

EDMONDS COLLEGE

INTERNATIONAL STUDENT APPLICATION

To apply, please submit:

Completed application.

A current bank statement showing a minimum of **\$19,906**

(Must be in English on original official bank letterhead.)

A \$50 non-refundable application fee.

A \$40 non-refundable I-20 Mailing Fee

Copy of your valid passport.

English proficiency score (optional).

Submit your application to issadmissions@edcc.edu,
fax 425.774.0455 or send by mail to:
Edmonds College
International Student Services
20000 68th Ave W, Lynnwood, WA 98036-5999, USA

For additional information or questions:

425.640.1518 | iss_desk@edcc.edu
edcc.edu/international

OFFICE USE ONLY

SID: 958 - 03 - _____ Initial _____ Agency _____

Application received _____

Personal Information

New Student

Transfer Student

Quarter you plan to begin

Family Name/Surname _____

Year: _____

First Name _____

Fall (Sept. - Dec.)

Winter (Jan. - March)

Middle Names _____

Spring (April - June)

Summer (July - Aug.)

Please show your name as it appears on passport

Female

Male

Student Home Country Address

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Phone _____

Email _____

Date of Birth _____ / _____ / _____
Month Day Year

Country of Birth _____

Country of Citizenship _____

Native Language _____

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

Address _____

City _____ State _____

Postal Code _____

US Phone _____

Do you have any dependent(s) applying with you?

Yes No

If yes, submit dependent form and passport copy.

Family/Friend Emergency Contact Information (either in the U.S. or Abroad)

Name _____

Phone _____

Email _____

Relationship to you _____

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?

Student's Home Country Mailing Address*

*\$40 Mailing Fee is required per application

Pick Up (only the student, or if a minor, the parent/guardian can pick up the I-20)

Name _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Phone _____ Email _____

Which programs would you like to study? (Check all that apply)

English as a Second Language (ESL)

College or University Transfer

High School Completion Program

Academic Interest _____

(This program is for students who want to earn a high school diploma at Edmonds College.)

Proof of English language proficiency is required for direct acceptance to the high school or college programs.

Accepted English proficiency scores are IELTS: 5.0 in each, TOEFL: IBT 54, ELS 109 and, CAMBRIDGE: First Certificate Grades A, B, C.

English Language Proficiency:

Do you have an accepted English proficiency Score?

Yes

No

Conditional University Admission (Optional)

We offer assurance of conditional admission to the following universities upon admission to Edmonds 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 (list is subject to change). For an up-to-date list of all universities that offer conditional admission to Edmonds students, please check our website at edcc.edu/international/programs.

Arizona State University

Portland State University (PSU)

California State University, Northridge (CSUN) California
State University, San Marcos

San Francisco State University (SFSU)

Carroll College

Seattle University (SU)

Central Washington University (CWU)

Seattle Pacific University (SPU) University

City University of Seattle

of Massachusetts, Dartmouth University

Evergreen State University

of Nevada, Las Vegas (UNLV) University

Indiana University, South Bend

of Oregon (UO)

Indiana University, Purdue University, Indianapolis (IUPUI)

University of Washington, Bothell (UWB)

Les Roches International School of Hotel Management

University of Washington, Tacoma (UWT)

Northern Arizona University (NAU)

Washington State University (WSU)

Oklahoma City University (OKCU)

Western Washington University (WWU)

Oregon State University (OSU)

Wichita State University

Disability Support

Do you need support for a physical, mental health or learning disability? Yes No

If Yes, Please explain: _____

For information on our services for students with disability, please check: www.edcc.edu/ssd

Housing Information

If you would like to arrange for an Edmonds College Dormitory or Homestay, please submit a housing application form and non-refundable housing application fee to housing@email.edcc.edu. For more information, please check edcc.edu/housing.

Current/Previous School in the United States

You are required to report all previous studies at another institution in the United States.

Are you currently in the United States? Yes No

If yes 1) What type of visa do you currently have? _____
2) What type of visa will you have while attending Edmonds College? _____

If no, have you attended another U.S. school? Yes No

If attended, please submit all of your unofficial transcript(s) from U.S. school(s).

