



International Student Admissions
11935 Abercorn Street, Savannah, GA 31419
Jessica.Tuttle@armstrong.edu
1-912-344-3237
Toll Free 1-800-633-2349
Fax 1-912-344-3417

Undergraduate International Student Admission Requirements

IMPORTANT: Fill out the International Application ONLY if you meet one of the following criteria**:

You are not currently in the US and will require an F1 (student) visa to enter and study in the US.

You are currently in the US on an F1 visa.

You are currently in the US on a visa that will require a change to F1 status either immediately or in the future.

***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. Do not use this form.*

Requirements Checklist for International Students at AASU

Freshman (1st time attendance at a university or 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)
- Official TOEFL Score Report or Official SAT or ACT Score Report (see page 2)
- Official High School Transcripts --Translated & Evaluated Document by Document (see page 2)
- Official Transcripts of ALL Universities or Colleges Attended-- Translated & Evaluated Course by Course (see page 2)
- Immunization Form (page 5)
- Declaration of Finances (page 6 & 7)
- A copy of the biographical page(s) (photograph and name/birthday/citizenship) of your passport

Transfer (Students who have completed 30 or more 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)
- Immunization Form (page 5)
- Official TOEFL Score Report or Official SAT or ACT Score Report (see page 2)
- Official Transcripts of All Universities or Colleges Attended -- Translated & Evaluated (see page 2)
- Declaration of Finances (pages 6 & 7)
- Copy of the biographical page(s) (photograph and name/birthday/citizenship) of your passport
- Copies of the following: current I-20, F1 visa, and front and back of most recent I-94 card (J1 students should submit copies of the current DS 2019, J1 visa, and front and back of most recent I-94 card; Students requiring a change of status or reinstatement should submit all current visa documentation)

Transient (Attending only 1 or 2 semesters; credits will transfer back to home school)

- \$25.00 non-refundable application fee (cash, check, money order, or cashier's check – must be issued by a US bank)
- Letter of Good Standing (Transient Letter Agreement) from your home school
- International Student Application (pages 3 & 4)
- Immunization Form (page 5)
- Copy of the biographical page(s) (photograph and name/birthday/citizenship) of your passport
- Copies of the following: current I-20, visa, passport, I-94 card

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 (I-20 form) so that you may then apply for your student visa. Please contact me 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 Declaration	All international undergraduate applicants in the requesting a Form I-20 for an F1 student visa must provide certification that a minimum of \$25,136 per academic year is available to the student to pay for all college expenses including tuition, fees, books, room/board, and personal expenses.	See the Undergraduate Declaration of Finances form pages (6 & 7) for more detailed information.
TOEFL	Minimum Scores: 523 Paper Based Score 193 CBT (Computer Based Test) 70 iBT (Internet Based Test)	www.toefl.org or 877-863-3546
SAT	Minimum Scores: Critical Reading 430 Math 400	www.collegeboard.com
ACT	Minimum Scores: English 17 Math 17	http://www.actstudent.org/
High School/Secondary School Transcript	<ol style="list-style-type: none"> 1. Official copy of the transcript sealed and sent directly from the school to AASU 2. English translation of each foreign transcript 3. Document-by-document evaluation by a professional evaluation agency of each foreign transcript. 	<p>For document by document evaluation please see either: www.jsilny.com or any of the evaluation agency listed at: http://www.naces.org/members.htm.</p> <p>Please note that the evaluation must come directly from the evaluation agency. Study copies will <i>NOT</i> be accepted.</p>
College/University Transcripts	<ol style="list-style-type: none"> 1. Official copy of the transcript sealed and sent directly from the school to AASU. 2. English translation of each foreign transcript 3. Course-by-course evaluation by a professional evaluation agency of each foreign transcript 	<p>For course by course evaluation please see either: www.jsilny.com or any of the evaluation agency listed at: http://www.naces.org/members.htm.</p> <p>Please note that the evaluation must come directly from the evaluation agency. Study copies will <i>NOT</i> be accepted.</p>
Inoculations/Vaccination	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
Health Insurance	Proof of health insurance is required of all students while at AASU	A mandatory health insurance plan must be purchased before you register for class. The Office of International Education will assist you during orientation. For more information contact International.Education@armstrong.edu



Dates for Filing Application for Admission

Fall (Beginning in August)

Application Deadline: April 15, 2009
Document Deadline: June 1, 2009

Spring (Beginning in Spring)

Application Deadline: September 15, 2009
Document Deadline: October 15, 2009

Application will not be considered until the University has received all required information.

****Important:** If you are a US Citizen, Permanent Resident, or have been granted another eligible status, please fill out the Application for Undergraduate Admission located on the Armstrong website. Do not use this form.

