

International Student Application for Admission

Thank you for your interest in Lake Tahoe Community College. Please complete the entire application and provide all required documentation by the deadline for the quarter in which you plan to begin attendance.

Application Deadlines for Academic Year 2019/2020 *

Quarter	New student Application deadline*	Transfer student Application deadline*
Early Fall (athletes only)	June 10	July 10
Fall	August 1	September 3
Winter	November 11	December 9
Spring	March 1	March 30

^{*} If you find yourself applying for admission after the application deadline contact the International Student Office to find out if any special arrangements can be made.

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ш	international Student Admission Application
	Copy of valid passport
	High School transcripts (translated into English)
	Evidence of English proficiency (see Information Packet and current catalog)
	Verification of ability to meet financial obligations (dated in recent 6 months)
	Evidence of physical examination (dated in recent 6 months)
	Results for Tuberculosis screening (dated in recent 6 months)
	Personal letter describing your interests, academic goals, and plans (letter must be hand-signed)
	\$100 non-refundable application fee

All documents <u>must be scanned and emailed</u> to International Student Office at <u>international@ltcc.edu</u> and received by Lake Tahoe Community College prior to the application deadlines. You will also be required to submit proof of medical insurance coverage prior to beginning your studies.

Refer to page three of the International Student Information packet or visit <u>www.ltcc.edu/international</u> for further details about the requirements for each of the items listed above.

via email: international@ltcc.edu

Send Completed Application Packet to:

International Student Office Lake Tahoe Community College One College Drive South Lake Tahoe, CA 96150 United States

Quarter of Applic Last Name Date of Birth (MM/DD/YYYY) Country of Citizenship	Student's phone numb	Country of Permanent Address (Outsi	Middle Name Student's em	Gender Male Female	
Street		City, County/State, Postal Co	Juc	Country	
Street or P.O. Box		Tailing Address (Outside the City, County/State, Postal Co	ode	Country	
Parent/Guardian Name	Parent/Guardian phone	Other Contact Informat number with country code	ion Parent/Guardian Em	ail Address	
2 nd Emergency Contact Name		umber with country code	2 nd Emergency Email	Address Relationship	
		Citizenship and Ethnic	itv		
Citizenship Request consideration for application for a student v	risa (F-1)			lege or university issued your I-20?	
Currently hold a student v transfer from another inst		Date of Issue	Date of Issue Expiration		
Other status (please specifications) Ethnicity (Mark All That Apply)		_			
Asian: Cambodian Asian: Chinese Asian: Japanese Asian: Korean Asian: Laotian Asian: Vietnamese Asian: Other	Central American Mexican, Chicano, or Mexican-American South American Hispanic: Other	Filipino Pacific Islander: Guam Pacific Islander: Hawa Pacific Islander: Samo Pacific Islander: Other African-American Nor	iian an r	☐ American Indian ☐ Alaskan Native ☐ White Non-Hispanic ☐ Other Non-White	
		-1			
Educational Goal: Transfer to a 4-year college Transfer to a 4-year college Obtain a community college Enrollment Status New – first time enrolled at Transfer – attended another	without an associate degree academic degree any college in the US	ee	ly attending K-12 scholy enrolled in Adult Sod high school diplomathe GED or received a npletion d a Certificate of Calific Foreign Secondary Segraduate – received A	nd not enrolled in high school hool High School Certificate of Equivalency ornia High School Proficiency School Diploma/Certificate of Graduation	

High Schools Attended		
City, County/State, Country	From	То
City, County/State, Country	From	То
	City, County/State, Country	City, County/State, Country From

Colleges and Universities Attended					
Name of College or University	City, County/State, Country	From	То		
Name of College or University	City, County/State, Country	From	То		
Name of College or University	City, County/State, Country	From	То		

Academic Program/Major (Mark One)
Associate Degrees
Addiction Studies Anthropology Art Art New Media Business (MARK ONE: Accounting Finance Management Marketing) Business Administration (and Transfer Degree) Commercial Music Computer and Information Sciences - Web Development Criminal Justice- Administration of Justice Culinary Arts Early Childhood Education Elementary Teacher Education English Environmental Technology and Sustainability Fire Science Geography Geology (and Transfer Degree) Humanities Kinesiology Liberal Arts (MARK ONE: Arts & Humanities Math & Science Social Sciences) Mathematics (and Transfer Degree) Medical Office Assistant - Administrative Natural Science Psychology Social Science Sociology (and Transfer Degree)
Spanish Wilderness Education

Parents' Educatio	n Level (First Generation)
Father: High school diploma or GED Some college, no degree Associate's degree Bachelor's degree Master's degree or higher Other/Unknown	Mother: High school diploma or GED Some college, no degree Associate's degree Bachelor's degree Master's degree or higher Other/Unknown
Other Where did you find out about LTCC?	er Questions
Google Search / Website High School Counselor College or University Counselor Have you been recruited or assisted by an agent? If so, please s	Social Media College Fair Other (please specify) pecify name and contact information.
TRANSFER STUDENTS ONLY:	and the second of the second o
Street City, State	Address (Within the U.S.) Zip Code
Local Mailing Ad	ddress (Within the U.S.)
Street or P.O. Box City, State	Zip Code
	t and end your attendance at LTCC? Ending quarter and year
Starting quarter and year	Chung quarter and year
Tr	avel Plans
Do you plan to leave the country prior to attending LTCC? ☐ Yes ☐ No	If yes, when do you plan to leave and return?
CERTIFICATION – TO BE READ AND SIGNED BY APPLICAN I declare under penalty of perjury that all information on t withholding information, or failure to report a change in re	this form is correct. I understand that falsification,
Student's Signature - Hand signed	Date
	Office Use Only ID# CAR OSR FCR AB540 GNP



