

International Undergraduate Admission

Section 1 - Student Information

Name: _____
Family name *First* *Middle*

Date of birth: ____/____/____ Country of birth: _____ Country of citizenship: _____
MM DD YYYY

E-mail address: _____@_____ Phone (with area code): (____)____-____

Permanent address in home country: _____

Current/local address (if different from above): _____

Sex: Male Female Is English your first language? Yes No Are you married? Yes No (if yes, see section 6)

Do you have any other dependents that will accompany or reside with you in the United States? Yes No (if yes, see section 6)

Name of emergency contact in United States or home country: _____

Emergency contact address: _____

Section 2 - Academic Information

Please indicate year and term you wish to enroll: _____ Fall Spring Major field of study: _____
Year

Are you applying as a: Freshman (No previous college/university attendance or under 16 college level credits completed)
 Transfer - complete information below:

_____ *Institution name* _____ *City* _____ *Country*

Section 3 - Academic History

List all institutions of higher education attended including colleges, universities, vocational technical schools, the institution in which you are currently enrolled and any degree(s) earned. Failure to list all institutions may result in disciplinary action and/or denial of the admission decision.

Name of institution	City	Country	Dates attended To / From	Degree, diploma or certificate earned	Date received or expected

Languages spoken at home: _____

How many years have you studied English? _____ Where: _____

Have you taken the TOEFL test? Yes - what was your score? _____
 No - when do you plan on taking the test? ____/____/____
MM DD YYYY

Have you taken the ACT or SAT test? Yes - what was your scores? Verbal: _____ Math: _____ Composite: _____
 No



International Student Services
 700 East Seventh Street
 Saint Paul, Minnesota 55106-5000
 Phone: 651-793-1219
 Fax: 651-793-1310

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Section 4 - Immigration Information

If you are already in the United States, what type of visa do you hold? _____ What date did you enter the United States? _____ / _____ / _____
MM DD YYYY

What institution issued your current I-20? _____

Section 5 - Funding Source(s)

Choose the source(s) of your yearly financial resources in U.S. dollars with which you will pay for all your expenses. The total amount available must equal or exceed \$28,445. You must submit an official and certified document from the financial institution(s) in U.S. currency. No copies will be accepted.

1. From your own savings

Bank name: _____ U.S. \$ _____
 City: _____ Country: _____

Enclose a certified statement signed by a bank official within the three months of the time you apply for admission.

2. Financial support from family or sponsor

Name and relationship: _____ U.S. \$ _____

Enclose a certified statement signed by a bank official within the three months of the time you apply for admission.

3. Financial support from any government agency, private foundation, university or business.

Name of funding source: _____ U.S. \$ _____
 Address: _____ City: _____ Country: _____ Phone: (____) _____ - _____

Enclose a signed and certified letter of your award. This letter may not be more than three months old. The letter must state that you have been approved to receive support for study at Metropolitan State University, the amount of support (in U.S. dollars) you will receive, and the academic expectations.

Section 6 - Dependent Information

If you have a dependent that will need to have an I-20 issued for them, you will need to provide documentation showing an additional \$6,000 in financial resources for the first dependent and \$3,000 for each dependent thereafter. Please complete the following information for each dependent. If your dependent is a U.S. citizen or permanent resident, they will not need I-20's issued.

Name	Relationship	Country of birth	Date of birth	Will they accompany you?	U.S. citizen or permanent resi-

NOTE:
 You must complete all the application materials, provide official certified bank statements or scholarship award letters to document the amounts listed and be accepted by Metropolitan State before the I-20 Form will be issued and mailed to you.

Total resources from Section 5 - \$ 0.00

Dependent(s) certification (if applicable) from Section 6 - \$ _____

Total resources - \$ 0.00

Total must equal \$28,445 or greater as well as the additional amount required for each dependent.



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Section 7 - Agreement

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, and living costs available for each year of study at Metropolitan State University (\$28, 445 per year). I recognize that international students must receive special permission to work.
- If I am a returning student, my student account must be paid in full before a new I-20 will be issued.
- I will take the Metropolitan 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 Metropolitan State University to release to any U.S. Government Office information required to determine my compliance with U.S. Immigration Laws. Further, I understand that the University must report to the U.S. Citizenship and Immigration Services those students who have failed to register, pursue a full course of study, or meet the minimum academic standards of the University.
- 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 \$930). No other insurance including coverage provided by sponsor or family will be accepted in lieu of the University insurance.
- I agree to arrive on or before the date indicated on the I-20 and participate in the international student orientation program. I will report to the International Student Services office to check in.

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 Metropolitan State University revoking my enrollment as a student. I further understand that I may be dismissed from Metropolitan State University for violations to this agreement or the Metropolitan State University Student Code of Conduct.

Applicant signature: _____ Date: ____/____/____
MM DD YYYY

Optional Express Mailing Fee

If you would like your admissions documents and I-20 mailed to you outside of the U.S. via a courier service (DHL, Federal Express), you must enclose a nonrefundable payment of U.S. \$75.

Enclosed (check or money order payable to Metropolitan State University in the amount of \$75)

Credit card: # _____ Three digit code (back of credit card) # _____ Expiration date: ____/____
Type: Visa MasterCard Discover MM YY

I, _____, authorize Metropolitan State University to charge my credit card in the amount of \$75.
Print cardholder's name

Cardholder's signature: _____ Date: ____/____/____
MM DD YYYY

Submit