

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.

Freshman Checklist - First time attending a university, or less than 30 transferable semester credits

- International Student Application (see pages 3 & 4)
- \$25 non-refundable application fee (cash, check, money order, or cashier's check - must be issued by a US bank)
- One (1)** of the following: **Official** TOEFL, IELTS, SAT, or ACT score report (see page 2)
- Official** high school transcript **and** evaluation by an approved evaluation agency (see page 2)
- Official** transcripts from **all** universities or colleges attended, **and official** evaluations of **all** university or college coursework by an approved evaluation agency (see page 2)
- Confidential Declaration of Finances and original supporting financial documents (see pages 5 & 6)
- Copy of passport (photograph, name, date of birth, citizenship, and expiration date) - do not include blank pages
- Proof of vaccinations/immunizations (see page 7)

Transfer or Post-Baccalaureate Checklist - 30 or more transferable semester credits, or Bachelor's degree or higher

- International Student Application (see pages 3 & 4)
- \$25 non-refundable application fee (cash, check, money order, or cashier's check - must be issued by a US bank)
- One (1)** of the following: **Official** TOEFL, IELTS, SAT, or ACT score report (see page 2)
- Official** transcripts from **all** universities or colleges attended, **and official** evaluations of **all** university or college coursework by an approved evaluation agency (see page 2)
- Confidential Declaration of Finances and original supporting financial documents (see pages 5 & 6)
- Copy of passport (photograph, name, date of birth, citizenship, and expiration date) - do not include blank pages
- Proof of vaccinations/immunizations (see page 7)

**Please contact the Office of Admissions at
admissions.info@armstrong.edu
with any questions you may have.**

Document	Requirements	Additional Information
Financial Certification	F1 undergraduate applicants must provide financial proof that a minimum of \$28,985 is available for the first academic year.	See the Confidential Declaration of Finances form (pages 5 & 6) 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: Combined (Math and Verbal) 900 Critical Reading (Verbal) 440 Math 410 (Example: If Math score is 410, the minimum Verbal score must be at least 490 to equal 900)	www.collegeboard.com *NOTE: Many scholarships will require an SAT or ACT score. It may be better to take the SAT or ACT rather than an English proficiency exam if planning to apply for scholarships.
*ACT	Minimum Scores: English 18 Math 18	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. GPA (grade point average) calculation is required. Students who can earn transfer credit for upper level classes should request a course-by-course evaluation. Students who attended a US high school must send official transcripts, but no evaluation is needed.	For foreign transcript evaluations, 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. GPA (grade point average) calculation is optional as it will be calculated by Armstrong upon receipt of the evaluation. Transfer credit is not guaranteed. Students who attended a US college or university must send official transcripts, but no evaluation is needed.	For foreign transcript evaluations, 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 for all students who attend classes on campus.	See the Student Immunization Form (page 7).
Health Insurance	Proof of health insurance is required of all students while at Armstrong. Students will enroll in a mandatory plan upon arrival.	A mandatory health insurance plan will be added to the student's bill. The Office of International Education will give instructions during orientation. For more information, contact International.Education@armstrong.edu



International Student Undergraduate Application

Fall (Begins in August)

Application Deadline: May 1
Document Deadline: June 1

Spring (Begins in January)

Application Deadline: September 15
Document Deadline: October 15

Summer (Begins in May)

Please inquire.

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

Semester and year you plan to begin: Fall 20____ Spring 20____ Summer 20____

Application type: (check one) Freshman Transfer Post-Baccalaureate Returning/Continuing

Check the one that best describes your situation:

Requesting initial entry into the US on F1 visa. Transferring from another school in the US.

