



International Student Application

International Student Center
400 West Washington Blvd. Los Angeles, CA 90015 U.S.A.
Juniper Hall – Room ST-316
Office (213) 763-5345 Fax (213) 763-5991
EMAIL: INTSTUD@LATTTC.EDU



Please fill out this application completely. You may either type or print clearly. After you have collected all your application materials, mail your packet to the address above or hand carry the documents to our office. These documents will not be returned to you once they are submitted to the college. Please contact us if you have any questions and we will be happy to assist you.

Semester you will first attend: Spring Fall Year: 2017 2018 2019 2020
 Social Security Number (if any) _____ Gender: Male Female
 Last Name (Surname): _____ First Name: _____
 Middle Name: _____ Date of Birth (MM/DD/YYYY) _____
 Country of Birth: _____ Country of Citizenship _____
 Foreign Address: _____ City: _____
 State or Province: _____ Country: _____ Postal Code: _____
 USA Address (if any) _____
 City: _____ State: _____ Zip Code: _____
 Home Phone Number: _____ Cellular Phone Number: _____
 E-Mail Address: _____
 High School: _____ Year Graduated: _____
 College or University: _____ Year Graduated: _____

Please consult the LATTTC ON-LINE College Catalog before you answer the following two questions:
<http://college.latttc.edu/catalog>

- Level of Education you will pursue in the United States: Associates of Arts or Science (AA or AS) Certificate of Achievement
- My major will be (must be valid LATTTC major): _____

Please mark your answer to the following questions (do not leave any blank):

- Did you take the TOEFL Test within the last two years? Yes, my score was _____ Date of Test: _____ No
- I am applying as (check one only):

- A new student from a country outside the United States
- As and F-1 visa transfer student currently studying in the United States (specify current school)
- A change of status student from within the United States (please specify your current visa status B-2, F-2, H-1B, etc.):
- Other (please specify): _____

- Do you have any F-2 Visa Dependents? Yes No

If yes, please list the names of each dependent: _____

Upon registering for classes at LATTTC, I will be enrolled in full-coverage health insurance through Ascension Benefit & Insurance Solutions. The cost of coverage per semester is \$666.00 USD (subject to change annually). This cost will be included in my tuition bill every fall and spring Semester.

MANDATORY- NO EXCEPTIONS: Must check and initial: _____ Yes, I understand the health insurance requirement for LATTTC. I agree to pay for district mandated medical insurance through LATTTC College each semester even if I have my own medical insurance coverage.

By completing this application, you are agreeing to follow all conditions of enrollment at LATTTC. You are responsible for the accuracy and truth of all statements made here:

Signature: _____ Date: _____

If you have any questions regarding this application, please email us at intstud@latttc.edu or call (213) 763-5345

(Revised: 10/03/2017)