



PRINCE WILLIAM SOUND COLLEGE
UNIVERSITY of ALASKA ANCHORAGE.

Email: pwsc.registration@alaska.edu
 Website: <http://pwsc.alaska.edu/application-process/>
 Phone: (907) 834.1632
 Fax: (907) 834.1635

International Student Admission Information

Admission Process

- STEP 1** Submit completed application, \$40 (US) non-refundable application fee, and \$300 Housing Deposit, and any other required documents (See “Application Checklist” for complete list) to the Registrar’s Office.
- STEP 2** You will be contacted within approximately 2 weeks confirming whether your application has been accepted. If the application is incomplete, you will be requested to submit the missing/incomplete documents.
- STEP 3** After you have been accepted, you must submit the tuition and fees payment, by check or by credit card.
- STEP 4** A letter of acceptance and all necessary immigration documents will then be issued to you.

Application Deadlines

Applicants Applying from Overseas:

Applicants Applying from the U.S.:

Summer Semester (June – July): APR 1

Summer Semester (June – July): MAY 1

Fall Semester (Aug – Dec): JUNE 1

Fall Semester (Aug – Dec): JULY 1

Spring Semester (Jan – May): OCT 1

Spring Semester (Jan – May): DEC 1

***You are encouraged to apply early to ensure class enrollment.
 Late applications may be accepted on a case-by-case basis.
 Be aware that Initial Attendance students coming from overseas
 cannot enter the US more
 than 30 days before the first day of the semester.***

(SEE OTHER SIDE: APPLICATION CHECKLIST)



Application Checklist

- **Application For Admissions:** https://university-alaska.force.com/UAA/Portal_Register
- **\$40 non-refundable application fee and \$300.00 Housing Deposit** (Visa or MasterCard credit card, check or money order – no cash) payable to Prince William Sound College
- **Official Transcripts**
All international transcripts must be evaluated by [World Education Services \(WES\)](#).
- **Copy of Diploma** (from secondary school)
- **TOEFL Score** (Minimum score of 45 IBT, 133 CBT or 5.0 IELTS)
- **Financial Documents:**
 - **Financial Support Declaration**
 - **Bank Statement**
- **Health Documents:**
 - **Student Statement of Health**
 - **Medical Examination** (with Physician's signature)
- **International Student Agreement Form**
- **Transfer Students:** Student transferring from a school in the U.S. must also
 - **Submit copies of all related immigration documents, passport biography and visa pages**
 - **Complete a Transfer Form** (Certification of F-1 Student Visa Status)

Please mail all application materials to:

**Registration Office
Prince William Sound College
PO Box 97
Valdez, AK 99686**

Note: Do **NOT** mail application materials to another department.
This may delay the processing of your application.

International Student Application Form

Prince William Sound College
PO Box 97, Valdez, AK 99686

pwsc.registration@alaska.edu Tel: (907) 834.1632 Fax (907) 834.1635 <http://pwsc.alaska.edu/application-process/>

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

Term for which application is being made Spring Summer Fall 20_____

BASIC INFORMATION

Full Name: _____ Sex: Male Female
(Family Name) (First Name) (Middle Name) (Name EXACTLY as it appears on your passport)

Date of Birth: _____ Home Country Phone Number: _____
(Month/Day/Year)

Country of Birth: _____ Country of Citizenship: _____

Permanent Address (in home country): _____

(City) (District or Province) (Country)

Email address: _____

IMMIGRATION/VISA INFORMATION

Applying from overseas (No Visa) OR Visa Type: F-1 B-1, B-2 J-1 M-1 H-1 F-2
 J-2 M-2 H-4 Other (Please explain): _____

Previous School that Issued an I-20 to You: _____

SEVIS Number: _____ Immigration Admission Number: _____

LOCAL CONTACT INFORMATION

Please complete this section if (a) you are currently living in the United States or if (b) you have a friend or relative who will assist you with the application process and/or who can be contacted in case of an emergency.

Current US Mailing Address and Telephone Number: _____

FAMILY INFORMATION

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

EMERGENCY CARE

Who may we contact in case of emergency? Please print name and phone number of a contact person in your home country and in the U.S.

