



Bellevue Community College

International Business Professions (IBP) Program Application

Please submit your application to:

International Student Programs
Bellevue Community College
3000 Landerholm Circle SE, Room B233
Bellevue, WA 98007-6484
Tel: (425) 564-3185 Fax: (425) 641-0246
E-mail: isp@bcc.ctc.edu
Web: www.bellevuecollege.edu

| International Business Professions (IBP) Program | Financial Responsibility | | Payment Methods | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------|-----------|-------------------|-------|------------------|---------|--------------------|-------|---------------------|-------|----------------------------------|---------|--------------|------------------|--|
| <p>Please submit the following:</p> <ol style="list-style-type: none"> Completed and signed application form. \$50 non-refundable application fee. See Payment Methods. Official bank statement* that is less than six months old. *\$20,294 for four quarters Add \$5,000 for each dependent Copy of passport. Copy of dependent's passport if traveling with you to the U.S. Official transcripts in English from your previous school. TOEFL score (optional) <p>Transfer Students: <i>If you are transferring from another U.S. institution to BCC, please submit the additional documents below:</i></p> <ol style="list-style-type: none"> Copies of visa, I-94 card, and I-20 forms. Completed BCC Transfer Eligibility Form. Download this form from www.bellevuecollege.edu/isp/proesl_02.html | <table border="1"> <thead> <tr> <th colspan="2">IBP Program (12 months)</th> </tr> </thead> <tbody> <tr> <td>Tuition</td> <td>\$11,000*</td> </tr> <tr> <td>Medical Insurance</td> <td>\$708</td> </tr> <tr> <td>Books & supplies</td> <td>\$1,106</td> </tr> <tr> <td>Quarterly bus pass</td> <td>\$440</td> </tr> <tr> <td>Computer/other fees</td> <td>\$140</td> </tr> <tr> <td>Room and board (Not paid to BCC)</td> <td>\$6,900</td> </tr> <tr> <td>TOTAL</td> <td>\$20,294*</td> </tr> </tbody> </table> <p>*Actual amount may be higher or lower depending on IBP Track, class choices, etc.</p> <p>These amounts are subject to change without prior notice. The student should be prepared for any adjustments in expenses and also must be prepared to pay all tuition and fees at the time of registration. Check, money order, Visa or MasterCard accepted.</p> <p>*Excludes one-time homestay placement fee</p> | | IBP Program (12 months) | | Tuition | \$11,000* | Medical Insurance | \$708 | Books & supplies | \$1,106 | Quarterly bus pass | \$440 | Computer/other fees | \$140 | Room and board (Not paid to BCC) | \$6,900 | TOTAL | \$20,294* | <p>Please check all boxes that apply:</p> <p><input type="checkbox"/> I'm sending a personal check or money order, payable to Bellevue Community College. The enclosed amount includes: <input type="checkbox"/> \$50 application fee <input type="checkbox"/> \$40 express mail fee</p> <p><input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p>Please charge me for: <input type="checkbox"/> \$50 application fee <input type="checkbox"/> \$40 express mail fee</p> <hr/> <p>Credit Card Number</p> <hr/> <p>Expiration Date</p> <hr/> <p>Cardholder's Name</p> |
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| TOTAL | \$20,294* | | | | | | | | | | | | | | | | | | |
| <p>Housing Information</p> <p>Please contact one of these private housing companies directly:</p> <p><input type="checkbox"/> Intercultural Homestays and Services – www.ihincusa.com</p> <p><input type="checkbox"/> USA International, Inc. – www.ushomestay.com</p> <p>If you do not want a homestay experience, then please find suitable living arrangements.</p> | <p>Withdrawal/Refund Policy</p> <p>All IBP program students and agents must follow withdrawal and refund policies for the classes (IBP, credit, Continuing Education, Community ESL) they take at BCC. IBP Program agents follow additional policies per their contract.</p> <p>IBP Classes: Non-IBP agent students receive 100% refund for cancellations made one week or more before classes begin; 50% for cancellations made less than one week before classes begin and through the fifth day of class. There is no refund after the fifth day of class.</p> | | <p>Program Dates</p> <p>Fall 2007: September 24 to December 11 Spring 2008: March 31 to June 13 Fall 2008: September to December Spring 2009: March/April to June</p> | | | | | | | | | | | | | | | | |

FOR OFFICIAL BCC USE ONLY

Date Application Received _____ Start Quarter _____ Fee Status _____ First Quarter Track _____

STUDENT NUMBER

STUDENT INFORMATION (please print or type)

| | | | | | |
|--|-----|---|------------------|------------------------|-----------------|
| Surname or Family Name (as it appears on passport) | | First or Given Name | | Middle Name | |
| U.S. or present mailing address | | | City | State | Zip/Postal Code |
| Telephone (including area code) | | Fax | | E-mail | |
| Date of Birth ____/____/____ Month Day Year | Age | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Country of Birth | Country of Citizenship | |
| Applicant's permanent address in home country (REQUIRED) | | | | | City |
| Province/State | | | Zip/Postal Code | Country | |
| Telephone (include country and area codes) | | Fax | | E-mail | |

