

Yavapai College is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap or veteran status in its programs and activities. Interested students are welcome to apply. Yavapai College complies with Title IX of the Education Amendments of 1972.

**All International applicants must attach a non-refundable US \$50 application fee payable to "Yavapai College."
Deadlines to receive all admission documents are: For Spring (January-May): September 1; For Summer (June-July): March 1; For Fall (August-December): April 1**

COMPLETE ALL ITEMS. **PLEASE PRINT CLEARLY IN BLACK INK OR TYPE.**

1. APPLICATION MUST INCLUDE:
- US \$50 non-refundable application fee (by money order in US dollars or checks drawn on US banks) payable to "Yavapai College."
 - Completed and signed application.
 - Official transcripts from each high school and college/university attended; **photocopies not accepted.**
 - Financial statement/form **and** official bank statement or document.
 - Indicate a major course of study—must be a degree or certificate program offered at Yavapai College.
 - Order official TOEFL scores from the Educational Testing Service (www.ets.org/toefl) to Yavapai College (School # is 4996).
 - Transfer students**, please submit a copy of your passport, visa, both sides of your I-94 card, and current I-20, if you are currently studying in the US.

2. FULL LEGAL NAME: _____
AS ON PASSPORT FAMILY SURNAME GIVEN NAME MIDDLE NAME

FORMER NAME: _____
OTHER POSSIBLE NAMES LAST NAME FIRST NAME MIDDLE NAME
(Any names under which documents have been issued.)

3. CURRENT MAILING ADDRESS: _____
NUMBER AND STREET NAME OR BOX NUMBER APT #
CITY STATE POSTAL CODE COUNTRY

4. CURRENT TELEPHONE: _____
INCLUDE COUNTRY AND CITY CODES

5. E-MAIL ADDRESS: _____

6. U.S. ADDRESS (IF KNOWN): _____
NUMBER AND STREET NAME OR BOX NUMBER
CITY STATE POSTAL CODE COUNTRY
TELEPHONE

7. DATE OF BIRTH: _____
MONTH DAY YEAR

8. GENDER: Male Female

9. COUNTRY AND CITY OF BIRTH: _____
 Married Single
Number of family members accompanying you _____

COUNTRY OF CITIZENSHIP: _____

10. STUDENT HOUSING IS AVAILABLE AT OUR PRESCOTT CAMPUS ONLY. WILL YOU NEED SUCH? YES NO

11. REQUESTED ENROLLMENT AT YC: Year: _____ Fall Spring Summer

12. PLANNED ENROLLMENT LOCATION: Prescott Verde Valley Sedona Chino Valley Prescott Valley

13. PREVIOUS ENROLLMENT AT YC: No Yes, Year(s) attended: _____

14. HOW DID YOU LEARN ABOUT YC? Recruiter Web Peterson's Friend/Family Teacher/Counselor US Embassy
 other: _____

15. EDUCATIONAL OBJECTIVE: Associate Degree Certificate

16. YOU MUST CHOOSE A PROGRAM OF STUDY. PLEASE CHOOSE ONE OF THE FOLLOWING. REFER TO PROGRAM OF STUDY DETAILS AT WWW.YC.EDU

