

RETURN THIS FORM WITH YOUR APPLICATION FOR ADMISSION

The information and requirements contained in this form can change without notice to the student. This form and application materials should be of recent publication to assure accuracy of information to applicants.

BE SURE TO RESPOND TO ALL QUESTIONS, REQUIREMENTS AND BLANKS TO AVOID A DELAY IN THE PROCESS OF ADMISSION. AN INCOMPLETE FORM WILL BE RETURNED TO THE APPLICANT. WRITE THE LETTERS "NA" IN BLANKS "NOT APPLICABLE" TO APPLICATION.

Please type or print your name as it appears on your passport.

Male
 Female

*NAME _____
LAST/FAMILY FIRST/GIVEN MIDDLE

Date of Birth _____ Country of Birth _____
Month Day Year

Country of Citizenship _____

I am married not married

Do you have any dependents? Yes No If yes, please complete:

Name	Relationship	Country of Birth	Date of birth	Accompany you?	Come later?	Remain home?
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****Remember, \$5,000 additional financial certification is required for the first dependent and \$3,000 for each dependent thereafter if dependents will accompany or join applicant.**

1. If you are now in the U.S., what is your non-immigrant status? _____ Ending date listed on I-20 (#5) for F-1's _____
Name of United States college/university which has issued the I-20: _____

2. I am attending the following U.S. college or university: _____
Are you currently in status _____? If no, please provide a written explanation in the space provided on page 4.
If yes, fill out the transfer notification form.

3. I expect to be at St. Cloud State University: one year two years three years
Complete item b on page 2 to coincide with this estimate.

4. I am applying for graduate admission yes no
I have an undergraduate application on file at SCSU yes no
I received an undergraduate degree from SCSU yes no

5. Check the degree for which you are applying:
 Master of Arts Master of Science Master of Business Administration
 Master of Engineering Management Master of Music

READ CAREFULLY

You are required to submit certification that you will have full support for estimated cost **minimum** of \$17,000 U.S. dollars for one year. International travel expenses are not included in the per year required funding. If you plan to bring dependents (spouse and children), you must submit additional certification. International students must receive special permission to be allowed to work in the U.S. Therefore, do not include any anticipated employment in the U.S. as part of your financial certification. *Costs of higher education typically increase each year.*

YOU MUST SUBMIT ORIGINAL BANK CERTIFIED STATEMENTS, AFFIDAVITS OF SUPPORT (U.S. affidavits only with bank statement or tax returns from your U.S. sponsor) OR SCHOLARSHIP AWARD LETTER WITH THIS FORM BEFORE A FORM I-20 WILL BE ISSUED.

PHOTO COPIES, SCANNED, OR FAXED DOCUMENTS WILL NOT BE ACCEPTED.

All bank statements, affidavits of support, scholarship award letters, etc., **must** have been issued within **three (3) months** of the time you apply for admission. If permission from the sponsor to transfer is necessary, such permission must accompany this application.

Complete Carefully:

Choose the appropriate category (a, b, c, d) and state the source of your yearly financial resources in U.S. dollars with which you will pay for all your expenses. If you plan to bring dependents with you to the U.S., you must document an additional \$5,000 for the first dependent and \$3,000 for each additional dependent **in addition to the amount required for you**. If your spouse will be a student, add \$2,500 per child for daycare expenses.

a. **From my own savings:** _____ U.S. \$ _____
bank name

_____ City _____ Country

Enclose a stamped and certified statement signed by a bank official. If the bank account is not in your name, see paragraph (b).

b. **Financial support from family or sponsor:** U.S. \$ _____ year one
Each year of intended study must be indicated by required minimum funding U.S. \$ _____ year two

Name of Sponsor _____ U.S. \$ _____ year three
(Clearly printed)

Relationship _____

What is the name of the currency on the statement submitted with this form? _____

TOTAL _____

Attach a notarized (official) statement from your sponsor that he or she will accept the financial responsibility for your **entire** period of study in the U.S. The statement must be accompanied by a bank statement or other evidence that the family or sponsor has adequate financial resources to support you. Photocopies have to be certified by the bank.

c. **Financial support from any government agency, private foundation, university or business.** Enclose a signed and certified letter of your award. This letter may not be more than six (6) months old. The letter must state that you have already been approved to receive the support for study at St. Cloud State University and the amount of support you will receive (in U.S. dollars).

