



## 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 2025/2026**

| Quarter                       | New student Application deadline | Transfer student Application deadline |
|-------------------------------|----------------------------------|---------------------------------------|
| Early Fall<br>(Athletes only) | June 9, 2025                     | July 14, 2025                         |
| Fall                          | August 4, 2025                   | September 2, 2025                     |
| Winter                        | November 3, 2025                 | December 1, 2025                      |
| Spring                        | February 23, 2026                | March 23, 2026                        |

**To be considered for admission, please submit all of the following documents by the application deadline:**

- ☐ International Student Admission Application
- ☐ Copy of valid passport
- ☐ Copy of original High School transcripts and certified English translation
- ☐ Evidence of English proficiency (see Information Packet)
- ☐ Verification of ability to meet financial obligations (dated within the last 3 months)
- ☐ Results for Tuberculosis screening (dated within the last 2 years)
- ☐ Personal statement describing your interests, academic goals, and plans (**statement must be signed**)
- ☐ \$100 **non-refundable** application fee

All documents **must be scanned and emailed** to the International Student Office at [international@ltcc.edu](mailto:international@ltcc.edu) and received by Lake Tahoe Community College prior to the application deadline. You will also be required to submit proof of medical insurance coverage prior to enrolling in classes.

**Refer to page three of the International Student Information Packet for further details about the requirements for each of the items listed above.**

International Student Office  
Lake Tahoe Community College  
One College Drive  
South Lake Tahoe, CA 96150  
United States  
[international@ltcc.edu](mailto:international@ltcc.edu)



Quarter of Application: ☐ Fall ☐ Winter ☐ Spring ☐ Early Fall (student athletes only)

|  |  |  |                                 |   |                         |  |  |
|--|--|--|---------------------------------|---|-------------------------|--|--|
| Last Name                              |  | First Name   |                                 | Middle Name                             |                         | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Date of Birth (MM/DD/YYYY)             |  | Student's phone number with country code                 |                                 |   | Student's email address |  |  |
| Country of Citizenship                 |  |  |                                 | Country and City of Birth               |                         |  |  |
| Physical Address (Outside the U.S.)    |  |  |                                 |   |                         |  |  |
| Street                                 |  |  | City, County/State, Postal Code |   |                         | Country  |  |
| Mailing Address (Outside the U.S.)     |  |  |                                 |   |                         |  |  |
| Street or P.O. Box                     |  |  | City, County/State, Postal Code |   |                         | Country  |  |
| Other Contact Information              |  |  |                                 |   |                         |  |  |
| Parent/Guardian Name                   |  | Parent/Guardian phone number with country code           |                                 | Parent/Guardian Email Address           |                         |  |  |
| 2 <sup>nd</sup> Emergency Contact Name |  | 2 <sup>nd</sup> Emergency phone number with country code |                                 | 2 <sup>nd</sup> Emergency Email Address |                         | Relationship   |  |

