



Undergraduate International Student Admission Requirements

IMPORTANT: Fill out the International Application ONLY if you have an F1 student visa or need an F1 student visa to attend school in the US.

Do not use this form if you are a US Citizen, Permanent Resident, or have been granted another eligible status. Please fill out the Application for Undergraduate Admission located at www.armstrong.edu.

Checklist for International Student Requirements

Freshman

(First time attending a university, or has less than 30 transferable semester credit hours)

- \$25.00 non-refundable application fee (cash, check, money order, or cashier's check - must be issued by a US bank)
- International Student Application (**pages 3 & 4**)
- One** of the following: *Official* TOEFL, IELTS, SAT, or ACT score report (**page 2**)
- Official evaluation of high school transcript by an approved company (**page 2**)
- Official evaluation of ALL university or college transcripts by an approved evaluation agency (**page 2**)
- Proof of vaccinations/immunizations (**page 5**)
- Confidential Declaration of Finances and original supporting financial documents (**pages 6 & 7**)
- Copy of passport (photograph, name, birthday, citizenship, and expiration date) - do not include blank pages

Transfer and Post-Baccalaureate

(Has 30 or more transferable semester credit hours, or a Bachelor's degree)

- \$25.00 non-refundable application fee (cash, check, money order, or cashier's check - must be issued by a US bank)
- International Student Application (**pages 3 & 4**)
- One** of the following: *Official* TOEFL, IELTS, SAT, or ACT score report (**page 2**)
- Official evaluation of ALL university or college transcripts by an approved evaluation agency (**page 2**)
- Proof of vaccinations/immunizations (**page 5**)
- Confidential Declaration of Finances and original supporting documents (**pages 6 & 7**)
- Copy of passport (photograph, name, birthday, citizenship, and expiration date) - do not include blank pages

Application will not be considered until the University has received all required information. Once we have received the completed application packet, your file will be evaluated. If admissible, you will be sent a letter of acceptance and a Certificate of Eligibility (Form I-20) so that you may apply for your student visa.

Please contact Jessica Tuttle, International Student Advisor, via e-mail at Jessica.Tuttle@armstrong.edu with any questions you may have.



Explanation of International Student Admissions Requirements

| Document | Requirements | Additional Information |
|---|--|--|
| Financial Certification | F1 undergraduate applicants must provide financial proof that a <u>minimum</u> of \$24,612 is available for the first academic year. | See the Confidential Declaration of Finances form (pages 6 & 7) for more information. |
| *TOEFL | Minimum Scores: 523 Paper Based Score 193 CBT (Computer Based Test) 70 iBT (Internet Based Test) | www.toefl.org |
| *IELTS | Minimum Score: 6.0 | http://www.ielts.org |
| *SAT | Minimum Scores: Critical Reading 430 Math 400 | www.collegeboard.com *NOTE: Many scholarships will require an SAT score. You may find it better to take the SAT rather than an English proficiency exam if you plan to apply for scholarships. |
| *ACT | Minimum Scores: English 17 Math 17 | http://www.actstudent.org/ |
| High School/Secondary School Transcript | Official document-by-document evaluation by an approved evaluation agency for all foreign coursework is required. Students who wish to apply for US-based scholarships may wish to request a GPA (grade point average) calculation as well since this is often a requirement for scholarship applications. Students who attended a US high school must send official transcripts, but no evaluation is needed. | For document-by-document evaluation, please contact www.jsilny.com , or choose from one of the evaluation agencies listed at http://www.naces.org/members.htm . Please note that the evaluation must come directly from the evaluation agency. Student copies will NOT be accepted. |
| College/University Transcripts | Official course-by-course evaluation by an approved evaluation agency of each foreign transcript is required. You must also request a GPA (grade point average) calculation. Transfer credit is not guaranteed. Students who attended a US college or university must send official transcripts, but no evaluation is needed. | For course-by-course evaluation, please contact www.jsilny.com , or choose from one of the evaluation agencies listed at http://www.naces.org/members.htm . Please note that the evaluation must come directly from the evaluation agency. Student copies will NOT be accepted. |
| Immunizations/ Vaccinations | Required by the Board of Regents of the University System of Georgia of all students who attend classes on campus. | See the Student Immunization Form (page 5). |
| Health Insurance | Proof of health insurance is required of all students while at AASU. You will enroll in a mandatory plan when you arrive on campus. | A mandatory health insurance plan will be added to your bill. The Office of International Education will assist you during orientation. For more information, contact International.Education@armstrong.edu |



Family/Surname, First/Given Name _____

C. ACADEMIC INFORMATION

SELECT YOUR MAJOR

**If left blank, application cannot be processed. If you are seeking a master's degree, please complete the application for Graduate studies.*