U.S. Contact: _____ (Name) _____ (Phone)

Home Country Contact: _____ (Name) _____ (Phone)

If you are under 18 years of age, and not married, when you are a student at this college, your parent or legal guardian must sign below next to **Signature of Parent/Guardian**. Otherwise, you should sign next to **Signature of Applicant**.

Name (parent or legal guardian): _____

Address: _____

In case of illness and /or injury, permission is granted to this college to provide emergency treatment to the above named student:

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

DEPENDENT INFORMATION

You must complete this section **ONLY** if you wish to have a spouse or child including (F-2 status) on your immigration documents as a dependent (Please attach additional page if you wish to list more than one dependent.)

Full Name of Dependent: _____ (Family Name) (First Name) (Middle Name)

Relationship to Applicant: _____ Date of Birth: _____ (Month / Day / Year)

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

EDUCATIONAL BACKGROUND

Are you a high (secondary) school graduate? Yes No If "Yes," list date of graduation: _____

In chronological order, list any secondary schools and colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page. You must provide a diploma or other proof of graduation from a secondary school as well as transcripts (with an English translation) from any college or university that you have attended.

All students must submit their secondary school (high school) and all college/university credentials to PWSC.

Transcripts from US institutions and from English-speaking Canadian institutions may be sent directly to PWSC from the issuing institution.

All other transcripts must be evaluated by [World Education Services \(WES\)](#).

Do not send international transcripts directly to PWSC. International transcripts will not be returned to the student, nor will they be considered in the admission process.

To submit an evaluation of academic transcripts to PWSC, students need to apply through [World Education Services \(WES\)](#). Students must provide a [Course-by-Course ICAP Evaluation](#).

WES will guide you through the process by providing you a list of [required documents and instructions on how to have the documents sent to WES](#).

Institution #1

Institution #2

Name		
Location		
Dates Attended		
Major		
Diploma/Degree Received		

******Submit proof of graduation from secondary school and college or University transcripts with application******

ACADEMIC & CAREER PLANS

What is your intended field of study/major? *(Note: If you are uncertain of your major, you should declare General Studies.)* _____

What are your educational plans after completing a two-year program at this college? _____

Do you plan to complete a four-year degree in the US? Yes No

If “Yes,” what is your intended major? _____

ENGLISH TRAINING

Is English your native language? Yes No **If “No,” what is your native language?** _____

What is your TOEFL/IELTS score? _____ **Date taken:** _____

******Submit TOEFL score report with application******

Financial Support Declaration

Answer all questions accurately and completely. Any false or misleading answers may result in denial of application for admission or dismissal from school if in attendance. Community colleges cannot provide financial aid or scholarships for international students. Students must provide a current bank statement with application.

⁽¹⁾ This is the amount that you must **pay** to the Business Office

⁽¹⁾ TUITION & FEES FOR ONE YEAR	
Non-Resident Tuition	\$ 4,440 (\$185 per unit, 24 units minimum*)
Student Fee	\$ 100 (\$5 per unit)
Technology Fee	\$ 120 (\$5 per unit/maximum \$120 per year)
UA Fees	\$ 312 (\$13 per unit)
Housing Fee	\$ 6,000 (\$3,000 each semester)
TOTAL	\$ 10,972.00

⁽²⁾ This is the amount that you must **show** is available to

⁽²⁾ ESTIMATED MINIMUM EXPENSES FOR ONE CALENDAR YEAR		
** (Based on 30 units) for single student**		
Non-Resident Tuition @ \$185 per unit (based on 30 units for 2 semesters)	\$ 5,550	**The above estimates are subject to change without prior notice.
Student Fee @ \$5 per unit	\$ 100	
Technology Fee @ \$5 per unit (\$120 max)	\$ 120	
UA Fees @ \$13 per unit, per semester	\$ 312	
Health Insurance (Required)	\$ 1,200	
Room & Board	\$ 6,000	
Books, School Supplies, Wellness Center Fees	\$ 750	
TOTAL EXPENSES:	\$ 14,032**	

Amount of money available to you (that can be verified) for your studies in the United States: \$ _____

Will this money be available to you during your entire education at this college? Yes No

If "No," please complete Sponsor information below.