|  |  |  |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
|--|--|--|---|---|---|-----------------------------------|--|---|--|--|---|--|---|---|---|--|--|---|--|---|--|--|--|--|--|--|--|---------------------------------------|--|--|--|
| Student Visa Status  |  |  |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <b>Visa Status</b><br><input type="checkbox"/> Request consideration for I-20 paperwork to allow application for a student visa (F-1)<br><input type="checkbox"/> Currently hold a student visa (F-1) and would like to transfer from another institution<br><input type="checkbox"/> Other status (please specify): _____   |  | <b>If you currently hold a student visa, which college or university issued your I-20?</b><br><table border="1"><tr><td>Date of Issue</td><td>Expiration Date</td></tr><tr><td> </td><td> </td></tr></table> |   | Date of Issue                             | Expiration Date                           |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| Date of Issue  | Expiration Date  |  |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
|  |  |  |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <b>Ethnicity (Mark All That Apply)</b><br><table border="0"><tr><td><input type="checkbox"/> Asian: Cambodian</td><td><input type="checkbox"/> Central American</td><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> American Indian</td></tr><tr><td><input type="checkbox"/> Asian: Chinese</td><td><input type="checkbox"/> Mexican, Chicano, or Mexican-American</td><td><input type="checkbox"/> Pacific Islander: Guamanian</td><td><input type="checkbox"/> Alaskan Native</td></tr><tr><td><input type="checkbox"/> Asian: Japanese</td><td><input type="checkbox"/> South American</td><td><input type="checkbox"/> Pacific Islander: Hawaiian</td><td><input type="checkbox"/> White Non-Hispanic</td></tr><tr><td><input type="checkbox"/> Asian: Korean</td><td><input type="checkbox"/> Hispanic: Other</td><td><input type="checkbox"/> Pacific Islander: Samoan</td><td><input type="checkbox"/> Other Non-White</td></tr><tr><td><input type="checkbox"/> Asian: Laotian</td><td></td><td><input type="checkbox"/> Pacific Islander: Other</td><td></td></tr><tr><td><input type="checkbox"/> Asian: Vietnamese</td><td></td><td><input type="checkbox"/> African-American Non-Hispanic</td><td></td></tr><tr><td><input type="checkbox"/> Asian: Other</td><td></td><td></td><td></td></tr></table> |  |  |   | <input type="checkbox"/> Asian: Cambodian | <input type="checkbox"/> Central American | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian: Chinese | <input type="checkbox"/> Mexican, Chicano, or Mexican-American | <input type="checkbox"/> Pacific Islander: Guamanian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian: Japanese | <input type="checkbox"/> South American | <input type="checkbox"/> Pacific Islander: Hawaiian | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Asian: Korean | <input type="checkbox"/> Hispanic: Other | <input type="checkbox"/> Pacific Islander: Samoan | <input type="checkbox"/> Other Non-White | <input type="checkbox"/> Asian: Laotian |  | <input type="checkbox"/> Pacific Islander: Other |  | <input type="checkbox"/> Asian: Vietnamese |  | <input type="checkbox"/> African-American Non-Hispanic |  | <input type="checkbox"/> Asian: Other |  |  |  |
| <input type="checkbox"/> Asian: Cambodian  | <input type="checkbox"/> Central American                      | <input type="checkbox"/> Filipino  | <input type="checkbox"/> American Indian    |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Chinese  | <input type="checkbox"/> Mexican, Chicano, or Mexican-American | <input type="checkbox"/> Pacific Islander: Guamanian   | <input type="checkbox"/> Alaskan Native     |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Japanese   | <input type="checkbox"/> South American                        | <input type="checkbox"/> Pacific Islander: Hawaiian  | <input type="checkbox"/> White Non-Hispanic |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Korean   | <input type="checkbox"/> Hispanic: Other                       | <input type="checkbox"/> Pacific Islander: Samoan  | <input type="checkbox"/> Other Non-White    |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Laotian  |  | <input type="checkbox"/> Pacific Islander: Other   |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Vietnamese   |  | <input type="checkbox"/> African-American Non-Hispanic   |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |
| <input type="checkbox"/> Asian: Other  |  |  |   |   |   |                                   |  |   |  |  |   |  |   |   |   |  |  |   |  |   |  |  |  |  |  |  |  |                                       |  |  |  |

|  |  |
|--|--|
| Education  |  |
| <b>Educational Goal:</b><br><input type="checkbox"/> Transfer to a 4-year college <u>with</u> an associate degree<br><input type="checkbox"/> Transfer to a 4-year college <u>without</u> an associate degree<br><input type="checkbox"/> Obtain a community college academic degree | <b>Education Level (mark highest level completed)</b><br><input type="checkbox"/> Not a high school graduate and not enrolled in high school<br><input type="checkbox"/> Currently attending K-12 school<br><input type="checkbox"/> Currently enrolled in Adult School<br><input type="checkbox"/> Received high school diploma<br><input type="checkbox"/> Passed the GED or received a High School Certificate of Equivalency or Completion<br><input type="checkbox"/> Received a Certificate of California High School Proficiency<br><input type="checkbox"/> Received Foreign Secondary School Diploma/Certificate of Graduation<br><input type="checkbox"/> College graduate – received Associate Degree<br><input type="checkbox"/> College graduate – received Bachelor's Degree or higher |
| <b>Enrollment Status</b><br><input type="checkbox"/> New – first time enrolled at any college in the US<br><input type="checkbox"/> Transfer – attended another college in the US previously<br><input type="checkbox"/> Other – current/former LTCC student or other status         |  |

| High Schools Attended |               |      |    |
|-----------------------|---------------|------|----|
| Name of High School   | City, Country | From | To |
|                       |               |      |    |
| Name of High School   | City, Country | From | To |
|                       |               |      |    |

| Colleges and Universities Attended |               |      |    |
|------------------------------------|---------------|------|----|
| Name of College or University      | City, Country | From | To |
|                                    |               |      |    |
| Name of College or University      | City, Country | From | To |
|                                    |               |      |    |
| Name of College or University      | City, Country | From | To |
|                                    |               |      |    |

