



International Student Application

Thank you for choosing Edmonds Community College.
We look forward to welcoming you to our campus community.

ALL ACCEPTANCE DOCUMENTS ARE SHIPPED OUTSIDE OF THE USA FOR FREE

TO APPLY, PLEASE SUBMIT:

- A Completed application.
- A Current bank statement showing a minimum of \$18,177.87.
(Must be in English on original official bank letterhead.)
- A \$50 non-refundable application fee.
- Copy of your valid passport.

Submit your application via E-mail to:

issadmissions@email.edcc.edu

Or send to: Edmonds Community College

International Student Services

20000 68th Avenue West

Lynnwood, WA 98036-5999 USA

For additional information or questions

(425) 640-1518 • iss_desk@email.edcc.edu

Fax: (425) 774-0455

www.edcc.edu/international

OFFICE USE ONLY

SID 958-01- _____ Initial _____ Agency _____

Application Received _____

Personal Information (print or type)

- New Student
- Transfer Student
- Returning EdCC Student

Family Name/Surname _____
(as it appears on passport)

First Name _____
(as it appears on passport)

Middle Names _____
(as it appears on passport)

Quarter you plan to begin:

Year: _____

- Fall (Sept. – Dec.)
- Winter (Jan. – March)
- Spring (March – June)
- Summer (July-Aug.)

Student's Home Country Address:

Address _____

City: _____ State/Province: _____

Postal Code: _____

Country: _____

Phone _____ - _____ - _____

Email: _____

Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Country of Birth _____

Native Language _____

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

Address _____

City: _____ Postal Code: _____

State/Province: _____

Country: _____

Phone _____ - _____ - _____

Email: _____

FEMALE **MALE**

Country of Citizenship _____

Do you have any dependent(s) applying with you? **No** **Yes** If yes, submit dependent form and passport copy.

Emergency Contact Information (either in the U.S. or abroad)

(Name) (Phone)

(Email) (Relationship)

(Address) (Country)

Agency/Advising Center Information (if applicable)

Agency Name: _____ Agency Contact Person: _____

Address: _____ Phone: _____

_____ Email: _____

Where would you like your I-20/admission documents sent?

Home Country Address Agency US address Other address (provide address below) Pick up by: _____
(relationship to you)

Name: _____ Phone: _____

Address: _____ Email: _____

Which program would you like to study?

Check **ALL** that apply:

English as a Second Language (IESL)

College or University Transfer

High School Completion Program

Major: _____

Conditional University Admission (Optional)

We offer assurance of conditional admission to the following universities upon admission to Edmonds Community College. To qualify, students must meet the minimum requirements for admission to each university as indicated in the letter. To receive an assurance of university admission letter, please mark **one** of the boxes below:

Arizona State University

Seattle University (SU)

California State University, Northridge (CSUN)

Seattle Pacific University

California State University, San Marcos

University of California, Davis

Carroll College

University of California, Irvine

Central Washington University (CWU)

University of Massachusetts, Dartmouth

City University of Seattle

University of Nevada, Las Vegas

Evergreen State University

University of Oregon (UO)

Indiana University South Bend

University of Washington, Bothell (UWB)

Indiana University - Purdue University, Indianapolis (IUPUI)

University of Washington, Tacoma (UWT)

Johnson & Wales University (JWU)

Washington State University (WSU)

Northern Arizona University (NAU)

Western Washington University (WWU)

San Francisco State University (SFSU)

For an up-to-date list of all universities that offer conditional admission to Edmonds CC students, please check our website at www.edcc.edu/international/programs.

Reasonable Accommodation

Do you require any special physical or learning assistance? No Yes, please describe: _____

Housing Information

If you would like to arrange EdCC Dormitory or Homestay, please submit a housing application and \$250 non-refundable housing application fee. On arrival date, airport pick-up is available for \$25. Please check www.edcc.edu/housing for more information.

Are you currently in the United States?

Yes No If already in the U.S. what visa do you currently have? _____

What type of visa will you have while attending Edmonds CC? _____

- Are you currently attending another U.S. school? Yes No

- Have you attended another school in the U.S.? Yes No

If yes, name of school _____ Last date of attendance: _____

If you are transferring to Edmonds CC, we will send you an email to complete an online Transfer Eligibility Form upon submitting your transfer application documents.

