

International Student Application

Date: _____

Last Name (Family Name):		First Name:		Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary			
City/Country of Birth:			Country of Citizenship:	

Number of Dependents:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse Email: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Last Name (Family Name):		First Name:		Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/Country of Birth:		Country of Citizenship:		Relationship:	Birthdate: Age:
Last Name (Family Name):		First Name:		Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/Country of Birth:		Country of Citizenship:		Relationship:	Birthdate: Age:
Last Name (Family Name):		First Name:		Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/Country of Birth:		Country of Citizenship:		Relationship:	Birthdate: Age:
Last Name (Family Name):		First Name:		Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City/Country of Birth:		Country of Citizenship:		Relationship:	Birthdate: Age:

Foreign Address:		Address in the U.S.:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

***Please keep us informed of any changes in your address[es].**

Start Time of Desired Course:	End Time of Desired Course:
Applying to [Check one]:	
<input type="checkbox"/> ESL <input type="checkbox"/> Computerized Accounting (CAC) <input type="checkbox"/> Business General Program (BGP)	<input type="checkbox"/> Web Design <input type="checkbox"/> Web Software Technology <input type="checkbox"/> Computer Graphics & Design (GCD) <input type="checkbox"/> Professional Computer Graphic Design <input type="checkbox"/> Computer Information Systems (CIS)
<input type="checkbox"/> Accounting, Associate Degree (AOS) <input type="checkbox"/> Computer Graphic Design, Associate of Applied Science (AAS) <input type="checkbox"/> Web Software Technology, Associate of Applied Science (AAS)	

Status Information (Please submit copies of your passport ID section, visa, and both sides of I-94)

Are you currently in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what is your current status? [i.e., F-1, B-1/B-2, H-1, J-1, other]	If on a tourist visa [B-1/B-2] what is your date of entry and expiration date of I-94?
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TOEFL

Have you taken the TOEFL test before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If you have, please indicate your TOEFL score & submit a copy of the result from TOEFL testing Center.	TOEFL Score:	TOEFL Grade:	TOEFL Date:
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Name of Last High School Attended:		City:	Country:	
List all school attended beyond High School below.			If none attended, please initial here:	
Name of School:		From (MM/YY):	To (MM/YY):	Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
City:	Country:		Major:	
Name of School:		From (MM/YY):	To (MM/YY):	Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
City:	Country:		Major:	
Name of School:		From (MM/YY):	To (MM/YY):	Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
City:	Country:		Major:	
Please submit a copy of Certificate of Graduation and/or transcript[s] from your last attended school. If none is available, please explain:				

Emergency Contact Information

FATHER				
Last Name (Family Name):		First Name:		Middle Name:
Address:		Phone:		Email:
MOTHER				
Last Name (Family Name):		First Name:		Middle Name:
Address:		Phone:		Email:
OTHER 1		Relationship:		Email:
Last Name (Family Name):		First Name:		Middle Name:
Address:		Phone:		
OTHER 2		Relationship:		Email:
Last Name (Family Name):		First Name:		Middle Name:
Address:		Phone:		

- How did you find out about LAPC? Friend Relative
- Study Abroad Agency or Travel Agency: (Name)
- Advertisements: (Name)
- Search Engine: (Name)
- LAPC Website
- Other:

RELEASE OF INFORMATION:
 The family Educational Rights and Privacy Act of 1974 prohibits an institution from releasing the school records or any other information about a student to any third party without the written consent of the student.

I hereby certify that all the information in this application is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported.

 Student Signature

 Date

Certified Statement of Financial Status

Student Name: _____

Please check one: Sponsor Personal Funds Family Funds

I, _____ certify under penalty of perjury, that I will take full responsibility for all tuition/other expenses obligations during the applicant's studies at Los Angeles Pacific College and that s/he will not become a public charge while in the United States and will depart prior to expiration of the authorized stay in the United States.

Enclosed: Bank Statement
 Other:

Print Name

Relationship to Student

Signature of Sponsor

Date (Month/Day/Year)

Please submit the proof of your financial resource. The amount must be shown in U.S. dollars.