



College Use Only

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OFFICE OF INTERNATIONAL PROGRAMS

SECTION 1

PERSONAL INFORMATION *(Please Print Clearly)*

All appropriate areas must be completed

Family Name (as it appears on your passport)	Country of Birth	Country of Citizenship
First Name (as it appears on your passport)	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
What quarter and year would you like to begin? Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Intended major (<i>required</i>) _____		

Please list all dependents you plan to bring with you (List full name, gender, date of birth, country of birth, and country of citizenship for each):

1.	Name (Family, First)	Gender (M/F)	Date of Birth (mm/dd/yyyy)
	Country of Birth	Country of Citizenship	Relationship (Spouse/Child)
2.	Name (Family, First)	Gender (M/F)	Date of Birth (mm/dd/yyyy)
	Country of Birth	Country of Citizenship	Relationship (Spouse/Child)

If you have more than 2 dependents, please list the information on a separate page and attach it to this document.

Permanent Address in home country (required):

Name	
Address	
City	Province
Postal Code	Country
Telephone (country code/city code/number)	
Fax (country code/city code/number)	
Email Address	

Address where admissions & I-20 documents should be mailed (if different):

Name	
Address	
City	Province
Postal Code	Country
Telephone (country code/city code/number)	
Fax (country code/city code/number)	

SECTION 2

VISA INFORMATION *(Please read the section below and answer all questions.)*

Are you currently in the U.S.? Yes No If yes, what is your visa status? F-1 B-1/B-2 Other *(specify)* _____

Are you transferring from a school in the U.S.? Yes No (If yes, please submit a copy of your current I-20 along with your application and provide the information below on your current school)

School Name: _____

Address: _____

Telephone: _____ Fax: _____

SECTION 3

PROGRAM INFORMATION

Which program would you like to study?

Associate in Arts/Science Degree (Academic/Transfer Program) *specify major* _____

Associate in Applied Science Degree *specify program* _____

Associate in Applied Technology Degree *specify program* _____

Certificate *specify program* _____

How long do you plan to study at Clark College?

One quarter only One year Two years Other _____

SECTION 4

EDUCATION *(List all previous secondary/high schools and colleges attended. Begin with most recent.)*

Name of School	Address	Date Graduated	Diploma* (Y/N)	Will you transfer in credits? ** (Y/N)

*Please provide a copy of your high school transcript and/or official transcripts from all colleges attended in the U.S. or your home country.

**Please contact our office for additional information on international transcripts.

SECTION 5

HOW DID YOU LEARN ABOUT CLARK COLLEGE?

Agency Name: _____ Email: _____ Telephone: _____

Web Site Which one? _____

Friend or Relative Name: _____ Email: _____ Telephone: _____

Counselor/Advisor Name: _____ Email: _____ Telephone: _____

Advertisement Which publication(s)? _____

Education Fair Month/Year: _____ City: _____

Other Name: _____

SECTION 6 FINANCIAL INFORMATION

To apply for an F-1 visa at a consulate or embassy, you must obtain a SEVIS I-20 from Clark College. In order to issue an I-20, schools require proof of sufficient funds for tuition and all living expenses. Please provide a financial document from your bank showing the required funds or have your bank complete the section below. All funds must be specified in U.S. dollars. If you plan to bring your spouse or children, you must provide an **additional \$3600 per dependent** for the academic year. Applicants whose financial support will come from a U.S. citizen, U.S. permanent resident, or other official agency must submit the Form I-134 which is available at www.uscis.gov/files/form/I-134.pdf.

TOTAL FUNDS REQUIRED \$16,900 USD

Personal _____ Family _____ US Sponsor _____
 Government/Scholarships _____ Other (specify) _____

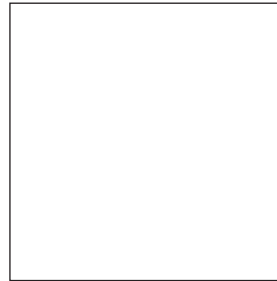
Certification by Bank Official (required if unable to obtain a bank statement): This is to certify that the information furnished by the applicant on this form regarding the personal savings is true and accurate.

Name of Bank Official

Title of Bank Official

Bank Official's Signature

Date (*within last 90 days*)



Bank Seal

STATEMENT OF FINANCIAL RESPONSIBILITY

I affirm that I or the sponsor has sufficient funds to pay for all necessary expenses **during the period of study at Clark College**. The signature below guarantees that I or the sponsor has a minimum of \$16,900 available for the first year of study. I will have sufficient funds available to pay for travel from and to my home country. I further understand that I am not eligible for U.S. federal financial aid. The specific sources of my funds and the amount of U.S. dollars to be received from each are listed above.

Name of Financial Sponsor

Relationship to Applicant

Signature (*required*)

Date

SECTION 7 INSURANCE INFORMATION

All international students must have health insurance. Health insurance is available through Clark College. The insurance fee is charged quarterly. For the most current information on the quarterly rate, please visit our Web site at www.clark.edu/international. Insurance is also available for dependents.

SECTION 8

TO APPLY, PLEASE SEND:

- Completed international application
- 300-500 word academic plan essay (*see below for information*)
- Transcript from last school attended, sealed by school (*recommended*)
- Copy of passport
- \$35.00 USD non-refundable application fee (*check/money order/credit card*), also a \$30.00 USD courier fee if outside the US = \$65
- Proof of financial support for one full year of study (\$16,900 USD)*
- Proof of English language proficiency in one of the following ways:
 - TOEFL score of 32 (iBT), 97 (CBT) or 400 (PBT)
 - An IELTS test score of 4
 - Successful completion of predetermined course level at partner Intensive English programs

***Note:** If financial sponsor resides in the US, form I-134 must also be submitted. (Available at: www.uscis.gov/files/form/I-134.pdf)

Academic Plan Essay: Please submit a brief explanation (300-500 words) of your educational plan and your career goals. How do you plan to achieve these goals? Do you plan to transfer to a four-year university? How is attending Clark College going to help you achieve your overall goal?

FOR CREDIT CARD PAYMENT

Credit Card Number:

Amount Charged: \$65 USD for Application & Courier Fee (*if outside the US*)
or \$35 USD for Application Fee (*if within the US*)

Credit Card Type (*i.e. Visa, MasterCard, Discover*)

Card Expiration Date

Cardholder's Name (*please print*)

Authorizing Signature

SECTION 9

APPLICANT SIGNATURE (*All applicants must sign the application form below*)

I hereby certify the information I have provided is accurate and complete to the best of my knowledge. I fully understand that failure to disclose and submit complete and accurate information and all required documents may result in denial or dismissal from Clark College. I understand that students must have sufficient funds for all of their tuition and expenses for their first year.

Student Signature

Date (mm/dd/yyyy)

Mail or fax your application materials to:
Clark College
Office of International Programs, PUB 014
1933 Fort Vancouver Way
Vancouver, WA 98663 USA
Fax: (360) 992-2868

**For additional information or questions, please contact our office at:
(360) 992-2390 or international@clark.edu**

Clark College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, gender expression, political affiliation, creed, disabled veteran status, marital status, honorably discharged veteran or Vietnam-era veteran status in its programs and activities.