Fee Payment

\$50 Application Fee (non-refundable)

Quarterly Tuition Payments made by: Agent Student/Family Scholarship

Check

Money Order



Name as it appears on the card: (Please type or print clearly) _____

Signature of cardholder: _____

Credit card number: (please type or print clearly) _____

Exp Date: _____/_____

(Month)

(Year)

Security Code: _____

(last three digit number on the back of card)

Credit card billing address: _____

Wire Transfer to Edmonds CC
Beneficiary: Edmonds Community College
Account # 153 5011 418 47
ABA: 125 000 105
Bank: U.S. Bank - James Village Branch
Bank Address: 19420 Hwy 99 Lynnwood, WA
98036 USA

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. This section must be completed and signed before admission. We must also receive a current bank statement (no more than six months old) prior to admission.

The specified sources of my funds and the amount in U.S. dollars to be paid are provided by:

Personal : \$ _____ (bank statement must be attached)

Family: \$ _____ (bank statement must be attached)

Name on Bank Statement _____ Relationship to student _____

U.S. Sponsor: \$ _____ (Affidavit of Support Form I-134 must be attached)

Scholarship: \$ _____ Name of Scholarship _____

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

I will have sufficient funds available to pay all of the necessary expenses and tuition as stated in the costs/dates insert of this application packet. The source of these funds will continue through the duration of my study at Edmonds Community College.

Student Signature

Date

Release of Information

I give my permission to International Student Services to release information to my:

Agency Embassy Parents Other: _____

I do not give permission for International Student Services to release my student information except for Directory Information which is: name, address, phone, birthday, birthplace, major, activities, height/weight for athletes, dates of attendance, degree and awards, other institution attended.

Student Signature

Date

Acknowledgement of Risks for Off-Campus Trips and Activities (all students)

I understand and acknowledge that there is risk of injury to myself or my child by participation in off-campus trips and activities. I further understand that it is voluntary to participate and that the college does not require participation. I hereby release Edmonds Community College and the State of Washington, its employees, officers, agents and trustees, my heirs, executors, administrators and assign any and all rights and claims for damages from any and all injuries that I or my child may suffer as a result of his/her voluntary participation in trips and/or activities. I further agree to hold harmless and indemnify Edmonds Community College, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities. By signing this acknowledgement of risks for off-campus trips and activities form, I verify that I have read its contents and warnings and that I understand and agree to its terms.

Student Signature

Date

Signature of parent (if student is under 18 years-of-age)

Date

Health Insurance

All international students are required to purchase LowerMark health insurance every quarter through Edmonds CC. This health insurance does not cover vision and dental. For additional information please review www.lowermark.com/edmondscc. I allow the International Student Services to provide my name, student ID number, birthday, email and mailing address to Lower Mark as requirement for insurance enrollment.

Student Signature

Date

Under Age Form (under 18 years-of-age)

The Housing Office and ISS Offices must have these forms for students under 18 years of age studying at Edmonds Community College.

Medical Release Form

Hospitals and physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parent/guardians are not readily available to consent to treatment. Copies of the form will be made available to International Education Division, International Student Services, Housing and Student Life offices of Edmonds Community College.

I, _____, the parent of _____ (student) authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, at the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance. Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Parent's signature

Date

Witness

Date

Alternative Accommodation Form

Edmonds Community College recommends that students under age 18 live in College Housing. Please understand that the college has no responsibility for students who choose to not live in College Housing. **If anything happens outside of campus, we may not know about it, and may not be able to help them.**

Mark one and fill out below:

- As parent(s) we want our child **to live in EdCC Housing** until the age of 18.
- As parent(s) we want our child **to live in EdCC Housing** for this first Quarter. After the first quarter they can choose to stay or move out. (EdCC Residence Hall and Homestay quarter contract – this price will cost more – see website)
- As parent(s) we do **not** want our child to live in EdCC Housing. EdCC does not help to find housing off campus.

Parent's printed name

Parent's signature

Date