

## International Student Application

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

Last Name (Family Name):		First Name:		Middle Name:
Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		
What is the applicant's ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		What is the applicant's race? Mark one or more races to indicate what the applicant considers themselves to be. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
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				
<b>Spouse Information</b>					
Last Name (Family Name):		First Name:		Middle Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Birth:	Country of Birth:		Country of Citizenship:	Birthdate:	Age:
Street (U.S. Physical Address)		City	State	Zip Code	
Street (U.S. Mailing Address, if different)		City	State	Zip Code	
<b>Children Information</b>					
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):
City:	Country:	Major:
Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of School:	From (MM/YY):	To (MM/YY):
City:	Country:	Major:
Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of School:	From (MM/YY):	To (MM/YY):
City:	Country:	Major:
Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
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**

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

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

**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.