Other Funds: _____

Are there any currency restrictions in force in your home country? Yes No

If "Yes," are you limited to the amount of money you can bring into the United States? Yes No

Please explain: _____

List annual amount to be contributed to study by:

Parents: \$ _____ Self: \$ _____ Sponsor: \$ _____

Total Amount Available (from all sources): \$ _____

Sponsor Information

Name of Sponsor: _____ Relationship: _____

Address: _____

Country of Citizenship: _____ Occupation: _____

BANK STATEMENT

Submit a **recent** (i.e. within the last six months) bank statement from you and/or your sponsor or a letter from the bank indicating the amount of money that is available to you. Must show proof of \$18,000 USD.

 *****Submit Bank Statement with application*****

HEALTH (MEDICAL) INSURANCE

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Education office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? Yes No If "Yes," what is the name of the insurance company? _____
_____. What is the policy number? _____

What are dates of coverage? (Start & end dates) _____

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: _____ Male Female

Address: _____
(Number) (Street) (City/Town) (Country)

Date of Birth: ____/____/____
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? Yes No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

(b) To the best of your knowledge, are you now in good physical and mental health? Yes No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form (See page 8 for Medical Examination form). The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)



Submit completed Medical Examination form with application

APPLICANT SIGNATURE

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Please read and sign the statement below. Your signature indicates that you understand and agree to the following statement. (**Your application will not be processed if this section is not completed**).

"I certify that the above statements are true and correct. I understand that I may be denied admission or be dismissed from the College by submitting false or misleading information."

Applicant Signature **Date**

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Prince William Sound College
Records of Required Immunizations
Please retain a copy for your personal records

PLEASE PRINT IN INK

Name: _____
Last First Middle Social Security

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ New Student: _____ Returning Student: _____

Proof of required immunization is mandatory of all students living in Student Housing at Prince William Sound College. This form must be completed and signed by a physician or a clinician and returned to the Student Services office prior to move in. Please return this form signed or supply us with a photocopy of your vaccination record for review by our Health Clinician.

T.B. Skin Test or Chest x-ray Date must be within one year of PWSC Admission. See #6 on back.	Month _____ Year _____	Results
Tetanus, Diphtheria, Pertussis-primary series completed. 4 to 5 doses. See #8 on back.	Primary series completed Month _____ Year _____	Booster Month ____ Year ____
Poliomyelitis series completed. 4 doses. Not required of students age 17 or older.	Primary series completed Month _____ Year _____	
MMR 2 shot series is now required. The first should have been administered at 15 months old. A second booster is now required. See #7 on back.	1 st series Month _____ Year _____	2 nd series Month _____ Year _____

Clinician or Public Health Official

Certification of Dates of Immunization and Freedom From Active Tuberculosis

Signature : _____

Printed Name: _____

Address: _____

Description of Immunization Requirements

1. Proof of a series of 4-5 doses of diphtheria-pertussis (DPT) or tetanus-diphtheria (Td) vaccine. If the series has been previously received, a booster Td dose is needed within the past ten years.
2. Proof of completion of polio vaccine series. (If you are under 17 years of age) 4 doses.
3. Proof of one dose of live measles virus (rubeola) vaccine, which must have been received on or after 15 months of age and after 1968. Evidence of previous disease documentation by a physician will not exempt the student from the vaccination requirement unless the student is born prior to 1957. A blood test showing protective antibodies will also provide exemption. Not available at PWSC.
4. Proof of one dose of rubella vaccine (German measles). Only evidence of proof of immunity by a blood test showing protective antibody levels will exempt the student from this vaccination requirement. A history of physician-documented disease is not acceptable proof of immunity.
5. Mumps vaccine on or after 1st birthday or proof of immunity by a blood test is recommended. Combined measles, mumps, and rubella vaccine (MMR) is the vaccine of choice, if there is doubt that the patient is immune to any of these diseases. Immunization with a combined vaccine is safe even for individuals who happen to be immune to one or more of these diseases. Live vaccines are not recommended, however, for pregnant women.
6. A tuberculin skin test within one year preceding registration (unless adequately treated for TB). If the skin test is positive, a chest x-ray is required. If BCG vaccine was administered, give date and send report of chest x-ray taken within one year prior to admission (do not send film). If treated for active TB, please give dates, name of drug and duration of therapy. X-ray is required within one year preceding move in. Please send report only.
7. Persons born before 1957 do not need this immunization. Live virus vaccine must have been administered after 1968 and given after 12-15 months of age. Laboratory evidence of immunity is acceptable. A second booster shot is now required after the MMR at 15 months.
8. If serious doubt exists about the completion of a primary 4-5 dose, series, 2 doses of 0.5 ml combined (Td) toxoids should be given one month apart, followed by a third dose in 6-12 months.