Semester and year you plan to enroll: Fall 20____ Spring 20____
Application Type: (check one) Freshman Transfer Transient Returning

A. PERSONAL INFORMATION

US Social Security Number: (if available) ____ -- ____ -- _____

***All information should be spelled and included exactly as it is listed in your passport.**

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

Date of Birth: Month _____ Day ____ Year _____

Gender: (check one): Male Female

Are you Hispanic or Latino? Yes No

Race/Ethnicity: (check ALL that apply)

Black American Indian/Alaskan Native Native Hawaiian/Pacific Islander White Asian

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Residence: _____ Native Language(s): _____

B. CONTACT INFORMATION

Home Telephone: _____ US Telephone: (if available) _____
country code + city code + number

Mailing Address: (please include country) _____ Permanent Address in home country: **(required)**

Email: (required) _____

Emergency Contact in the US: (if available)

Name: _____ Relationship to you: _____

Phone: _____ Alternate Phone: _____
(area code + phone number)

Address: _____

Emergency Contact in your home country:

Name: _____ Relationship to you: _____

Phone: _____ Alternate Phone: _____
(country code + city code + number)

Address: _____



Family/Surname, First/Given Name _____

C. ACADEMIC INFORMATION

Intended Major: You must check at least one choice

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

Associate Degree

- Criminal Justice
- Liberal Studies
- Dental Hygiene

Bachelor's Degree

- Art*
- Art Education
- Applied Physics
- Biology*
- Chemistry*
- Communication Sciences & Disorders
- Computer Science
- Criminal Justice
- Dental Hygiene Education

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

- Nursing
- Political Science*
- Psychology
- Radiologic Sciences
- Rehabilitation Sciences
- Respiratory Therapy
- Social Sciences Education (His. or Pol. Sci.)
- Spanish*
- Special Education
- Theatre*

Programs (Pre-Professional)

- Business
- Dentistry
- Engineering
- Forestry/Env. Mgmt.
- Law
- Medicine
- Pharmacy
- Sports Medicine
- Physical Therapy
- Veterinary Medicine

*teacher certification available

Transfer Students (From US institution only):

Last College/University Attended: _____

Contact Information: _____

International Advisor's Name

Phone

Fax

Email

Currently enrolled? Yes No

Currently In Status? Yes No

D. EDUCATIONAL EXPERIENCE

Undergraduate applicants are required to show ALL high school/secondary school and college/universities attended.

Please do not translate or interpret any terms into US terminology or equivalents. Please use the terminology of the location of the school. If listing GCSE or GCE include number of subjects of O and A levels. Attach additional sheet if needed.

Name of School, City, & Country	Dates of Attendance	Type of School	Language of Instruction	Examination or Certificate and Date
EXAMPLE: Lycée Louis-le-Grand Paris, France	1995-1999	Secondary	French	GCE (5 O Levels Passed & 2 A Levels Passed), May 1999

All the information I have provided is true, complete, and accurately includes all of my educational experience for admission to AASU. As required, I will provide all official transcripts, translations, and evaluations.

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: ____/____/____



Any student wishing to attend Armstrong Atlantic State University in an F-1 visa status MUST complete the Confidential Declaration of Finances. This form is considered complete ONLY when financial documentation is provided (e.g. letters from banks certifying availability of funds, letters of sponsorship from private sponsors, governments or employers). The documents must be submitted either in person or by mailing them directly. Emails 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, in English and amounts must be in U.S. 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" (I-20) if the applicant has been offered admission to this institution 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 U.S. embassy/consulate to request your visa.

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

Date of Birth: Month _____ Day ____ Year _____

Please check one of the following that best describes your situation:

- Initial entry into the United States from a foreign country to study under a student (F1) visa.
- Transfer from another institution in the United States.
- Change of status to F1 needed (also check if you will be filing for reinstatement). **Current visa:** _____

A. DEPENDENT INFORMATION

(If you are not planning on bringing a spouse or child, please move to the next section)

1. Spouse's Full Name: _____ <small>Family/Surname First/Given</small>	Date of Birth: _____ <small>Month Day Year</small>
Country of Birth: _____	Country of Citizenship: _____
2. Child's Full Name: _____ <small>Family/Surname First/Given</small>	Date of Birth: _____ <small>Month Day Year</small>
Country of Birth: _____	Country of Citizenship: _____
3. Child's Full Name: _____ <small>Family/Surname First/Given</small>	Date of Birth: _____ <small>Month Day Year</small>
Country of Birth: _____	Country of Citizenship: _____

If more than two children, please provide the above information on an additional sheet and add monies below accordingly.

B. ESTIMATED ANNUAL EXPENSES 2009-2010

Tuition and Fees (Fall and Spring Semesters only)	\$13,336.00
Books and Supplies	\$ 1,000.00
Room and Board	\$ 7,500.00
Medical Insurance	\$ 800.00
Personal Expenses	\$ 2,500.00
Dependents	
(\$6,300 for spouse and \$3,600 per child))	\$ _____ (Total for all dependents)
AASU TOTAL	\$ _____

The figures above represent the **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.



Family/Surname, First/Given Name

C. SOURCES OF SUPPORT

AMOUNT TO BE DRAWN
FROM SOURCE (FIRST YEAR)

Personal funds. An official signed bank statement showing current available funds.

U.S. \$ _____

Family or other sponsor funds. An *official* signed bank statement showing current funds available or an employer's statement showing sufficient income to support the student. (NOTE: proof of income may not be sufficient– be prepared to provide additional financial documents if requested)

The sponsor must also sign the statement in Section D.

U.S. \$ _____

Name of first sponsor _____

Relationship to student _____

Address _____

Name of second sponsor _____

U.S. \$ _____

Relationship to student _____

Address _____

Governmental scholarship or loan. A copy of the award letter must accompany this form. U.S. \$ _____

Other source. Please fully explain and document this source of funds on an attached sheet. U.S. \$ _____

Total U.S. \$ _____

D. SPONSOR'S CERTIFICATION

I certify that I will provide financial support to (student's name) _____ as listed above 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) _____

Sponsor's signature _____

Sponsor's e-mail _____ Telephone _____ Date _____
Month/Day/Year

If more than one sponsor please provide the above information on an additional sheet.

I certify that this statement 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