The non-refundable application processing fee of \$100 must be submitted with your admission application. This fee may be paid by check, money order, or cashier's check payable in U.S. funds or payment may be made by credit card (Visa, MasterCard, or Discover).

If you would like to pay by credit card, please complete the authorization form below.

Credit Card Credit Card Authorization
Student Name:
Cardholder's Name:
Telephone:
Credit Card: MasterCard Discover
Card Number:
Expiration Date: Verification code (3 digit numbers on back of card):
I hereby authorize Lake Tahoe Community College to charge my credit card in the amount of \$100.00 for the international student application fee.
Cardholder's Signature - Hand signed Date



STATEMENT OF FINANCES

As an international student, you will be required to enroll in and complete at least 12 units per quarter (fall, winter and spring) of attendance. Non-resident tuition will be charged in addition to the enrollment fee. It is your responsibility to verify that you have sufficient funds available to cover all educational and living expenses identified in the International Student Information sheet (see page 4). International students are not eligible for financial aid. Indicate all financial amounts in U.S. dollars.

By signing this document, I certify that I will have a minimum of \$16,000 U.S. dollars for each year of my study at Lake Tahoe Community College exclusive of travel expenses.

Source:	Amount: 1st Year	<u>Amoun</u>	nt: 2 nd Year
* Personal Fund of the Student	\$	\$	
* Family Funds	\$	\$	
* Government Scholarship	\$	\$	
* Other Sources of Funding	\$	\$	
Will your government allow money to *If yes, explain the procedure you must	, ,	Yes* No	
	-	-	
certify that the information providenisrepresentation of information we student's name as it appears on your	ill be a cause for dismissal fro	om Lake Tahoe Cor ature – Hand signed	
Student's name as it appears on your you agree to sponsor an international studeling students are the students of the student	passport Student's signal AFFIDAVIT OF SUPPORT Ident, you must certify that you had ent Information sheet. Financial delete the information below. Indicated	ature – Hand signed ave the financial mean ocumentation is requite all financial amount	Date s to meet the fi
Student's name as it appears on your you agree to sponsor an international studelingations listed in the International Studecessary immigration forms. Please complame of student:	passport Student's signa AFFIDAVIT OF SUPPORT Ident, you must certify that you had ent Information sheet. Financial delete the information below. Indicated	ature – Hand signed ave the financial mean ocumentation is requite all financial amount	Date s to meet the fi
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Date

Sponsor's Signature - Hand signed



Bank Certification

To the applicant, parent or sponsor: Please present this form to your bank or financial institution.

Name of student:	
TO BE COMPLETED BY BANK OR OTHER FINANCIAL AGENCY OFFICIALS	
We hereby certify the following information regarding the account held by:	
Name of account holder:	
Date account opened:	
Present balance in U.S. dollars: \$	
Comments:	
Name of bank or agency:	
Official's signature:	
Official's name and title:	
Address of bank or agency:	
Bank or agency stamp:	



International Admissions - Physical Examination & Tuberculosis Clearance

Dear Medical Professional:

The individual providing this form has applied for admission to Lake Tahoe Community College in the US, as an international student. One of the admission requirements is a physical examination to determine whether the potential student is in good health and Tuberculosis screening. The applicant is expected to pay any necessary fees to the medical facility for this exam. Please provide your evaluation below.

Name of Applicant/Patient:			
Applicant's Date of Birth:	_		
Date of Exam:			
Based on your evaluation, is the applicant in good health?		[] Yes	[] No
To your knowledge, is the applicant free of any infectious and contagious dise	eases?	[] Yes	[] No
To your knowledge, is the applicant free from any pathology incompatible wi	th group life?	[] Yes	[] No
Are there any special instructions regarding the health of this individual?		[] Yes	[] No
Comments:			
Tuberculosis screening- all international students are required by the Departr (recent 6 months) Tuberculosis (TB) clearance (skin test PPD, blood test or ch			
Please use separate document for statement of Tuberculosis screening.			
Signature of Physician or Public Health Officer Date	te		
Name of Physician and Address of Facility			
Physician's or Facility's stamp			

Applicants- please return completed form to:

Lake Tahoe Community College International Student Office One College Drive South Lake Tahoe, CA, 96150

Email: international@ltcc.edu



International Student Mailing Information

Please fill out the following label. It will be used for mailing your immigration documents via FedEx. Be sure to provide the most accurate address and phone number to ensure FedEx can reach you and deliver your package.

Name:	 	
Address:		
Address:		
City:	 	
State / Province / Region:	 	
ZIP / Postal Code:	 	
Country:	 	
Telephone with country code:		