Last date of attendance _____

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

Fee Payment

\$50 non-refundable Application Fee (required)

\$40 non-refundable I-20 Mailing Fee (required per application)

Check Money Order

Credit Card (please submit attached Credit Card Authorization Form on page 6)

Wire transfer to Edmonds College

Beneficiary: Edmonds College | Account # 153 5011 418 47 | ABA: 125 000 105

SWIFT: USBKUS44IMT

Bank: U.S. Bank - James Village Branch | Bank address: 19420 Hwy 99 Lynnwood, WA 98036 USA

Please include the student name and SID.

Tuition Payment made by

Student/Family

Agent (please submit attached Sponsorship Form on page 7)

Scholarship (please submit a scholarship letter and Sponsorship Form on Page 7)

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 funds and the amount of 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 _____

Scholarship: \$ _____ Name of scholarship _____

I will have sufficient funds available to pay all 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 Edmonds College's 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.

Student Signature _____ Date _____

Acknowledgement or Risks for Off-Campus Trips and Activities

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 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 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 _____

Health Insurance

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

Student Signature _____ Date _____

UNDER AGE FORM

Required for under 18 years old

Student Name _____

Waiver of Liability for Orientation and Off-Campus Trips and Activities

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 _____

Consent to Medical Care and Treatment of Minor Children

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 parents/guardians are not readily available to consent to treatment.

Copies of this form will be made available to International Education Division, International Student Services, Housing, and Student Programs offices of Edmonds Community College.

I, _____,

the natural parent/legal guardian 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, in 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's 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 the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of the treatment, including non-treatment.

Signature of Parent/Guardian _____ Date _____



Credit Card Authorization Form

Name of Student(s): _____

Student(s) ID No.: _____

Person's Name on the card: _____

Billing Address: _____

I hereby authorize Edmonds Community College to charge:

Amount: USD _____

Amount in words: _____ dollars

On my credit card (*check one*) MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration date (MM/YY): _____ / _____ Security Code (3 digits on the back of the card): _____

For (*check all that applies*):

Application Fee Only (\$50 - non-refundable)

Mailing Fee (\$40 - non-refundable)

Signature of Cardholder (as shown on your Credit Card)

Date

AGENCY/ORGANIZATION SPONSORSHIP FORM

Only to be filled if Agency pays for the student's tuition

Name of organization: _____

Organization Contact Name: _____

Contact Email Address: _____

Student Name: _____

Student Identification Number (SID): _____

Effective (first quarter begin) in: Fall 2020 Winter 2021 Spring 2021 Summer 2021

How many quarters will your organization pay for? _____

Please indicate billing by checking "Yes" or "No" for each item. Any item not checked will be charged directly to the student.

REQUIRED FOR ALL PROGRAMS

Assessment Fee (one time only \$50.00) Yes No

Bus Pass (First time \$36.00, then \$26.00 per quarter) Yes No

Edmonds Health Insurance (\$327.99 per quarter) Yes No

COLLEGE / HIGH SCHOOL COMPLETION PROGRAM

Tuition (Maximum number of credits paid for per students: Yes No

Typical course load is 15 credits. More information at edcc.edu/tuition

Required Associated Student Fees Yes No

Assessment/Union Building Fee, Sustainability Fee, Technology Fee, Comprehensive Fee

Lab fee* Yes No

Online/Hybrid fees* Yes No

IESL PROGRAM

Tuition (Required 20 credits, \$3,318.20) Yes No

Grammar lab fee (\$25.00 per quarter) Yes No

Housing fees (price vary, please visit edcc.edu/housing for more information)

Print Name and Title _____

Signature and Date _____

Edmonds College scholarships are awarded as tuition waivers. The International Student Services office will adjust your invoice accordingly. There will not be any cash refunded to students or the agency.

For any questions, please contact us at iss_fiscal@edcc.edu



Edmonds Community College does not discriminate on the basis of race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities. 15-16-ISS-013