

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  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)* \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Intent of Study:**

Which program would you like to study?

- College Credit Program (30 months - must meet the required English language proficiency)  Bridge Program (36 months - must meet the required English language proficiency)
- Intensive English Program (24 months - ESL classes only)  ESL + College Program (54 months - plan to join the college program after ESL)
- International Business Professions (IBP) Program (12 months)

What quarter and year would you like to begin? \_\_\_\_\_

Have you ever taken the TOEFL or IELTS?  Yes  No Test Date (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Score: \_\_\_\_\_

Intended Major (see page 6 of application folder and write down number): \_\_\_\_\_

BC has a direct transfer agreement with Eastern Washington University (EWU). Would you like a conditional acceptance letter from EWU?  Yes  No

How do you plan to arrange your housing?  Homestay  On your own  With relatives *(Note: Please allow at least 30 days for a housing company to arrange housing)*

**Visa Information:**

Are you in the U.S. now?  Yes  No *If yes, give visa type:* \_\_\_\_\_

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

Name of School: \_\_\_\_\_

If you plan to bring your dependents (F-2), please print each dependent's information below:

Name	Birthday	Country of Birth	Country of Citizenship	Relationship

**Referrals:**

How did you hear about us?  Friends  Relatives  BC Materials  College Fair  School Advisor  Language School  Agency  Website  Alumni

Name of Referral/Agency: \_\_\_\_\_

*For Bellevue College Official Use Only*

Date Application Received: \_\_\_\_\_ Student Number: \_\_\_\_\_

**Educational Background: (Required – List names of last schools attended below)**

Last Schools Attended	SCHOOL NAME	City	State	Country	Dates Attended From (Yr) – To (Yr)	Graduated
High School:					–	<input type="radio"/> Yes <input type="radio"/> No
College/University:					–	<input type="radio"/> Yes <input type="radio"/> No
College/University:					–	<input type="radio"/> Yes <input type="radio"/> No
English Language School:					–	<input type="radio"/> Yes <input type="radio"/> No

**Emergency Contacts: (Required)**

Family member or friend **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 or friend **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: \_\_\_\_\_

**Payment Methods: (Please check all boxes that apply)**

Please charge me for:  \$50 Application Fee Only -OR-  \$50 Application Fee and \$70 Express Mail Fee (\$120)

Method of Payment:  Personal Check or Money Order (payable to Bellevue College)  VISA  MasterCard  Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**Signature Statement:**

**Financial Responsibility Agreement:**

Bellevue 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:

- I will have sufficient funds available to pay for all of my necessary expenses in the amount indicated in the Financial Responsibility Section and further will be able to pay for travel from and to my home country;
- I understand that I am required to pay all tuition and fees by the designated payment deadline date each quarter; otherwise, I will not be able to start my classes;
- I am responsible to pay an additional \$50 application fee if I request an enrollment deferment for the second time;
- I further understand that I am not eligible to receive financial aid, such as grants or loans;
- 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). I am responsible to notify the International Student Programs office immediately if my financial sponsorship changes.
- I understand that I must purchase the BC contracted accident and sickness insurance plan while I remain at BC as an F-1 student.

Personal Funds  Family Funds  Sponsor: \_\_\_\_\_ Relationship: \_\_\_\_\_

*I hereby 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. I have read and understood the Mandatory Enrollment of the College's Accident and Sickness Insurance plan on page 4 of the application folder. I do hereby also authorize BC to contact my relatives/friends as listed in the Emergency Contacts section in cases of an emergency.*

**By signing below, I certify that I understand and accept the conditions listed under the Signature Statement on page 4 of the Application Folder and agree to abide by them.**

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant (Required): \_\_\_\_\_