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> Digital Filmmaking | <input type="checkbox"/> Health Medical Assistant | <input type="checkbox"/> Paralegal Studies Post |
| <input type="checkbox"/> Associate of Arts in | <input type="checkbox"/> Landscape Management | <input type="checkbox"/> Narrative Film (Certificate) | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Degree (Certificate) |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Health Medical Coding | <input type="checkbox"/> Paramedicine (Associate of |
| <input type="checkbox"/> Associate of Arts in Fine | <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> (Associate of Applied | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Applied Science)* |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Turfgrass Management | <input type="checkbox"/> Science) | <input type="checkbox"/> Health Medical Records | <input type="checkbox"/> Paramedicine (Certificate)* |
| <input type="checkbox"/> Associate of Business | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Technician (Certificate)* | <input type="checkbox"/> Radiology Technology |
| <input type="checkbox"/> Associate of General | <input type="checkbox"/> Automotive Management | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Health Medical | <input type="checkbox"/> (Associate of Applied |
| <input type="checkbox"/> Studies | <input type="checkbox"/> (Associate of Applied | <input type="checkbox"/> Early Childhood Child | <input type="checkbox"/> Transcription (Certificate) | <input type="checkbox"/> Science)* |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Science) | <input type="checkbox"/> Development Associate | <input type="checkbox"/> Health Pharmacy | <input type="checkbox"/> Radiology Technology |
| <input type="checkbox"/> Arizona General Education | <input type="checkbox"/> Automotive Master | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Technician (Certificate) | <input type="checkbox"/> Pre-Major |
| <input type="checkbox"/> Curriculum-A Certificate | <input type="checkbox"/> Technician (Certificate) | <input type="checkbox"/> Electrical Instrumentation | <input type="checkbox"/> Health Phlebotomy | <input type="checkbox"/> Residential Building |
| <input type="checkbox"/> Arizona General Education | <input type="checkbox"/> Automotive Technician | <input type="checkbox"/> Technician (Associate of | <input type="checkbox"/> Technician (Certificate)* | <input type="checkbox"/> Technology (Associate of |
| <input type="checkbox"/> Curriculum-B Certificate | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Applied Science)* | <input type="checkbox"/> Industrial Plant Technician | <input type="checkbox"/> Applied Science) |
| <input type="checkbox"/> Arizona General Education | <input type="checkbox"/> Cisco Networking | <input type="checkbox"/> Electrical Instrumentation | <input type="checkbox"/> (Associate of Applied | <input type="checkbox"/> Residential Building |
| <input type="checkbox"/> Curriculum-S Certificate | <input type="checkbox"/> Technician (Certificate) | <input type="checkbox"/> Technician (Certificate)* | <input type="checkbox"/> Science)* | <input type="checkbox"/> Technology (Certificate) |
| <input type="checkbox"/> Accounting (Associate of | <input type="checkbox"/> Computer Application | <input type="checkbox"/> Emergency Medical Basic | <input type="checkbox"/> Industrial Plant Technician | <input type="checkbox"/> Residential Construction |
| <input type="checkbox"/> Applied Science) | <input type="checkbox"/> Specialist (Certificate) | <input type="checkbox"/> (Certificate)* | <input type="checkbox"/> (Certificate)* | <input type="checkbox"/> Management (Certificate) |
| <input type="checkbox"/> Accounting Assistant | <input type="checkbox"/> Computer Maintenance | <input type="checkbox"/> Emergency Medical | <input type="checkbox"/> Legal Office Clerk | <input type="checkbox"/> Residential Design |
| <input type="checkbox"/> (Certificate) | <input type="checkbox"/> and Repair (Certificate) | <input type="checkbox"/> Intermediate (Certificate)* | <input type="checkbox"/> (Certificate)* | <input type="checkbox"/> (Certificate) |
| <input type="checkbox"/> Administration of Justice | <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Fire Science (Associate of | <input type="checkbox"/> Legal Office Secretary | <input type="checkbox"/> Retail Management |
| <input type="checkbox"/> (Associate of Applied | <input type="checkbox"/> Technician (Certificate) | <input type="checkbox"/> Applied Science) | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> (Certificate) |
| <input type="checkbox"/> Science) | <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Fire Science Driver/
Operator (Certificate) | <input type="checkbox"/> Management (Associate of | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Technology (Associate of | <input type="checkbox"/> Fire Science Fire Officer | <input type="checkbox"/> Applied Science) | <input type="checkbox"/> Entrepreneurship |
| <input type="checkbox"/> Specialist (Certificate) | <input type="checkbox"/> Applied Science) | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Management (Certificate) | <input type="checkbox"/> (Certificate) |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> Computing Systems and | <input type="checkbox"/> Fire Science Firefighter | <input type="checkbox"/> Microsoft Certified Systems | <input type="checkbox"/> Social and Human Services |
| <input type="checkbox"/> Equine Science (Associate | <input type="checkbox"/> Applications (Associate of | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Administrator (Certificate) | <input type="checkbox"/> (Associate of Applied |
| <input type="checkbox"/> of Applied Science) | <input type="checkbox"/> Applied Science) | <input type="checkbox"/> Gerontology (Certificate) | <input type="checkbox"/> Nursing (Associate of | <input type="checkbox"/> Science) |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Graphic Design (Associate | <input type="checkbox"/> Applied Science)* | <input type="checkbox"/> Social and Human Services |
| <input type="checkbox"/> Management (Associate of | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> of Applied Science) | <input type="checkbox"/> Nursing Pre-Major | <input type="checkbox"/> (Certificate) |
| <input type="checkbox"/> Applied Science) | <input type="checkbox"/> Diesel Technician | <input type="checkbox"/> Graphic Design Technician | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Welding (Certificate) |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> (Associate of Applied | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> (Associate of Applied | |
| <input type="checkbox"/> Animal Care and | <input type="checkbox"/> Science)* | <input type="checkbox"/> Gunsmithing (Associate of | <input type="checkbox"/> Science) | |
| <input type="checkbox"/> Management (Certificate) | <input type="checkbox"/> Diesel Technician | <input type="checkbox"/> Applied Science) | <input type="checkbox"/> Paralegal Studies | |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> (Certificate)* | <input type="checkbox"/> Gunsmithing (Certificate) | <input type="checkbox"/> (Associate of Applied | |
| <input type="checkbox"/> Equine Management | <input type="checkbox"/> Digital Filmmaking | <input type="checkbox"/> Helicopter Pilot | <input type="checkbox"/> Science) | |
| <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Documentary (Certificate)* | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Paralegal Studies Legal | |
| <input type="checkbox"/> Agriculture Technology | <input type="checkbox"/> Digital Filmmaking Feature | <input type="checkbox"/> (Certificate) | <input type="checkbox"/> Nurse (Certificate) | |
| <input type="checkbox"/> Horticulture Science | <input type="checkbox"/> Film (Certificate)* | | | |
| <input type="checkbox"/> (Certificate) | | | | |