Associate Degree

- Arts
- Criminal Justice
- Science

Bachelor Degree

- Art*
- Art Education
- Biology*
- Chemistry*
- Communication Sciences & Disorders
- Computer Science
- Criminal Justice

- Early Childhood Education
- Economics
- English*
- Fine Arts (Visual Arts)
- Gender & Women's Studies
- Health Science
- Health & Physical Education
- History*
- Information Technology
- Law and Society
- Liberal Studies
- Mathematical Science*
- Medical Technology
- Middle Grades Education

- Music*
- Music Education
- Nursing
- Political Science*
- Physics, Applied
- Psychology
- Radiologic Sciences
- Rehabilitation Sciences
- Respiratory Therapy
- Spanish*
- Spanish Education
- Special Education
- Theatre*
- *teacher certification available*

Pre-Professional Programs

- Pre-Business
- Pre-Dentistry
- Pre-Law
- Pre-Medicine
- Pre-Pharmacy
- Pre-Sports Medicine
- Pre-Physical Therapy
- Pre-Veterinary Medicine
- Engineering Program**
- Pre-Engineering
- GT Alliance Program
- RETP
- GTREP

D. EDUCATIONAL EXPERIENCE

Applicants are required to list ALL high school/secondary school and colleges/universities attended. Failure to do so will disqualify applicant. Please do not translate or interpret any terms into US terminology or equivalents. Please use the terminology of the location of the school. Attach additional sheet if needed.

| Name of School, City, & Country | Years of Attendance | Type of School | Language of Instruction | Examination/Degree/Certificate and Date Received/Completed |
|---|---------------------|----------------------------------|-------------------------|--|
| <i>EXAMPLE: Lycée Louis-le-Grand, Paris, France</i> | <i>1995-1999</i> | <i>Secondary/High School</i> | <i>French</i> | <i>GCE (5 O Levels Passed & 2 A Levels Passed), May 1999</i> |
| | | | | |
| | | | | |
| | | | | |

Transfer Students (from a US high school, college, or university only):

Current/most recent school attended: _____

Contact information: _____

International Advisor's Name _____ Phone _____ Fax _____ Email _____

Currently enrolled? Yes No Last date of attendance: _____

Currently in status? Yes No If no, have you already applied for reinstatement? Yes No

Will you be leaving the United States before enrolling in classes at AASU? Yes No

If yes: Date of departure: _____ Date of return: _____

Will you be renewing an expired visa while out of the country? Yes No

I certify that all statements made in this application are complete and true. **I also understand that falsification of or failure to provide information requested may result in my immediate dismissal and/or loss of all credits from the university.** If my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia, as well as those of the United States Department of Homeland Security.

Signature: _____ Date: _____
Month / Day / Year



**UNIVERSITY SYSTEM OF GEORGIA
REQUIRED
CERTIFICATE OF IMMUNIZATION**
(Return this to the institution)

Return documentation to the college or university that you are applying to. Retain a copy of the completed form for your records.

STUDENT INFORMATION

Social Security Number/Student ID: _____ - _____ - _____
 Name: (Last) _____ (First) _____ (Middle) _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip Code: _____
 Term/Year of Application: _____ Age at time of application: _____ Date of Birth: ____/____/____

REQUIRED IMMUNIZATION INFORMATION(See the Immunization Requirements & Recommendations for USG Students documentation)

| VACCINE | DATE MM/DD/YYYY | DATE MM/DD/YYYY | DATE MM/DD/YYYY | HISTORY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE |
|---|---------------------------|--------------------|--------------------|--|---|
| MMR 1 | / / | / / | | | |
| Measles 1 | / / | / / | | | / / |
| Mumps 1 | / / | / / | | | / / |
| Rubella 1 | / / | / / | | | / / |
| Varicella 3 | / / | / / | | (History of Varicella) / / | / / |
| Tetanus-Diphtheria (DTP, DTaP, Tdap, or Td within 10 years) | (Most recent date) / / | | | | |
| Hepatitis B 2 | / / | / / | / / | Type Series: <input type="checkbox"/> 2 Dose Series <input type="checkbox"/> 3 Dose Series | / / |

1—Not required if born before 1957. 2—Only required of students who are 18 years of age or younger at time of expected matriculation.
 3—Required for all US born students born in 1980 or later; all foreign born students regardless of year born.

PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION

- This student is exempt from the above immunizations on the ground of permanent medical contraindication.
- This student is temporarily exempt from the above immunization until ____/____/____.

