



Supplemental International Student Application

International Student Center
400 West Washington Blvd. Los Angeles, CA 90015 U.S.A.
Building E5 – Room 316
Office (213) 763-5345 EMAIL: INTSTUD@LATTC.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: ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023

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 LATTC ONLINE College Catalog before you answer the following two questions:

<http://college.lattc.edu/catalog>

1. Level of Education you will pursue in the United States: ☐ Associates of Arts or Science (AA or AS) ☐ Certificate of Achievement

2. My major will be (must be valid LATTC major): _____

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

1. Did you take the TOEFL Test within the last two years? ☐ Yes, my score was _____ Date of Test: _____ ☐ No

2. 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): _____

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

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

Upon registering for classes at LATTC, I will be enrolled in full-coverage health insurance through LACCD/Gallagher Student Health.

The cost of coverage per semester is \$695 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 LATTC. I agree to pay for district mandated medical insurance through LATTC 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 LATTC. You are responsible for the accuracy and truth of all statements made here:

Signature: _____ Date: _____