_____ U.S. \$ _____
Name of agency, foundation, etc.

d. **Pre-Payment Option:** Include a check or bank draft of U.S. \$17,000 if you wish to pre-pay the first year of study. U.S. \$ _____

Required: Send all completed application forms and supporting documentation by **Express or Certified Mail** to:

St. Cloud State University, School of Graduate Studies,
121 Administrative Services Building
720 Fourth Avenue South,
St. Cloud, Minnesota, 56301-4498 U.S.A.

e. Other financial aid: _____ U.S. \$ _____

Enclose bank certified statement, if applicable.

REMEMBER: You must complete all application procedures, provide bank statements or scholarship award letters to document the amounts listed and be accepted to SCSU before the FORM I-20 will be sent to you. The total amount from all sources must be equal to or greater than the required amount needed for your anticipated length of study at SCSU.

TOTAL RESOURCES (sum of a, b, c, d, and e) U.S. \$ _____

(Must equal \$17,000 times number of anticipated years of study.)

Does your government impose restrictions on exchange and release of funds for study in the U.S.? Yes No

If yes, describe restrictions and procedures required for funds to be sent out of your country: _____

AGREEMENT

BEFORE SIGNING THIS FORM, PLEASE READ CAREFULLY!

By signing this form, I certify that I understand and accept the following conditions and agree to abide by them.

- ◆ I understand that all tuition and fees must be **paid in full** by the specified deadline in order to complete classes. Failure to do so may jeopardize my student status. I will be notified of fee payment deadlines when I arrive for orientation.
- ◆ I have sufficient funds for tuition, fees, health insurance, and living costs available for **each year** of study at St. Cloud State University (\$17,000 per year). I recognize that international students must receive special permission to work.
- ◆ I will take the St. Cloud State University English Placement Examination as required and fulfill the requirements that result from my score on the examination. Based on the examination results, I may be required to take additional English classes.
- ◆ I authorize St. Cloud State University to release to appropriate U.S. Government offices information required to determine my compliance with U.S. immigration laws. Further, I understand that the University must report to the U.S. Department of Homeland Security those students who have failed to register, failed to pursue a full course of study, or failed to meet the minimum academic standards of the University. I understand SCSU must comply with the electronic compliance system (SEVIS) with electronic reporting to U.S. Homeland Security.
- ◆ I agree to purchase the University Accident and Illness Insurance as a condition of admission and continued enrollment. Annual health insurance premiums are due in full at the beginning of fall term each year of study (approximately \$1000). New students entering spring term pay a prorated amount for spring and summer and pay the full premium before each subsequent fall term. Exemption granted only to government fully funded students who obtain a qualifying letter from their home embassy.
- ◆ I agree to arrive on or before the date indicated on the I-20 and participate in the international student orientation program. Students must report to the Center for International Studies to check in. Attendance at the full orientation program is required.
- ◆ I agree as a new student to the U.S. to enroll in the Administrative Orientation ESL151 class.
- ◆ I understand there will be up to a \$100 charge for orientation.

I declare that the information on this form is true, correct and complete. I understand that falsification of any information will affect the issuance of a visa and/or may result in St. Cloud State University revoking its decision to enroll me as a student. I further understand that I may be dismissed from SCSU for violations occurring from infractions to this agreement and Code of Conduct as outlined in the SCSU Student Handbook.

Signature of Applicant _____

Date _____

Explanation: (From #2, page 1)

Please send my I-20 by Express Mail. I will pay the Express Mail postage of \$100.

U.S. credit cards only: MasterCard, Visa, Discover only

Credit Card Number _____ Expiration Date _____

Name of card holder as it appears on the card _____

\$100 check, money order or bank draft enclosed for Express Mail.

(SEPARATE CHECKS are required for application fee and Express Mail.)

St. Cloud State University
St. Cloud, Minnesota 56301-4498

St. Cloud State University values diversity of all kinds, including but not limited to race, religion and ethnicity (full statement at bulletin.StCloudState.edu/ugb/generalinfo/nondiscrimination.html).

TTY: 1-800-627-3529 SCSU is an affirmative action/equal opportunity educator and employer.

This material can be made available in an alternative format. Contact the department/agency listed above.