STARTING QUARTER

I would like to begin the IBP Program: (please choose)

Have you ever taken the TOEFL? Yes No

Paper-Based (PBT) International (iBT or CBT)

Spring Quarter (March/April) 20_____

Fall Quarter (September) 20_____

Most recent score _____ Test Date _____ (Month/Day/Year)

VISA INFORMATION

Are you in the U.S. now? Yes No If yes, tell us your visa type _____

If you are attending a school in the U.S., please write the name of the school that issued you an I-20 or a DS2019 form:

School Name _____

REFERRALS

How did you hear about us? Friends Relatives BCC Materials College Fair
(Please check one or more) Agency Name: _____ School Advisor
 Language School Website Other: _____

EDUCATIONAL BACKGROUND

| | | | |
|--|----------------------|---|--|
| Name of last college/university attended | City, State, Country | Dates Attended From Year _____ to Year _____ | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of English Language school, if attended | City, State, Country | Dates Attended From Year _____ to Year _____ | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT BACKGROUND

How many years of full-time work experience? _____ How many years of part-time work experience? _____

Briefly describe your work and/or type of positions you have held: _____

What kinds of observational internships do you want? (Example: marketing, non-profit, etc.) _____

EMERGENCY CONTACT INFORMATION

Family member, friend, or agent **in the United States** to contact in case of emergency:

| | | | |
|-----------|------------------------------|-------------------------|---------------|
| Last Name | First Name | Relationship to student | E-mail |
| Address | City, State, Zip/Postal Code | Daytime Phone | Evening Phone |

Family member, friend, or agent **outside the United States** to contact in case of emergency:

| | | | |
|-----------|------------------------------|-------------------------|---------------|
| Last Name | First Name | Relationship to student | E-mail |
| Address | City, State, Zip/Postal Code | Daytime Phone | Evening Phone |

MEDICAL INSURANCE RELEASE

Bellevue Community College requires that all international students who are on BCC's I-20 form to be covered by adequate medical insurance at all times. If you are not currently covered by medical insurance or your medical insurance will expire during the course of the quarter, you will need to purchase insurance from Bellevue Community College at the time of registration. It is important to note that this release does not exempt you from insurance. A copy of the medical insurance plan will be sent to you upon acceptance to BCC.

I declare under penalty of perjury, that I am and will be covered by adequate medical insurance during my enrollment or that I will purchase medical insurance through Bellevue Community College. BCC recommends that students have insurance that is equal to BCC's insurance. Dental and vision are not included. I do not hold Bellevue Community College liable for my failure to comply.

I do hereby also authorize BCC to contact my relatives/friends as listed in the Emergency Contacts section, in case of an emergency.

Name Student Signature (Required) Date

FINANCIAL RESPONSIBILITY AGREEMENT

Bellevue Community College requires certification and declaration of adequate financial support from applicants with student visas. This statement must be on file before admission will be considered. **ATTACH A BANK STATEMENT.** It may be necessary for you to provide additional documentation to support your financial statement. The I-20 form will contain instructions to the U.S. Consul to require documentation prior to issuance of your visa.

I, (student's name) _____, affirm that: **1.** I will have sufficient funds available to pay for all of my necessary expenses in the amount indicated in the Financial Responsibility Section, and will further be able to pay for travel from and to my home country; **2.** I further understand that I am not eligible to receive financial aid, such as grants or loans; **3.** The specific sources of my funds and the amount in U.S. dollars to be received from each are listed below (provide the sponsor's name and relationship).

Personal Funds Family Funds Sponsor _____ Relationship _____

I will have the full amount to provide for my personal and academic expenses as outlined (Financial Responsibility Section).

Student Signature (Required) _____ Date _____

Application form must be signed by applicant, not sponsor agent or family member.

I hererby certify that the information I have provided is accurate and complete to the best of my knowledge and that FAILURE to disclose and submit complete and accurate information and all required documents may result in denial of admission or dismissal from the College.

Name Student Signature (Required) Date

ALL students are expected to report to the ISP office prior to the beginning of the quarter for registration and orientation.






BCC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit www.bellevuecollege.edu/equal.asp



MAIN CAMPUS PARKING MAP

Information subject to change - please check entrance sign at lots for current restrictions.

LEGEND

-  **Student Parking**
-  **Employee Parking**
M-F, 6 a.m.-3 p.m.
-  **Employee Parking**
M-F, 24-hours a day
-  **Visitor Parking: Lot 4**
-  **Reserved Parking**
(Loading Dock)

