



INTERNATIONAL STUDENT ADMISSION PROCEDURES

Application Checklist:

If any item on the checklist is missing, the application will not be processed.

- ☐ Completed International Student Application Form.
- ☐ \$65 USD non-refundable application fee. (waived until further notice)
- ☐ Official bank statement -Total funds available must be equal to or above those required for one academic year at Centralia College (**\$25,000**). **Bank statements must be less than 6 months old prior to program start date.**
- ☐ Official transcripts from all high schools, colleges, or universities attended.
- ☐ Copy of passport.
- ☐ Official TOEFL score of 500 (paper), 173 (computer) or 61 (Internet) or IELTS 5.5

Transfer students must also submit:

- ☐ International Student Transfer In Form.
- ☐ Copies of your visa, I-94 and previous I-20s.

INTERNATIONAL STUDENT APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

How did you learn about Centralia College? _____

Term you will start: Year: 20_____			<input type="checkbox"/> Fall/September	<input type="checkbox"/> Winter/January	<input type="checkbox"/> Spring/April	<input type="checkbox"/> Summer/June
Course of Study _____			<input type="checkbox"/> College Level			
If pursuing an associate degree, what do you want to study? (Example: Biology) _____						
Family Name		Given Name		Middle Name (if any)		
Student's Complete Permanent Address in Home Country Address _____				Student's Phone Number (+country/city codes): _____ Student's E-mail: _____		
City _____						
State/Province _____						
Country & Postal Code _____						
Where To Send I-20 (if different from above)						
Name: _____			State/Province: _____			
Address: _____			Country: _____			
City: _____			Postal Code: _____			
Country of Birth _____				Are you in the U.S. now? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Country of Citizenship _____				If yes, what type of visa do you have?		
Native Language(s) _____				<input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> Visitor <input type="checkbox"/> Other		
Date of Birth (Ex. April 10, 1989) _____				If you are currently studying in the U.S., what is the name of the school you are attending?		
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Any dependents arriving with you? <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)						
If yes, please attach copy of passport(s) and visas				Transfer students: Your advisor must contact Centralia College		

High School Attended & Year of Graduation _____
Colleges Attended _____

TOEFL score _____ **TOEFL/IELTS score is required**
Centralia College TOEFL code = 4045 TOEFL Paper-based: 500/Computer-based:173/Internet-based:61
IELTS score _____ ELTS 5.5

HEALTH INSURANCE

Health insurance is required for all international students and their dependents in the U.S. **All students will be required to purchase the health insurance plan offered by Centralia College's provider.** The approximate fee for coverage is \$495 per quarter and is due each quarter at the time of registration.

HOUSING OPTIONS –Centralia College works with Collegiate Housing International to offer rooms for international students. Housing is assigned at a first come first serve basis so it is recommended that you apply for housing as soon as possible to secure a room. Go to chicentralia.com for more information on housing.

EMERGENCY CONTACT INFORMATION

Who should be contacted in case of an emergency or medical situation?

Name of Emergency Contact _____ Relationship to applicant _____

Country _____ Telephone Number (with country/city code) _____

Email _____ Does this person speak English? ☐ Yes ☐ No

FINANCIAL INFORMATION

A bank statement (in U.S. dollars) NOT MORE THAN SIX MONTHS OLD prior to the program start date MUST BE SUBMITTED to the International Programs office at Centralia College. The total amount of funds available **MUST BE EQUAL** to those required to study for one academic year and must be available to meet all financial obligations at the time of registration each quarter (for current calendar and expenses check our website at <https://www.centralia.edu/international/tuition.aspx>). According to U.S. visa regulations, Centralia College cannot process your application until you submit satisfactory evidence that you have adequate funds for your studies.

How will you pay for your tuition, health insurance, fees, and living expenses?

☐ Personal Funds ☐ Family Funds ☐ Government sponsorship (home country) ☐ Company sponsor ☐ Other _____

STATEMENT OF FINANCIAL RESPONSIBILITY (IF STUDENT IS NOT USING PERSONAL FUNDS)

I, _____, agree to support my _____ to study at
Name of Family Member or Sponsor Relationship to Student

Centralia College for the duration of his/her studies. I understand that the average cost of tuition, fees and living expenses is

\$25,000 per academic year. I certify that I am legally responsible for all expenses incurred while _____
Name of Student

studies at Centralia College.

Family Member or Sponsor's Signature

Date

APPLICATION FEE is waived until further notice

Application can be paid by enclosing a personal check from a US bank, money order, or by submitting your credit card information below. Before the I-20 is sent, the \$65 application fee will be processed.

