A COMMUNITY OF LEARNING

Columbia Basin College

BUILDING FUTURES FOR CHANGING TIMES

Dear International Student:

Thank you for your interest in Columbia Basin College (CBC)! CBC is a fully accredited two-year college. International students who have an F-1 visa may earn an Associate Degree in Arts & Science or an Associate in Science Transfer Degree and then transfer to a four-year university. International students may also choose to earn an Associate in Applied Science or an Associate in Applied Science-T; however, these degrees are not designed for transfer, although some classes may be accepted for transfer by baccalaureate degree institutions.

It can be beneficial for international students to attend a two-year college; the tuition costs are lower than four-year schools. A cost comparison shows that two years at CBC will cost possibly thousands of dollars less than spending your freshmen and sophomore years at a four-year university. Yet, after two years, the opportunity exists to transfer to a four-year school, complete the remainder of your academic program, and graduate from that school.

You will find an application packet enclosed which includes the following:

- Information sheet for international students;
- International student admission application;
- Certificate of financial responsibility (**international students are not eligible to receive federal financial aid);**
- Affidavit of support (**only complete this form if a U.S. citizen is paying all or part of your expenses or providing room and board);**
- Approximate costs to attend CBC; and,
- CBC application.

After you complete these forms, please return them to the Records office. Include your applications, certificate of finances and affidavit of support (if applicable). The high school transcript included with your application must be ***official***. All correspondence must be in English and official transcripts must be translated into English by a certified translation agency.

A TOEFL (Test of English as a Foreign Language) score must be submitted if your native language is not English. An official TOEFL score of 500 (paper-based testing) or 173 (computer-based testing) or 61 (Internet-Based testing) or above is required. An official STEP (Society for Testing English Proficiency) score of pre-first grade level is accepted in lieu of the required TOEFL score. CBC's code number for the TOEFL is 4077.

If you meet the acceptance requirements to attend CBC, an I-20 will be issued to you for application to the Immigration and Naturalization Service for F-1 student status visa. Upon your arrival to CBC, you **must** make an appointment with Ms Sylvia Alvarez, International Student Counselor, who will be your academic advisor. You may contact her office by calling (509) 542-4737.

Again, thank you for your interest in CBC; our Catalog may be viewed on line at **http://www.columbiabasin.edu** . If you have further questions, please contact me at (509) 542-4633.

Sincerely,

Lorena Schubert
International Students DSO
Program Coordinator

9/11

2600 North 20th Ave. Pasco, WA 99301 Phone: (509) 547-0511 Fax: (509) 546-0401 www.columbiabasin.edu

Information for International Students

International Student Program
Columbia Basin College
2600 N. 20th Ave., Pasco, WA 99301-3379, USA
Telephone: 011-1-509-547-0511 extension 2300 • FAX: 011-1-509-546-0401

Columbia Basin College is a two-year comprehensive community college, located in the northwestern region of the United States. It is in the city of Pasco, in the southeastern section of the state of Washington.

Programs of Study

The college offers the associate of arts and science degree, which is primarily geared to individuals planning to transfer to a four-year B.A./B.S. degree institution.

Basic Admissions Requirements

The college grants admission on an individual basis to persons who are at least 18. The student must submit:

- official proof of TOEFL
- official transcripts (ESL, high school, college, university)
- high school diploma
- statement of financial responsibility

English Ability

To enter a degree program, a TOEFL (Test of English as a Foreign Language) must be submitted if English is not the native language of the applicant. The TOEFL score must be at least 173 if the test was administered by computer (computer-based) or at least 500 if the test was administered on paper (paper-based).

Have your official TOEFL score sent to Columbia Basin College directly by ETS (Educational Testing Services). CBC's institutional code is 4077.

For information about the TOEFL, write to:

Educational Testing Services
P.O. Box 6151
Princeton, New Jersey, 08541
U.S.A.

Finances

The international student must provide evidence of financial responsibility for the entire length of time he/she is planning to study.

An individual on a student visa cannot expect to work off the college campus. (Exceptions are those students from countries in a compact of free association with the U.S. or from trust territories of the U.S.)