* These programs have separate admission requirements.

Diesel/Elect. Instr./Indus. Plant Tech: susie.check@yc.edu

Radiology Technology: richard.leclair@yc.edu

Gunsmithing: www.gunsmithing.org/application.htm

Zaki Gordon Institute for Independent Filmmaking: www.zaki.yc.edu

Nursing: www.yc.edu/nursing

17. EXAMS TAKEN: TOEFL _____ AP _____ CLEP _____ OTHER: _____

If you have taken any exam listed, we MUST have the original results sent to Yavapai College from the testing agency.

18. INSTITUTIONS - List all secondary schools, colleges, and universities you have attended. List the most recent first.

Name of Institution	City/State	Beginning (Mo./Yr.)	Ending (Mo./Yr.)	Graduation (Mo./Yr.)

YOUR APPLICATION CANNOT BE REVIEWED UNTIL US \$50 APPLICATION FEE AND ALL DOCUMENTS ARE RECEIVED.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. SIGN HERE AND ON THE FINANCIAL STATEMENT.

Signature of Applicant _____ Date _____

FAMILY OR INDIVIDUAL SPONSOR(S) – I am willing and able to guarantee the financial support of the applicant for the duration of his or her study at Yavapai College.

1) _____
SPONSOR SIGNATURE DATE PRINTED NAME

PRINTED ADDRESS RELATION TO STUDENT APPLICANT

Bank Certifies: The above named sponsor has minimum of \$ _____ in US currency or its equivalent on deposit with this institution.

TYPED NAME OF BANK ACCOUNT HOLDER

SIGNATURE OF BANK OFFICIAL AND BANK SEAL/BANK STAMP

TYPED NAME AND ADDRESS OF BANK

DATE

SCHOLARSHIP – The agency listed below agrees to fully sponsor the above named student for the duration of his or her studies at Yavapai College.

NAME OF SCHOLARSHIP PROGRAM

TYPED NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE AND AGENCY SEAL

DATE

* Please attach the copy of scholarship award letter, including the amount of funds available.

VERY IMPORTANT: Please read carefully and sign on the line below.

I agree to have sufficient funds available to cover the costs of my educational expenses prior to the beginning of each academic year. I understand that the costs do not include travel to Yavapai College or for my return home. Furthermore, I understand that there is no guaranteed financial aid available to me. A lack of adequate financial resources will jeopardize my status as a student in the United States.

SIGNATURE OF STUDENT APPLICANT

DATE