

1 PERSONAL INFORMATION

Please select: ☐ New Student ☐ Transfer Student ☐ Returning Highline College Student (SID): _____

Family/Last Name: _____

First/Given Name: _____ **Middle Name:** _____

Home Country Address: _____

City: _____ **Province:** _____ **Postal Code:** _____ **Country:** _____

Home Country Telephone (include country & area codes): _____

U.S. Address (if known): _____

City: _____ **State:** _____ **Zip Code:** _____

Student's Personal Email Address: _____ **Country of Birth:** _____

U.S. Telephone Number (if known): _____ **Country of Citizenship:** _____

Do you hold a U.S. permanent residence card or a U.S. passport? ☐ Yes ☐ No

Date of Birth: (ex. January 31, 1990 = 01/31/1990) ____ / ____ / ____ **Gender:** ☐ Male ☐ Female
month day year

Will you be accompanied to the U.S. by your spouse and/or children? ☐ Yes ☐ No

If yes, please provide the information below and please submit copies of each dependent's passport photo page.

Dependent's Name: _____ **Dependent's Date of Birth:** ____ / ____ / ____
month day year

Country of Birth: _____ **Country of Citizenship:** _____

Relationship: ☐ Spouse ☐ Child

If you have more than one dependent, please attach an additional page with further information.

What is your race? (optional)

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White |
| <input type="checkbox"/> Indian (Asian) | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Race: _____ |
| <input type="checkbox"/> Korean | |

Are you Hispanic? (optional)

- ☐ No
- ☐ Yes, Central American
- ☐ Yes, Mexican
- ☐ Yes, South American
- ☐ Yes, Other Hispanic: _____

2 EDUCATIONAL INTERESTS

When do you plan to begin studying at Highline College?

☐ Fall (September) ☐ Winter (January) ☐ Spring (March/April) ☐ Summer (June) **What Year?** _____

What is your program of study? _____

(Please choose a program listed at highline.edu/what-we-offer/programs-a-z/)

Why would you like to study at Highline? (Please check all that apply)

☐ Prepare to transfer to a university

☐ Complete Bachelor of Applied Sciences degree

☐ Train for a career/complete a certificate

☐ Study for a short term: **How long do you plan to study at Highline?**

☐ Prepare for a Master's Degree/MBA program

☐ 3 months

☐ 6 months

☐ 9 months

☐ 12 months

☐ Other_____

What will you do when you finish studying at Highline? (Please check all that apply)

☐ Transfer to a University (name, if known):_____

If you would like a Conditional Letter of Acceptance to a U.S. partner university, please choose a school listed at **international.highline.edu/partners/university-transfers/** Highline will provide a Conditional Letter of Acceptance to ONE of our partner schools.

☐ Optional Practical Training (OPT)

☐ Return to my home country

☐ Undecided

3 ENGLISH PROFICIENCY

☐ TOEFL (Highline TOEFL code: 4348)

☐ IELTS

☐ Other*_____

Score: _____

Score: _____

Test Date: _____

Test Date: _____

Please submit copies of any English proficiency test scores.

*Please see international.highline.edu/partners/toefl-alternatives/ for acceptable scores.

4 EDUCATION

Please list your most recent schools (*high school and above).

School Name	City, Country	Level*	Language of Instruction	Years attended (from-to)	Did you graduate? (Y/N)
(Example) ABC High School	Quebec, Canada	High School	French	2013-2014	N

If you attended any schools where English was the language of instruction, please submit those transcripts with your application. Please do not submit transcripts from other schools during the application process. You may submit additional transcripts for transfer credit after you arrive in the U.S.

5 SPONSORSHIP / FINANCIAL STATEMENT

How will you pay for your tuition and living expenses? (Please check all that apply)

☐ My own money ☐ Scholarship / Organization: _____

☐ Money from my family member or friend

Person's Name: _____ Relationship to you: _____

The name on the financial statement must match the name listed here. The listed person/organization will be financially responsible for you while you attend Highline College.

Financial statement must be dated within the 6 months prior to the application submission date and show sufficient funds for one academic year at Highline. Please see international.highline.edu/future-students/tuition/ for the current requirements.

