance.

Institution	Location (city & country)	Beginning & End Date (ex: MM/YYYY to MM/YYYY)	Did you graduate?
_____	_____	_____ to _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____ to _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____ to _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATEMENT OF FINANCIAL RESPONSIBILITY

All international applicants are required by law to show proof of financial ability to live and study in the United States. Everett Community College requires a verification of sufficient financial support for the academic year (9 months), with each international student application. This section must be completed and signed before admission. We must also receive a current, official bank statement (no more than six months old) prior to admission.

How will you pay for tuition and living expenses?

☐ Personal (applicant): \$_____ (bank statement must be included)

☐ Scholarship: \$_____ Name of Scholarship _____

(Embassy, government or agency sponsoring students must attach a letter stating amounts and period of coverage)

☐ Family/Sponsor: \$_____ (bank statement must be included)

(If sponsor is living in the U.S., your sponsor must submit a notarized Affidavit of Support, Form I-134 available at www.uscis.gov)

Name of family member or sponsor: _____
Family/Surname First name

Relationship to student: _____

Address: _____

City Province/Territory Postal Code Country

**By signing below, I attest that I sufficiently provide funding to support Mr./Ms._____.
The source of these funds will continue through the duration of the studies at Everett Community College.**

Signature of family member or sponsor

Today's Date: month/day/year

SIGNATURE PAGE

INTERNATIONAL STUDENT ADMISSION POLICY

I certify that the information I have provided on this application is accurate and complete to the best of my knowledge. I understand that as a new student, if I use Everett CC's I-20 to enter the U.S.A., I must report in person to Everett CC's orientation session for new international students, and I must enroll for and attend the first quarter at Everett CC. Failure to do so will result in the termination of my I-20.

Student Signature

Today's Date: month/day/year

RELEASE OF INFORMATION (please choose only one option)

Everett Community College, in compliance with the federal Family Educational Rights and Privacy Act (FERPA), limits the amount and type of information that can be shared with persons other than the student. If you wish the International Education Office to maintain a list of people who may have access to your entire student record, you may use this form. You may list family members, scholarship or funding agencies, but not a place of employment, unless you list a person's name (For example: John Smith, not HR Director). Release may include the release of grades, class schedule, address, phone number, financial records, etc. Information may be released in an emergency, or by regular request. We will release information after the requestor provides proper identification.

Option 1: Authorization for (Emergency) Release of Student Record Information

☐ **YES**, I give permission to the International Education Office to release information to my:

☐ Agency - list name: _____ ☐ Embassy - list name: _____

☐ Parents - list name(s): _____ ☐ Other _____
Name Relationship

☐ All ☐ Class Schedule ☐ Address & Phone ☐ Financial records ☐ Correspondence ☐ Test Scores

☐ Transcript ☐ Class Attendance ☐ Recommendation ☐ Current Grades ☐ Other (specify) _____

Student Name: Family/Surname First name

Date of birth

This release is in effect until: (Date): _____

Student Signature

Today's Date: month/day/year

Option 2: Request for Non-disclosure

☐ **NO** - If you do not wish any information about your enrollment to be disclosed by the College, please complete the following:

Student Name: Family/Surname First name

Date of birth

By signing your name, you confirm that you do not want your student information disclosed (except to any persons listed above):

Student Signature

Today's Date: month/day/year

Note: To change your request at a later date, you must submit another form.

PHOTOGRAPH/IMAGE RELEASE (please choose only one option)

Option1: I, _____, hereby grant to Washington State Community College District V, its successors, assigns, and permittees, exclusive and irrevocable permission to use, publish and copyright the videotaping, photographs or drawings in which I appear as the principal subject or one of the subjects, for advertising, publicity, and any other purpose whatsoever, by or through any media, in whole, part of composite, and in conjunction with such captions and explanatory text as any user described above may deem appropriate; and I hereby release Washington State Community College District V, its successors, assigns, agents, and permittees, from any and all liability arising from the uses I have authorized above, including liability for any blurring, distortion or alteration occurring in such uses and from any obligation to obtain my further approval of any manner or form in which such videotaping, photographs or drawings are used or published. This release is for videotaping, photographs or drawings taken between today through graduation. Photos and videos may be posted to the college's website, FaceBook, brochures and other materials.

Option 2: ☐ Check this box if you **DO NOT** want your photos, videos or drawings to be used by Everett Community College.

Student Signature required for either option 1 or 2

Today's Date: month/day/year

HEALTH/MEDICAL INSURANCE

All international students (with the exception of students with medical insurance approved by their government scholarship) are required to purchase Firebird health insurance every quarter through Everett Community College. This health insurance does not cover vision and dental. For additional information please review <http://fiig-insurance.com/>. I allow the International Education Office to provide my name, student ID, birthday, email and mailing address to Firebird International Insurance Group as requirement for insurance enrollment.

Student Signature

Today's Date: month/day/year

ON-CAMPUS HOUSING POLICY

I understand that as an international student enrolled at Everett Community College, who will be 17 years of age or older by the first day of the start of classes, I am required to live in the student housing on-campus unless and until I am granted an exemption from the Student Housing Director or designee. For additional information on the exemptions and to review the entire on-campus housing policy, please visit www.everettcc.edu/housing.

Student Signature

Today's Date: month/day/year