| Academic Program/Major  |
|---|
| <p><b><u>Associate Degrees</u></b> (choose major from the list below)</p> <p> <input type="checkbox"/> Addiction Studies<br/> <input type="checkbox"/> Anthropology<br/> <input type="checkbox"/> Art<br/> <input type="checkbox"/> Art New Media<br/> <input type="checkbox"/> Business (<b>MARK ONE:</b> <input type="checkbox"/> Accounting <input type="checkbox"/> Finance <input type="checkbox"/> Management <input type="checkbox"/> Marketing) <input type="checkbox"/> Business Administration<br/> <input type="checkbox"/> Computer and Information Systems - Cybersecurity<br/> <input type="checkbox"/> Criminal Justice - Administration of Justice<br/> <input type="checkbox"/> Culinary Arts<br/> <input type="checkbox"/> Early Childhood Education<br/> <input type="checkbox"/> Elementary Teacher Education<br/> <input type="checkbox"/> English (not an ESL program)<br/> <input type="checkbox"/> Environmental Science<br/> <input type="checkbox"/> Environmental Studies<br/> <input type="checkbox"/> Fire Science<br/> <input type="checkbox"/> Geography<br/> <input type="checkbox"/> Geology<br/> <input type="checkbox"/> Hospitality Management<br/> <input type="checkbox"/> Kinesiology<br/> <input type="checkbox"/> Liberal Arts (<b>MARK ONE:</b> <input type="checkbox"/> Arts &amp; Humanities <input type="checkbox"/> Math &amp; Science <input type="checkbox"/> Social Sciences) <input type="checkbox"/> Mathematics<br/> <input type="checkbox"/> Medical Office Assistant – Administrative<br/> <input type="checkbox"/> Political Science<br/> <input type="checkbox"/> Psychology<br/> <input type="checkbox"/> Sociology<br/> <input type="checkbox"/> Spanish<br/> <input type="checkbox"/> Wilderness Education and Outdoor Leadership </p> |

### Parents' Education Level

**Father:**

- ☐ High school diploma or GED  
☐ Some college, no degree  
☐ Associate degree  
☐ Bachelor's degree  
☐ Master's degree or higher  
☐ Other/Unknown

**Mother:**

- ☐ High school diploma or GED  
☐ Some college, no degree  
☐ Associate degree  
☐ Bachelor's degree  
☐ Master's degree or higher  
☐ Other/Unknown

### Other Questions

**Where did you find out about LTCC?**

- ☐ Google Search / Website  
☐ High School Counselor \_\_\_\_\_  
☐ College or University Counselor \_\_\_\_\_  
☐ Social Media \_\_\_\_\_  
☐ College Fair \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_  
☐ Have you been recruited or assisted by an educational agent? If so, please specify name and contact information.

**TRANSFER STUDENTS ONLY:**

#### Local Residence Address (Within the U.S.)

|        |             |          |
|--------|-------------|----------|
| Street | City, State | Zip Code |
|--------|-------------|----------|

#### Local Mailing Address (Within the U.S.)

|                    |             |          |
|--------------------|-------------|----------|
| Street or P.O. Box | City, State | Zip Code |
|--------------------|-------------|----------|

#### When would you like to start and end your attendance at LTCC?

|                           |                         |
|---------------------------|-------------------------|
| Starting quarter and year | Ending quarter and year |
|---------------------------|-------------------------|

#### Travel Plans

|   |   |
|---|---|
| Do you plan to leave the country prior to attending LTCC?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when do you plan to leave and return? |
|---|---|

**CERTIFICATION – TO BE READ AND SIGNED BY APPLICANT:**

*I declare under penalty of perjury that all information on this form is correct. I understand that falsification, withholding information, or failure to report a change in residence may jeopardize my I-20 status in the U.S.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
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 via credit or debit card (Visa, MasterCard, or Discover). Please complete the authorization form below.

### Credit Card Authorization

Student Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Credit Card: ☐ MasterCard ☐ Visa ☐ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification code (3-digit number 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

\_\_\_\_\_  
Date



## Confidential Statement of Finances

As an international student, you will be required to enroll in and complete approximately 15 units each academic quarter. You will pay international tuition in the amount of \$298 per unit for the 2025-2026 academic year. It is your responsibility to prove that you and/or your sponsor have sufficient funds available to cover all educational and living expenses identified on page four of the International Student Information Packet. International students are not eligible for financial aid in the U.S.