Insurance

The student must provide evidence of having a full medical insurance plan. If the student does not have insurance, he/she is required to purchase it through the college.

Housing

Columbia Basin College does not have dormitories.

Application Deadlines

All application materials, including a completed application form, high school and college transcripts, and financial certificate, should be received by the following dates: June 1 for entry in fall quarter, October 1 for entry in winter quarter, January 1 for entry in spring quarter, and March 1 for entry in summer quarter.

Admittance

Upon receipt, your application materials will be reviewed by the registrar's office. If you are accepted, an I-20 form will be sent to you. Once accepted, international students are academically advised through the multicultural students program at Columbia Basin College.

Feel free to write, fax, or phone Columbia Basin College for more information. Direct your inquiries to the International Student Program. A copy of the college catalog can be obtained by sending U.S. $10 to the college to cover the cost of air mail postage.

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548.

Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at 542-0400. This notice is available in alternative media by request.

Revised 2/07

International Student Admission Application
Degree Program

International Student Program
Columbia Basin College

2600 North. 20th Ave., Pasco, WA 99301-3379, USA
Telephone: 011-1-509-547-0511, extension 2300
Fax: 011-1-509-546-0401

Photograph:

Were you referred by an agency? ❑ yes ❑ no

Name of the agency: _____

❑ New student residing outside U.S. ❑ New student residing in U.S.

All applicants complete the following:

Name (on your passport in English letters): _____

Sex ❑ male ❑ female

Family name: _____

First name: _____ Middle name(s): _____

Country of birth: _____ Country of citizenship: _____

Date of birth: (day) _____ (month) _____ (year) _____

Native language(s): _____

Home country mailing address:

Street/P.O. Box: _____

City: _____

Country: _____

Telephone: (country code) _____ (city code) _____ (house) _____

All international students MUST prove current major health insurance by the first day of the quarter.

Will you have insurance from your country? ❑ yes ❑ no

Will you need to purchase Columbia Basin College health insurance? ❑ yes ❑ no

Note: In signing this form, I acknowledge that I have read and understand the attached instructions and that failure to submit complete and accurate information and all required documents may result in denial of admission or dismissal from Columbia Basin College.

Full Legal Signature _____ Date _____

(continued on back)

All applicants complete the following:

When do you wish to enroll? Year _____ ❑ fall quarter ❑ winter quarter ❑ spring quarter ❑ summer quarter

Applications deadlines: June 1 for fall, October 1 for winter, January 1 for spring, March 1 for summer.

Degree program applicants MUST attach:

- Official proof of TOEFL
- Official transcripts (ESL, high school, college, university)
- High school diploma
- Statement of financial responsibility

What will your intended college major be? _____

How long will you study in America?

❑ 2-year transfer degree ❑ other _____

_____

Transfer students complete the following:

Are you now in the U.S.A.? ❑ yes ❑ no If yes, what type of visa do you have? _____

U.S. mailing address:

Street/P.O. Box _____

City _____ State/ZIP _____

If you are currently enrolled in a United States school,
the following information MUST be provided by the international student advisor.

Student's name: _____

Admissions number (from 1-94 in passport): _____

The above named student is applying for admissions to Columbia Basin College.
Immigration and Naturalization requires proof of transferability of international students. Please complete the following:

❑ Current student in good standing
❑ Completed course of study Date: _____ ESL: _____ College: _____

To your knowledge, has the student experienced difficulties with financial or academic responsibilities at your institution?
❑ yes ❑ no

Name of school _____

City _____ State _____ Telephone _____

Name of official completing form _____

Signature _____ Title _____

Date _____

Revised 2/07

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Columbia Basin College

Certificate of Financial Responsibility

Columbia Basin College
Office of Admissions
2600 N. 20th Ave.,
Pasco, WA 99301-3379

Name Last (Family) First Middle	Date of Birth (Month/Date/Year)
Address (Number & Street)	Place of Birth
City / State or Province	Country of Citizenship / Expected Visa ☐ I-20 F-1 student status ☐ other
Country / Postal Code	Legal Permanent Resident of
Field of Study:	Degree sought: ☐ Associate of Arts & Science ☐ Other_____

OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS.

Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT Must reflect 4% increase per year	
Personal or Family Savings Name of Bank A bank official's signature is required on the certification if the student is partially or totally supported by personal savings and/or parents' savings.	**FIRST YEAR**	**SECOND YEAR**	Signature of Bank Official _____ Title _____ Address of Bank _____ Bank Seal (required) Date _____
Parents Name Name			***Parent's signature is required.*** _____ Signature of Parent Date _____
Sponsors (other than parents) Name Name Relationship to applicant			Signature of sponsor outside U.S. _____ Address (number & street) City / State or Province Country / Postal code
Your Government Name of agency Enclose with this form a signed copy of your official letter of award. ***Date of letter must not be over 1 year old.***			Signature of sponsor in U.S. _____ Name of sponsor in U.S. Address (number & street) City / State/ZIP
Other (please specify) Name Name			
TOTAL Amount needs to equal estimated expenses.			

What is the total amount of money you expect to have when you arrive in this institution? US$_____

Do you plan to remain in the U.S. during the summer? ☐ YES ☐ NO

If remaining in the U.S., do you plan to attend summer school? ☐ YES ☐ NO

Do you plan to come alone? ☐ YES ☐ NO

Do you plan to bring dependants with you? (Please list and specify relationship to you) ☐ YES ☐ NO

Name of dependent	Relationship to you

What is the present exchange rate of your country's currency to the U.S. dollar? (example: 20 pesos=$1) = $1

Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? ☐ YES ☐ NO

If YES, describe restrictions:

Do you have a source for emergency funds once you arrive in the U.S.? YES ☐ NO ☐

Amount available in U.S. dollars $_____

If YES, name source:	Number & Street	City	State/ZIP	Phone

A CERTIFICATE OF ELIGIBILITY (I-20) will not be authorized until this form is completed and returned to Office of Admissions, Columbia Basin College. I certify the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.

Student signature _____

Date _____

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Affidavit of Support

(Answer all items. Fill in with typewriter or print in block letters in ink.)

I, _____ residing at _____
(Name) (Street and Number)

_____
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on _____ at _____
(Date) (City) (Country)

If you are not a native born United States citizen, answer the following as appropriate:

a. If a United States citizen through naturalization, give certificate of naturalization number_____

b. If a United States citizen through parent(s) or marriage, give citizenship certificate number_____

c. If a United States citizenship was derived by some other method, attach a statement of explanation.

d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am _____ years of age and have resided in the United States since (*date*) _____

3. That this affidavit is executed in behalf of the following person:

Name				Sex	Age
Citizen of (Country)		Marital Status	Relationship to Deponent		
Presently resides at Street & Number	City		State	Country	
Name of spouse and children accompanying or following to join person:					
Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) name in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigration status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of _____with _____
(Type of Business) (Name of concern)

at_____
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.) ..... $_____

I have on deposit in savings banks in the United States. ..... $_____

I have other personal property, the reasonable value of which is. ..... $_____

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief. ..... $_____

I have life insurance in the sum of. ..... $_____

With a cash surrender value of. ..... $_____

OVER

I own real estate valued at..... $_____

With mortgages or other encumbrances thereon amounting to ..... $_____

Which is located at_____
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support:
(Place an "X" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of person	Status	Age	Relationship to me
	❑ Wholly Dependent ❑ Partially Dependent		
	❑ Wholly Dependent ❑ Partially Dependent		
	❑ Wholly Dependent ❑ Partially Dependent		

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name _____ Date Submitted _____

Name _____ Date Submitted _____

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state "None".

Name _____ Date Submitted _____

Name _____ Date Submitted _____

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)
That I ❑ do intend ❑ do not intend,
to make specific contributions to the support of the person named in item 3. (If you check "do intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge I have read Part III of the Instructions, Sponsor and Alien Liability and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent_____

Subscribed and sworn to (affirmed) before me this _____ day of _____, 19_____

at _____ . My commission expires on_____

Signature of Officer Administering Oath _____ Title _____

If affidavit prepared by other than deponent, please complete the following:

I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

Signature_____ Date_____

Address_____ City_____State/Zip_____

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Columbia Basin College

Fee 28.30

APPLICATION FOR ADMISSION

Processing fee is due at time of applying. (Make check or money order payable to CBC.)
2600 N 20th Ave Pasco WA 99301 - (509) 547-0511

Student Information

REV 8/09

___ — __ — ____ SOCIAL SECURITY NUMBER*

___ — __ — ____ STUDENT IDENTIFICATION NUMBER (if applicable)

**To comply with federal laws, we are required to ask for your Social Security Number (SSN) or individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050s-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect you SSN from unauthorized use and/or disclosure. If you refuse to provide your SSN, please write "REFUSED" in the SSN boxes above. Contact the Admissions Office at (509) 542-4401 with questions.*

What year and quarter do you plan to begin?

Year _____ ❒ Summer (June-August) ❒ Fall (September-December)
❒ Winter (January-March) ❒ Spring (April-June)

Please check one: ❒ **New** ❒ **Returning**

If you are returning, when did you last attend this college? _____

Length of studies ❒ 1 Quarter ❒ 2 Quarter ❒ 1 Year ❒ 2 Year ❒ Other

Gender ❒ Male ❒ Female
(providing this information is voluntary)

Our computer system has digit limitations. Use only the spaces provided.

Last name (Legal) **First name (Legal)** **M.I.**

*This example uses all 22 digits available - **Lopez-Garcia Lupe G JR***

( ) - **Day telephone**

Previous last name 1 **Previous last name 2**

Mailing address **Apt. no.**

( ) - **Evening telephone**

City **State** **ZIP code**

MM - DD - 19YY **Birth date**

E-mail address *(Please provide a personal and secure email address. It is vital that this address be accurate, as it will be used to communicate with you regarding deadlines, updates and confidential student records information.)*

OFFICE USE ONLY

Application Received via: _____

Reviewed w/student _____

Application input

Min. Input Initial ____ Date ____

Partial input (NSC) Initial ____ Date ____

Complete input Initial ____ Date ____

Date stamp:

Citz _____ Date Follow Up Ltr sent _____

Res _____ Date application fee received _____

Signature _____

Returning Student appt SM 4008 _____

29/SOAR block _____

Transcripts:

College _____ Rcvd _____ College _____ Rcvd _____

College _____ Rcvd _____ College _____ Rcvd _____

HS code _____

Prog _____

Int/Purp _____/_____

The Washington State Community & Technical Colleges do not discriminate on the basis of race, color, creed, religion, national origin, sex, sexual orientation, age, gender, marital status, disability, or status as a disabled or Vietnam era veteran.
Response or non-response to any of the questions listed as voluntary in this application will not affect your consideration for admission.

Foster Care:

Have you been in Washington State foster care for at least one year since your 16th birthday? . . . . . ❒ Yes ❒ No

Running Start:

Are you applying to participate in **Running Start**? ❒ Yes ❒ No If yes, please indicate the year you plan to graduate from high school: _____

Parents Education:

Have either of your parents earned a bachelor's (four-year) degree? ❒ Yes ❒ No ❒ I do not know.

Citizenship:

Are you a U.S. Citizen? ❒ Yes ❒ No

If not a U.S. citizen, country of citizenship? _____

If not a U.S. citizen, immigration/non-immigration status?*

❒ International Student Visa (F, J, or M visa)

❒ Visitor

❒ Temporary Resident*

A# _____

❒ Permanent Resident*

A# _____

❒ Refugee/Asylee*

A# _____

❒ Other (explain)* _____

_____

***DOCUMENTATION REQUIRED**
(Attach front and back copies of cards or documents)

Notice to applicants who are not citizens of the United States and do not have permanent resident immigration status: A state law makes certain students who are not permanent residents or citizens of the United States, eligible for resident student status – and eligible to pay resident tuition rates – when they attend public colleges/universities in Washington State. The law does not make these students eligible to received state or federal aid. To qualify for resident status, students must complete an affidavit/declaration/certification if they have met the following conditions: A) resided in WA State for three (3) years immediately prior to receiving a high school diploma, and completed the full senior year at a WA high school, and continuously resided in the State since earning the high school diploma; or (B) completed the equivalent of a high school diploma, and resided in WA State for three (3) years immediately prior to receiving the equivalent of the diploma, and continuously resided in the state since earning the equivalent of the diploma. If you meet one of these conditions, request a Residency Affidavit from fro the College's Admissions Office.