6 REFERRALS

☐ **Agent:** Agency Business Name: _____

Agent's Business Email Address: _____ Country: _____

☐ **University:** Name of the university: _____

☐ **Fair/Seminar:** Name of the event: _____

Date of the event: _____ Country: _____

☐ **Magazine/Web Advertisement:** Name of the source: _____

☐ **Friends/Relatives:** _____ ☐ **Other:** _____

7 VISA INFORMATION

Do you currently have a valid U.S. Visa? (if not, continue to section 8) ☐ Yes ☐ No

If yes, what kind: ☐ F-1 (please answer questions below)

☐ Other: _____ **Are you planning to change to F-1 within the U.S. (Change-of-Status)?** ☐ Yes ☐ No

If you have an F-1 visa, are you planning to transfer your SEVIS record to Highline? ☐ Yes ☐ No

What is your current school? _____

What is your current level? ☐ College/University ☐ High school ☐ English as a Second Language (ESL) ☐ Other: _____

Do you plan to travel outside the United States before your first quarter begins? ☐ Yes ☐ No

Please tell us your dates of travel, if you know: Leaving U.S.: _____ month / day / year Returning to U.S.: _____ month / day / year

8 EMERGENCY CONTACT

REQUIRED (Family member or guardian to contact in case of an emergency)

Family/Last Name: _____ **First Name:** _____

Relationship to Student: _____ **Family Member's email:** _____

Home Country Telephone (include country & area codes): _____

9 DOCUMENT CHECKLIST

Please indicate all materials included with this completed application:

Required for all students:

- ☐ \$54 application fee* (Non-refundable)
- ☐ Copy of passport photo page
- ☐ English proficiency test score(s)
- ☐ Highline International Student Emergency Consent and General Release form
- ☐ Financial Statement dated within the past 6 months

Required for transfer students only:

- ☐ Copy of passport, visa page and admission stamp (most recent date of entry to the U.S.)
- ☐ Copy of I-20
- ☐ Transfer Report available at international.highline.edu/future-students/apply/

Additional documents:

- ☐ Transcript(s) from any schools where English was the language of instruction
- ☐ Copy of passport photo page(s) of any accompanying family member(s)
- ☐ Other (example: letters/scholarships): _____

*You may submit your application fee in the form of an international money order or personal check from a U.S. bank.

If you would like to pay by Visa or MasterCard, please submit the Credit Card Authorization Form available at

international.highline.edu/future-students/apply/

10 SIGNATURE STATEMENT

- I verify that, to the best of my knowledge, all of the statements on this application form are accurate and complete.
- I understand the application fee is non-refundable.
- I have read and understood the Highline International Student Emergency Consent and General Release form and included it with my completed application.
- I authorize Highline College to contact my emergency contacts in case of an emergency.
- I have read and agree to the statements above.

Student's Name (please print) Age ____ month ____ day ____ year
(Date of Birth)

Student Signature ____ month ____ day ____ year
(Today's Date)

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

*Parent/Legal Guardian's Name (please print) ____ month ____ day ____ year
(Today's Date)

*Parent/Legal Guardian's Signature



The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types).

Highline International Student Emergency Consent and General Release Form

In the event of a serious emergency:

1. I understand that the college is not required to obtain medical transportation or care for him/her but will recommend medical transportation or treatment if needed.
2. I understand the College will attempt to contact one of the individuals I have designated as an emergency contact.
3. I understand I must provide emergency contact information to Highline College's International Student Programs office prior to the first date of study, and to update this emergency contact information **within 3 days of any changes** and upon request.
4. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical treatment or care recommended by the college.
5. I agree to purchase and maintain the required medical insurance while attending Highline College. Further information will be provided in the acceptance packet.
6. I authorize the college to release information to health care providers, agents, sponsors for the purpose of securing health care services.
7. I attest that the named student has no medical restriction that limits his/her full participation in the programs and activities of Highline College, except as disclosed in any writing attached to this document.
8. I release Highline College, its officers and employees from all liability and waive all claims, related to or arising from such decisions or actions as may be taken under the authority of this document, to the fullest extent permitted by law.
9. I understand FERPA. (<https://registration.highline.edu/student-records/ferpa/>)
10. I agree to Highline's photo release policy. (see reverse/next page)

This authority and permission includes, but is not necessarily limited to: Rendering or ordering medical treatment; the giving of prescribed medication; and ordering any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned further agrees to indemnify Highline College, its employees, members, agents, representatives and other organizations affiliated with this course and hold them harmless for any liability, loss, damage, cost, claim, judgement or settlement which may be brought or entered against them as a result of participating in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating the settlement.

I have carefully read and understood the statements above and agree to its content. I will submit this signed form with my Highline College International Student Application.

Student's Name (please print) Age _____ ____/____/_____
month day year
(Date of Birth)

Student Signature ____/____/_____
month day year
(Today's Date)

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

*Parent/legal Guardian's Name (please print) *Parent/legal Guardian's Signature ____/____/_____
month day year
(Today's Date)

Highline College Photo Release Policy

I consent to each use by Highline College, and its officers, employees, and agents, of any photograph and likeness of me. Such use may include, but aren't limited to, use in a program, catalogue, schedule, newspaper, web site, brochure, advertisement, or other publication or recording that describes, portrays, publicizes, or advertises the college or any college operation, and every reproduction, republication, or other re-use of the same. I also hereby waive any right to compensation for such uses, and any right to inspect or approve the uses beforehand. I hereby release Highline College, its legal representatives and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composition form, whether intentional or otherwise, that may occur or be produced in taking of said image.