Payment by credit card ☐ Visa ☐ MasterCard Name as it appears on the card: _____

Credit Card Number: _____ Expiration Date: _____ Code on back: _____

Certification

IMPORTANT – your signature is required. The undersigned hereby gives to Centralia College, its officers, employees, agents, and host families, full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following: rendering or ordering medical treatment; the giving of medication; and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Centralia College. The undersigned represents that the named student has no medical restriction that limits his/her full participation in the program activities of Centralia College, except as disclosed in any writing attached to this document. Permission is given for the student to participate in all activities offered at Centralia College except as restricted in any attached writing. To the fullest extent permitted by law, the undersigned hereby releases Centralia College, its officers, employees, agents, and host families from all liability, and waives and releases all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

"I verify that to the best of my knowledge all of the statements on this form are true. I have read and agree to the published International Student Admission Procedures."

Signature* _____ Date _____

*My signature above authorizes Centralia College to release academic records and immigration status information to my sponsor, educational agency, and/or parents.

Students under the age of 18 must also have a parent/guardian's signature.

Parent/Guardian's Signature _____ Date _____

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu.

SPANISH Centralia College no discrimina a ninguna persona por motivos de raza, color, nacionalidad, discapacidad, sexo, información genética o edad en la admisión, tratamiento o participación en sus programas, servicios y actividades, o en el empleo. Toda pregunta relacionada con el cumplimiento de los procedimientos de acceso, igualdad de oportunidades y/o quejas deben dirigirse al Vicepresidente de Recursos Humanos y Equidad, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, o llamar al 360-623-8943 o envíe un correo electrónico a hro@centralia.edu



International Student Agreement

If I am admitted to Centralia College as an F-1 student, I hereby agree to follow all the policies, rules, and regulations of Centralia College. In addition, I agree to the following:

1. Attend Centralia College for at least my first term.
2. Enroll in courses that I need for my degree or I need to prepare for my degree, as required by my faculty advisor.
3. Enroll in, attend, and complete a full-time program (a minimum of 12 college-level) of study each quarter and maintain a cumulative G.P.A. (grade point average) of at least 2.0.
4. Obtain approval of the International Programs Director and faculty advisor before adding or dropping a course.
5. Maintain myself financially for the period of time needed to complete my education at Centralia College.
6. Take the necessary tests required by the International Programs Director and faculty advisor to show my skills in English reading, writing, listening, and math.
7. Enroll in courses required by my faculty advisor to improve my English ability if testing shows these courses are necessary.
8. Purchase required medical insurance and pay insurance fee along with tuition and other fees.
9. Keep my passport **valid at least 6 months** ahead of its expiration date.

I agree that if I fail to meet any of the above requirements, Centralia College may notify U.S. immigration authorities and may also notify my sponsor that I am on probation for low grades or poor attendance. If my approval to enroll in the college is cancelled, I understand that I will not be permitted to continue study at Centralia College.

I agree that it is my responsibility to keep the college and U.S. immigration authorities advised of each change in my address. If I decide to visit outside the United States, I must obtain permission and a signature on my I-20 from the Centralia College International Programs office; I understand that such permission is only given to students in good standing.

I have read the above conditions and fully understand and agree with them.

Applicant's Signature _____

Date _____
(month/day/year)

**SCANNED APPLICATION AND DOCUMENTS CAN BE
EMAILED TO intlcc@centralia.edu**

OR MAILED TO
Centralia College
International Programs
600 Centralia College Boulevard
Centralia, WA 98531-4099
U.S.A.

CONTACT INFORMATION:

Telephone: +1 (360) 623-8965

Email: intlcc@centralia.edu

Website: <http://www.centralia.edu/international/index.html>

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu.

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RELEASE OF STUDENT RECORDS FERPA AUTHORIZATION FORM

TO BE FILLED OUT BY THE STUDENT ONLY.

I, _____ hereby authorize Centralia College to release my educational records, as indicated below:
(Student requesting release, print full name)

Initial on the boxes below to indicate which records you wish to release:

All Financial Aid Records (records include but are not limited to: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

All Academic/Transcript Records (records include but are not limited to: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

All Student Account Records (records include but are not limited to: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

Instructor/Classroom Records (records include but are not limited to: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

Other (Please specify) _____

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Other (Please specify name and relationship) _____

Although I understand I am not required to release this information, I am giving my consent to Centralia College to disclose these records. I also understand that this release remains in effect from the date it is received by Centralia College until I revoke my consent in writing and deliver it to the Enrollment Services Office at Centralia College.

Please note: *For identity verification, the student requesting the release of records must either sign this form in person at the Enrollment Services Office; or have the signature form notarized by a notary public; or email a copy of a government issued identification along with the form.*

SID# _____

Signature of Student _____ **Date** _____

OFFICE USE ONLY:

Witnessed and Received by _____ **Date** _____



ENROLLMENT SERVICES
2nd floor, TransAlta Commons Building
600 Centralia College Blvd, Centralia WA 98531
P: 360.623.8976 | F: 360.330.7112
admissionscc@centralia.edu

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