Ethnicity:

Are you of Spanish/Hispanic/ Latino ethnicity?

(providing this information is voluntary)

❒ No

❒ Yes, Mexican, Mexican American, Chicano (722)

❒ Yes, Puerto Rican (727)

❒ Yes, Cuban (709)

❒ Yes, other Spanish/Hispanic/ Latino (Please specify)

_____

Race:

Which race do you consider yourself to be?

Please mark one or more boxes to indicate what race you consider yourself to be:

(providing this information is voluntary)

❒ African American (872)

❒ Alaska Native (015)

❒ American Indian (597)

❒ Chinese (605)

❒ Filipino (608)

❒ Japanese (611)

❒ Korean (612)

❒ Native Hawaiian (653)

❒ Vietnamese (619)

❒ White (800)

❒ Other Asian (621)

❒ Other Pacific Islander (681)

❒ Other Race (specify)

_____

Washington State Residency Status:

1a. Have you been a legal resident of Washington and lived continuously in the state of Washington for the past 12 months? . . . . . ❒ Yes ❒ No

1b. If no, how long have you lived continuously in the state of Washington? _____ months

2a. Will you be claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the current calendar year? . . . . . ❒ Yes ❒ No

2b. Were you claimed for federal income tax purposes by your mother, father, or legal court-appointed guardian in the past calendar year? . . . . . ❒ Yes ❒ No

2c. Has your parent or legal court-appointed guardian lived continuously in the state of Washington for the past 12 months? . . . . . ❒ Yes ❒ No

3. Will a public or private, non-federal agency/institution outside the state of Washington provide you with financial assistance to attend college? ***(Answer yes only if your eligibility for this assistance is based on being a resident of that state.)*** . . . . . ❒ Yes ❒ No

Veterans Information Section:

NOTICE: Veterans may qualify for educational benefits.

1. Are you a Veteran? . . . . . ❒ Yes ❒ No
2. If you are a Veteran or the spouse/child of a disabled or deceased Veteran, you **MAY** qualify for a tuition waiver. Contact the Veteran's Office for further information.

Previous Education:

Name of **last high school** attended	City and State	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No: grade lvl completed _____
Have you successfully completed the **GED** test? ❒ Yes ❒ No ❒ Does not apply	Where did you earn your GED? School or organization name:		Have you ever participated in Tri-Tech? ❒ Yes ❒ No
List in order of attendance - most recent first. Attach separate sheet if necessary.			
Previous College, Vocational or Technical school attended	City and state	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No
Previous College, Vocational or Technical school attended	City and state	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No
Previous College, Vocational or Technical school attended	City and state	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No
Previous College, Vocational or Technical school attended	City and state	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No
Previous College, Vocational or Technical school attended	City and state	Years attended (YY) From: To: _____ _____	Did you graduate? ❒ Yes: Year _____ ❒ No

Students must have all previous official transcripts sent to CBC to verify fulfillment of course prerequisites and/or degree or certificate requirements.

A nonrefundable $28.30 Admissions Application processing fee must be submitted at the time of application. Failure to submit the fee will result in an incomplete application and will not be processed. Incomplete applications will be held by the College until the 10th day of the intended quarter of enrollment.

I certify to the best of my knowledge that all statements on this form are true.

_____ _____

Applicant's Signature Date

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APPROXIMATE COSTS

Columbia Basin College (2011-2013)

Quarterly Tuition/Fees: . . . . . $ 3500.00 + any lab (per quarter)

Books: . . . . . $400.00 (quarterly average)

***Living Expenses: . . . . . $16,000.00 (Annually)**
*Determined on student's lifestyle

An individual on a student visa cannot expect to work off the college campus. Exceptions are those students from countries in a compact of free association with the U.S. or from trust territories of the U.S. *A student may contact an immigration office for more information regarding employment*.

Individuals on a student visa are not eligible for federal financial aid.

Individuals on a student visa are sometimes eligible for scholarships.