



Please type or write legibly in blue or black ink.

DATE: (MM/DD/YYYY)		Term & Year applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Other: _____ Year: _____	
PERSONAL INFORMATION			
Last Name (Surname):		First Name:	Middle Name:
Preferred Email:			
Country of Birth:	City of Birth:		Country of Citizenship:
Date of Birth: (MM/DD/YYYY)		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State <input type="checkbox"/> Other: _____	
FOREIGN ADDRESS			
Street Address:			
City:	State or Province:		Postal Code:
Home Phone Number:			
ADDRESS IN THE U.S. (If any)			
Street Address:			Apt. Number:
City:	State:		Zip Code:
Home Phone Number:		Cell Phone Number:	
EDUCATIONAL BACKGROUND			
High School:		Year Graduated:	
College or University:		Year Graduated:	
ACADEMIC INFORMATION			
For available programs of study at LATTC, please refer to; https://www.lattc.edu/academics/academic-programs			
Level of Education you will pursue in the United States: <input type="checkbox"/> Associates of Arts or Science (AA or AS) <input type="checkbox"/> Certificate of Achievement			
Primary Major/Field of Study to be declared at LATTC:			
Did you take the English Proficiency Exam within the last two years? (Required for all countries <u>except</u> from a country that uses English as the primary language in its educational system.)			
<input type="checkbox"/> No, but it is scheduled for the following date: _____ <input type="checkbox"/> Yes, on _____ and score was _____			
I am applying as (check <u>one</u> only):			
<input type="checkbox"/> A new student from a country outside of the United States (Specify country): _____			
<input type="checkbox"/> As an F-1 Visa transfer student currently studying in the United States at (specify current school): _____			
<input type="checkbox"/> A change of status student from within the United States (specify current visa status B-2, F-2, H-1B, etc.): _____			
<input type="checkbox"/> Concurrent (specify current school) / Other: _____			

Do you have any F-2 Visa Dependents? No (Skip the following question) **Yes (continue to the next question)

** If yes, please list Last Name, First Name of each F-2 dependent below. Passport Identification page required for each listed F-2 dependent. Additional \$1,500 USD on Proof of Financial Support per F-2 listed.

- 1.
- 2.
- 3.

STUDENT ACKNOWLEDGEMENT

Upon registering for classes at LATTTC, I will be enrolled in full-coverage health insurance through LACCD/LewerMark Student Health Insurance. The cost of coverage per semester is \$800 USD (subject to change annually). This cost will be included in my tuition bill every fall and spring Semester.

MANDATORY- NO EXCEPTIONS: Please 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 agree to follow all conditions of enrollment at LATTTC. You are responsible for the accuracy and truth of all statements made here:

Signature:

Date:

Initial F-1 Students

Applying from **outside** of U.S.A.:

1. Online Application (If student is outside of LACCD **(REQUIRED)**)
2. Supplemental International Student Application **(REQUIRED)**
3. Affidavit of Support Form signed by sponsor and Official Bank Statement \$25,000 USD or more **(REQUIRED)**
4. Emergency Contact Form **(REQUIRED)**
5. Permission to Release Information Form **(REQUIRED)**
6. Two current passport sized photographs **(REQUIRED)**
7. A copy of your valid passport identification page **(REQUIRED)**
8. Proof of English Proficiency (If Applicable) – TOEFL, IELTS, Official Letter from Language School, etc. **(REQUIRED)**
*Waived if home country education system is in English
9. Unofficial Transcripts or certified copy of diploma from your High School/Secondary School clearly stating that you graduated **(REQUIRED)**
10. Official Transcripts/Diploma from your college or university that you attended.
 - a. To receive credits of foreign courses/credits: Official Transcripts must be evaluated by Agencies Approved by the Commission for Foreign Transcript Evaluation. See link below for approved agencies and specific details: <https://www.lattc.edu/admissions/transcript-verification>
11. Non-refundable \$50.00 Application Fee **(REQUIRED)**
 - a. Payment can be submitted through the Student Portal with USD online at www.lattc.edu
 - b. Alternative payment with foreign currency can be made through Flywire: www.flywire.com Institution: Los Angeles Trade Technical College

Transfer F-1 Students

Transferring to LATTTC from another institution **in** the U.S.A.:

1. Online Application (If student is outside of LACCD **(REQUIRED)**)
2. Supplemental International Student Application **(REQUIRED)**
3. LATTTC Transfer Eligibility Form **(REQUIRED)**
4. Affidavit of Support and Official Bank Statement or Official Bank Letter **(REQUIRED)**
5. Official Transcripts from your current college and colleges attended in the U.S. **(REQUIRED)**
6. If you would like your transcripts evaluated for transfer credits, please have your colleges(s) send official transcripts directly to LATTTC Admission Office <https://www.lattc.edu/admissions/transcript-verification>
7. Copy of current I-20 **(REQUIRED)**
8. Copy of valid passport identification page **(REQUIRED)**
9. Copy of your Visa **(REQUIRED)**
10. Copy of your I-94 **(REQUIRED)**

Concurrent Enrollment

Applying to take a course(s) at LATTTC, **without** transferring the SEVIS file to LATTTC.

1. Supplemental Application **(REQUIRED)**
2. Online Application (If student is outside of LACCD **(REQUIRED)**)
3. Copy of current I-20 **(REQUIRED)**
4. Concurrent Enrollment Letter of Support (Permission Letter) for each desired term you enroll in courses **(REQUIRED)**
5. Non-refundable \$50.00 Application Fee (if student is outside of LACCD **(REQUIRED)**)
Payment can be submitted through the Student Portal online at www.lattc.edu.