There are many sources for obtaining immunization record if it is not in your possession: your high school or previous college, your local health department, if you receive immunizations there, your military immunization record, your pediatrician's office or your parents.

STUDENTS WHO FAIL TO COMPLY WITH THESE REQUIREMENTS WILL BE UNABLE TO MOVE INTO HOUSING OR ASKED TO LEAVE.

Return this completed form signed by a physician or clinician to:
Prince William Sound College
303 Lowe Street
PO Box 97
Valdez, AK 99686

Any questions about housing please contact us at 907 834 1631
To talk about immunization call the Valdez Medical Clinic at 907 835 4811

International Student Agreement Form

Prince William Sound College
PO Box 97, Valdez, AK 99686

1. I understand that I am required to attend the **Student Orientation** held approximately the first week of the semester
2. **I understand that I must enroll in and complete a minimum of 12 units at the college each semester with satisfactory grades or be subject to dismissal.**
3. I understand that I must obtain **prior** permission from the Office of the Registrar to enroll for less than 12 units and must provide documentation for any compelling reasons.
4. I understand that I must obtain **prior** authorization from the Office of the Registrar for a Leave of Absence or to withdraw from school.
5. I understand that I will complete my study objective as declared on the PWSC International Student Application Form or be eligible to transfer to a university when I leave.
6. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
7. I understand that I must maintain a cumulative grade point average of 2.0 (C) or better to remain in good standing, and I am subject to academic dismissal if I remain on probation for two consecutive semesters.
8. I understand that I must discuss my schedule of classes with the Student Advisor each semester before I enroll, and that I must get approval, in advance, before dropping a course.
9. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition if I add courses after registration.
10. I understand that I must **notify the REGISTRAR'S OFFICE of any changes in my status** including, but not limited to, changing my address or phone number, transferring to another college, or returning to my home country permanently.
Failure to do so will threaten my student status.

Your signature indicates that you have read and agree to all of the requirements listed above:

Student Signature: _____

Date: _____

Student Name (Please print): _____

(SEE OTHER SIDE: *IMPORTANT INFORMATION*)

Housing Application

Application Deadline: Rolling application-first come, first serve. *If you are applying to housing after the agreement date, please email housing@pwsc.alaska.edu for further instructions.

Residence Halls and Apartment Options at PWSC

Student Housing is comprised of three apartment buildings with a variety of apartment sizes and configurations. Every apartment is fully furnished with full kitchen facilities, an ensuite bathroom, living room seating, dining furniture, and a full bedroom suite of furniture for each occupant.

Residence Floor Plans

Studio Apartment

The studio apartments have an open floor plan with a combined living and sleeping space for one occupant. Full kitchen facilities are located along one wall of this room behind a accordion-style door that can be pulled closed to block their visibility. Two large closets and one small closet are located near the entryway and bathroom.

1-Bedroom Apartment

One-bedroom apartments can be shared by two people or occupied singly. This apartment has a small kitchen, dining area, and living room separated from the bedroom. In addition to the bedroom closet, two additional large closets are located near the ensuite bathroom.

2-Bedroom Apartment

Two-bedroom apartments may be occupied by two single students or by families with up to three residents total. Two separate bedrooms are separated from the living, dining, and kitchen areas. An additional shared closet is located in the entryway of the apartment, and additional linen cabinetry is in the bathroom of these apartments.

3-Bedroom Apartment

Three-bedroom apartments can be shared by three single students or by families with up to four residents total. This apartment has a kitchen, dining area, and living room separated from the bedrooms. One small shared closet is located near the entryway.

To Apply for Student Housing please go to the following link: <http://pwsc.alaska.edu/residence-life/>