**By signing this document, I certify that I will have a minimum of \$25,000 U.S. dollars for each year of my study at Lake Tahoe Community College. This is the minimum necessary to cover college/living expenses while studying in the U.S. for one academic school year – 9 months (fall, winter, and spring quarters ONLY – please note that the summer quarter is not included).**

**I understand that this amount does not include travel expenses to and from the U.S.**

Please indicate all financial amounts in U.S. dollars.

| <b><u>Source:</u></b>           | <b><u>Amount: 1<sup>st</sup> Year</u></b> | <b><u>Amount: 2<sup>nd</sup> Year</u></b> |
|---------------------------------|---|---|
| * Personal Funds of the Student | \$ _____                                  | \$ _____                                  |
| * Family Funds                  | \$ _____                                  | \$ _____                                  |
| * Government Scholarship        | \$ _____                                  | \$ _____                                  |

\* Must provide verification for first year only via notarized bank certification (see application page 7)

**Will your government allow money to be sent directly to you?**    ☐ Yes    ☐ No

If not, explain the procedure you must follow to receive the money: \_\_\_\_\_

***I certify that the information provided above is true, correct, and complete. I understand that misrepresentation of information may jeopardize my I-20 status in the U.S.***

\_\_\_\_\_  
Student's name as it appears on your passport

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date



## Affidavit of Support (Sponsor Statement)

If you agree to sponsor an international student, you must certify that you have the financial means to meet all financial obligations listed on page 4 of the International Student Information Packet. Bank certification is required for both admission to the college and the F-1 visa application process. The sponsor's obligation begins when the student enters the U.S. and continues until the student completes their program of study and departs the U.S. Please indicate all financial amounts in U.S. dollars.

Name of student: \_\_\_\_\_

Name of sponsor(s): \_\_\_\_\_

Sponsor's address: \_\_\_\_\_

Telephone and e-mail: \_\_\_\_\_

Relationship to student: ☐ Parent or Relative ☐ Self-sponsor ☐ Friend ☐ Other: \_\_\_\_\_

***I hereby certify that I am willing to be responsible for supporting the student listed above by providing United States funds in the minimum amount of \$\_\_\_\_\_ (\$25,000 minimum) for each year of attendance. As a sponsor, I guarantee all expenses such as the student's tuition, books, room and board, supplies, transportation, insurance, and personal expenses. I agree to make these funds fully available and accessible to the student to cover all expenses for the duration of their stay in the U.S. I understand that the above student will not be eligible to work off campus per federal regulations, and that on-campus work is NOT guaranteed. I also understand that the bank certification of funds is required of the sponsor.***

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date



## Bank Certification

**To the applicant, parent or sponsor:** Please present this form to your bank or financial institution and request that a bank representative enter all of the information requested below and certify it with an official stamp. In lieu of this form, you may alternatively request that a bank representative provide a signed letter (written on the bank's official letterhead and certified with an official stamp) that includes all of the information requested below. **Please note that LTCC will not accept bank account or credit card statements as proof of financial means.**

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: \_\_\_\_\_ Date: \_\_\_\_\_

Official's name and title: \_\_\_\_\_

Address of bank or agency: \_\_\_\_\_

Comments: \_\_\_\_\_

Bank or agency stamp:





## International Admissions - Tuberculosis Clearance

**Dear Medical Professional:**

**The individual providing this form has applied for admission to Lake Tahoe Community College in the U.S. as an international student. One of the admission requirements is a Tuberculosis screening. All international students are required by the Department of Public Health to have a current (performed within the last two years) Tuberculosis (TB) clearance (skin test PPD, blood test or chest x-ray) prior to admittance to college. 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: \_\_\_\_\_

Exam results: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Public Health Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Physician and Address of Facility

\_\_\_\_\_  
Physician's or Facility's stamp

**Applicants - please return completed form to: [international@ltcc.edu](mailto:international@ltcc.edu)**



## International Student Mailing Information

**Please fill out the following label to be used as your mailing address and telephone number on file. Be sure to provide up-to-date, accurate and complete information.**

|                              |       |
|------------------------------|-------|
| Name:                        | <hr/> |
| Address:                     | <hr/> |
| City:                        | <hr/> |
| State / Province / Region:   | <hr/> |
| ZIP / Postal Code:           | <hr/> |
| Country:                     | <hr/> |
| Telephone with country code: | <hr/> |