CERTIFICATION OF HEALTH CARE PROVIDER (This information is required)

Name: _____ Signature: _____
 Address: _____
 Date of Issue: ____/____/____ Telephone: _____

EXEMPTIONS

Check the appropriate box, sign, and date if you are claiming exemption of the immunization requirement for one of the following reasons:

- I affirm that Immunization as required by the University System of Georgia is in conflict with my religious beliefs.
 I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

Student Signature: _____ Date: ____/____/____

- I declare that I will be enrolling in ONLY courses offered by distance learning. I understand that if I register for a course that is offered on-campus or at a campus managed facility this exemption becomes void and I will be excluded from class until I provide proof of immunization.

Student Signature: _____ Date: ____/____/____



Confidential Declaration of Finances

Any student wishing to attend Armstrong Atlantic State University in an F1 visa status **MUST** complete the Confidential Declaration of Finances and provide original financial documentation. This form is considered complete **ONLY** when original financial documentation is provided (e.g. letters from banks certifying availability of funds, letters of sponsorship from private sponsors, governments or employers, etc.). The documents must be submitted either in person or by mail. **Emails, copies, scans, and faxes will not be accepted.** The Confidential Declaration of Finances is used to determine the applicant's ability to cover the cost of attending Armstrong Atlantic State University. All supporting documents must be **original and in English, and amounts must be in US dollars and issued within 6 months of application.** According to the United States Department of Homeland Security, AASU may only issue a "Certificate of Eligibility" (Form I-20) if the applicant has been accepted to the school AND has submitted appropriate financial documentation. Your acceptance letter will be sent to you with your I-20. You must show both forms to the US embassy/consulate to request your visa.

Name: _____
Family/Surname Given/First Middle Former/Maiden

Date of Birth: Month _____ Day ____ Year _____

A. ESTIMATED ANNUAL EXPENSES 2010-2011

| | |
|---|-------------------------------------|
| Tuition and Fees (Fall and Spring Semesters only) | \$13,486.00 |
| Books and Supplies | \$ 1,000.00 |
| Room and Board | \$ 6,576.00 |
| Medical Insurance | \$ 1050.00 |
| Personal Expenses | \$ 2,500.00 |
| **Dependents (\$6,300 for spouse and \$3,600 per child) | \$ _____ (Total for all dependents) |
| AASU TOTAL ESTIMATED EXPENSES | \$ _____ |

The figures above represent the estimated **minimal** cost of living in Savannah. Your personal spending may differ significantly. Please note the expenses listed above are for 2 semesters only (a 9-month academic year). Undergraduate students planning to attend classes during the summer semester should estimate an additional \$8,000.00 per year. **ALL FIGURES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

**B. DEPENDENT INFORMATION

If you are planning on bringing a spouse or child, additional financial proof is required. Your dependents will be issued an I-20 and must apply for an F2 visa. Please provide the following information:

Spouse: _____
Family/Surname First/given name Date of birth (mm/dd/yy) Country of birth Country of citizenship

Child: _____
Family/Surname First/given name Date of birth (mm/dd/yy) Country of birth Country of citizenship

Child: _____
Family/Surname First/given name Date of birth (mm/dd/yy) Country of birth Country of citizenship



Family/Surname, First/Given Name _____

C. SOURCES OF SUPPORT

AMOUNT TO BE FUNDED (FIRST YEAR)

Personal funds. Include an *official* signed bank statement showing current available funds.

US \$ _____

Family or other sponsor funds. Include an *official* signed bank statement showing current available funds. (NOTE: Proof of income will generally not be considered sufficient alone – please provide additional financial documents.)

The sponsor(s) must also sign the statement in Section D.

Name of **primary** sponsor _____

US \$ _____

Relationship to student _____

Name of **secondary** sponsor _____

US \$ _____

Relationship to student _____

Governmental scholarship or loan. A copy of the award letter must accompany this form.

US \$ _____

Other source. Fully explain and document this source of funds on an attached sheet.

US \$ _____

Total US \$ _____

D. SPONSOR'S CERTIFICATION

I certify that I will provide financial support to (student's name) _____ for the duration of his/her study at Armstrong Atlantic State University. I understand that the estimated costs of attendance are subject to change without notice and that sponsors are expected to plan for reasonable increases. I have examined any laws regarding transfer of funds from my country of residence and will take all necessary steps to ensure that the money can be transferred as needed. I further understand that employment authorization for the student is extremely difficult to obtain and withdrawal of my sponsorship is likely to result in the student's inability to continue his/her studies.

Sponsor's name (please print) _____

Contact Information _____

Email

Telephone

Mailing Address

Sponsor's Signature

Month / Day / Year

If more than one sponsor, please print a separate sheet for the additional sponsor(s) to sign.

I certify that this information is a true reflection of my intended sources of sponsorship while attending Armstrong Atlantic State University. I will be responsible for all debts incurred while undertaking my course of study. I realize Armstrong Atlantic State University is unable to provide me with any financial assistance. I understand that I am legally bound to notify AASU of any change in financial circumstance.

Student's signature

Month / Day / Year