



87, Itire Road Beside Wema Bank, Surulere Lagos, Nigeria. (234) 806 2439 004 (243) 90 5719 0841
ltbconsults@gmail.com www.ltbconsult.com study@ltbconsult.com

LTB Consult Agent ID: _____ Counsellor: _____

Section 1 – Student Information

1.1. Personal Information *Please use all names as they appear on the passport*

Family/Last name _____
Given name(s) _____
Gender Male Female
Date of birth ____/____/____ Day/Month/Year
Marital status Single Married

1.2. Immigration and Visa Information

Country of Birth _____
Country of Citizenship _____
US Residency Status Non-US Citizen or Non-resident Permanent resident
 US Citizen (students with dual citizenship included)
Currently living in US No Yes (copy of your visa, I-20 and your DSO required) Will dependents come with you to the US?
 No Yes (copy of your visa, I-20 and your DSO required)
 If Yes (How many _____. Copies of their passports required)

1.3. Student Address *Where the student lives. Needed if the student hopes to pass a visa interview.*

Address _____
City _____
State/Province _____
Country _____
Postal Code _____
Telephone _____
Contact email _____

1.4. Shipping Address *Where the admissions packet & I-20 will be shipped*

Same as above Yes (check and skip this section) No (complete section)
Contact name _____
Address _____
City _____
State/Province _____
Country _____
Postal Code _____
Telephone _____
Contact email _____



Section 2 – Previous Studies

2.1. Schools Attended *List all high schools, colleges and universities, beginning with most recent*

School name _____
Country _____
Start date _____/_____/_____ month / year
End date _____/_____/_____ month / year
Graduated Yes Yes, I will No
Degree type Degree Certificate Diploma

School name _____
Country _____
Start date _____/_____/_____ month / year
End date _____/_____/_____ month / year
Graduated Yes Yes, I will No
Degree type Degree Certificate Diploma

School name _____
Country _____
Start date _____/_____/_____ month / year
End date _____/_____/_____ month / year
Graduated Yes Yes, I will No
Degree type Degree Certificate Diploma

School name _____
Country _____
Start date _____/_____/_____ month / year
End date _____/_____/_____ month / year
Graduated Yes Yes, I will No
Degree type Degree Certificate Diploma

School name _____
Country _____
Start date _____/_____/_____ month / year
End date _____/_____/_____ month / year
Graduated Yes Yes, I will No
Degree type Degree Certificate Diploma

2.2. Study Gaps

Yes No Will there be more than four months between the when you graduate your current school and when you start?

If Yes What did you do during that time? _____
Example: Studied at home. Traveled to Africa.



Section 3 – Study Plan

3.1. Study Goal *Check all that apply. Please number 1-4 in order of priority if wanting more than one.*

- High school completion
- Intensive English (ESL)
- Associates degree for university transfer (2+2, AA, AS – two years)
 - Associates in Arts** *Check as many as interested or none if undecided*
 - Administration of Justice
 - English
 - Music
 - Anthropology
 - Foreign Language
 - Office Technology
 - Art
 - Geology
 - Physical Education
 - Biology
 - History
 - Physics
 - Business & Economics
 - International Bus.
 - Pre-Law
 - Chemistry
 - Journalism/Comm.
 - Pre-Prof. Health
 - Computer Science
 - Marine Sciences
 - Psychology
 - Early Childhood Education
 - Marketing
 - Sociology
 - Education
 - Mathematics
 - Supportive Health
 - Engineering
 - Medical Laboratory
 - Video & Theatre Arts
 - Associates in Science** *Check as many as interested or none if undecided*
 - Biology
 - Engineering
 - Physics
 - Chemistry
 - Mathematics
- Bachelors
- Certificate (6 months – 1 year)
- Professional/Technical associate degree (ATA – two years)
 - Associates in Technical Arts** *Check as many as interested or none if undecided*
 - Accounting
 - Early Childhood Education
 - Office Technology
 - Admin. of Justice
 - Electronics
 - Technical Design
 - Business Management
 - Family Services
 - Welding
 - Computer Information Sys
 - Legal Office
 - Culinary Arts
 - Medical Office
- Other or undecided

3.2. Intended Major(s)

3.4. Start Date *Check all that apply. Please number in order of priority if wanting more than one.*

Term	Apply By	Classes Start
<input type="checkbox"/> Winter 2016-17	December 9, 2016	January 3, 2017
<input type="checkbox"/> Spring 2016-17	February 28, 2017	April 3, 2017
<input type="checkbox"/> Summer 2017-18	June 16, 2017	July 3, 2017
<input type="checkbox"/> Fall 2017-18	September 1, 2017	September 19, 2017
<input type="checkbox"/> Winter 2017-18	December 8, 2017	January 2, 2018
<input type="checkbox"/> Later	N/A	_____, 20____ Month or term, year



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Section 4 – Qualifications

Note: If any tests are have not been take, but are scheduled please list the scheduled date

4.1. English *Test scores must be less than two (2) years old at start of studies*

- | | | |
|--|--|--|
| <input type="checkbox"/> IELTS
Score _____
Date ____/____/____
Day / Month / Year | <input type="checkbox"/> TOEFL
Score _____
Date ____/____/____
Day / Month / Year | <input type="checkbox"/> Other _____
Score _____
Date ____/____/____
Day / Month / Year |
|--|--|--|

Is English your first language? Yes No

4.2. Test *Not needed, but can be used to meet admission requirements*

- | | | |
|---|--|--|
| <input type="checkbox"/> SAT <input type="checkbox"/> ACT
Score _____
Date ____/____/____
Day / Month / Year | <input type="checkbox"/> GMAT <input type="checkbox"/> GRE
Score _____
Date ____/____/____
Day / Month / Year | <input type="checkbox"/> Other _____
Score _____
Date ____/____/____
Day / Month / Year |
|---|--|--|



Section 5 – Legal Declaration

5.1. Financial Declaration

Olympic College requires certification of adequate financial support from applicants. This statement must be a **current original bank statement** on "original" letter with an official signature on "bank letter head" must verify a current balance with a minimum of \$17,882 USD and whether the account is in good standing. A student must be prepared to pay tuition, medical insurance, and fees by the first day of each quarter or by the August deadline for fall quarter, or at the time of registration as stated by the college policies.

I, (sign)_____ affirm that:

I will have sufficient funds available to pay all of my necessary expenses in the amount indicated in the Tuition and Expenses section for my duration of study. The source of these funds will continue until the end of my program. I will also be able to pay for travel to and from my home country.

5.2. Source of Funding

- Family funds – requires an Affidavit of Support and a current official bank statement
- Personal funds – requires a current official bank statement
- Scholarship – requires a sponsoring agency letter
- U.S. sponsor – requires an Affidavit of Support and a current official bank statement

Please send these documents by email: study@ltbconsult.edu, by postal mail:

International Admission Placement

LTB Consult Ltd

87, Itire Road, Surulere

Lagos, Nigeria

Send completed application to study@ltbconsult.com