Requesting a change of status to F1— Filing for reinstatement—

Current visa: _____ Expiration date: _____ Date of termination: _____

A. PERSONAL INFORMATION

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

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

Name: _____
Family/Last Given/First Middle Former/Maiden Preferred/Nickname

Date of Birth: Month _____ Day _____ Year _____

Gender: Male Female Are you Hispanic or Latino? Yes No

Race/Ethnicity: (check all that apply)

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

Country of Birth: _____ Country of Citizenship: _____

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

B. CONTACT INFORMATION

Email Address: (required) _____

Home Country Information (required)

Telephone: _____
country code + city code + number

Mailing Address:

Physical Address: Check if same as mailing address

Emergency Contact: Parent Spouse Other

Name: _____

Phone: _____

Address: _____

United States Information (if available)

Telephone: _____
area code + phone number

Mailing Address:

Physical Address: Check if same as mailing address

Emergency Contact: Parent Spouse Other

Name: _____

Phone: _____

Address: _____

Family/Last Name, Given/First 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
 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 & Physical Education
 Health Science
 History*
 Information Technology
 Law and Society
 Liberal Studies
 Mathematics*
 Medical Laboratory Science
 Middle Grades Education
 Music*

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

Pre-Professional Programs

- Pre-Business
 Pre-Dentistry
 Pre-Law
 Pre-Medicine
 Pre-Pharmacy
 Pre-Physician Assistant
 Pre-Veterinary Medicine
Engineering Program
 Pre-Engineering

*teacher certification available

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
EXAMPLE: Lycée Louis-le-Grand, Paris, France	1995-1999	Secondary/High School	French	GCE (5 O Levels Passed & 2 A Levels Passed), May 1999

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

Current/most recent school attended: _____

Contact information: _____

International Advisor's Name Phone Fax Email

Currently enrolled? Yes No If 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 Armstrong? Yes No

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

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



Confidential Declaration of Finances

The United States Department of Homeland Security states that a school 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**. Any student wishing to attend Armstrong on an F1 visa **MUST** complete the Confidential Declaration of Finances and provide original financial documentation. This form is used to determine the applicant's ability to cover the cost of attending Armstrong. 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.). **Financial documents must be submitted by mail or in person. Emails, copies, scans, and faxes will not be accepted. All financial documents must be original and amounts must be in US dollars; documents must be in English and must have been issued within 6 months of application.** After satisfying the financial evidence requirements, the Form I-20 will be mailed with the acceptance letter in most cases. Applicants must show both forms to the US embassy/consulate to request the student visa.

Student Name: _____
Family/Last Name Given/First Name Middle Former/Maiden/Other

Date of Birth: Month _____ Day ____ Year _____

A. ESTIMATED ANNUAL EXPENSES 2012-2013

Tuition and Fees (Fall & Spring semesters only)	\$14,464.00*
Books and Supplies	\$ 1,500.00
Housing	\$ 6,452.00**
Meals	\$ 2,967.00
Medical Insurance	\$ 1,102.00***
Personal/Miscellaneous Expenses	\$ 2,500.00
Dependents (\$3,600 per dependent)****	\$ _____ (Total for all dependents)

ARMSTRONG TOTAL ESTIMATED EXPENSES \$ _____

The figures above represent the estimated **minimal** cost of attending Armstrong. 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 \$10,000.00 per year. **ALL FIGURES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

*Tuition and fees are based on 12 credit hours. Cost will be higher with more credit hours.
**Housing amount does not include the \$250 non-refundable deposit for on-campus housing. Rate is an averaged estimate.
***Medical insurance rates will depend on factors such as age and number of dependents. This is the minimum rate.

****B. DEPENDENT INFORMATION

Students planning to bring a spouse and/or child(ren) must demonstrate additional financial ability (see cost above). Dependents will be issued an I-20 and must apply for an F2 visa. Please provide the following information and include a copy of each passport (attach additional sheets if necessary):

Spouse:

Check one: Male Female

Family/Last Name

Given/First Name

Date of Birth (Month, Day, Year)

Country of Birth

Country of Citizenship

Child:

Check one: Male Female

Family/Last Name

Given/First Name

Date of Birth (Month, Day, Year)

Country of Birth

Country of Citizenship

Child:

Check one: Male Female

Family/Last Name

Given/First Name

Date of Birth (Month, Day, Year)

Country of Birth

Country of Citizenship

Family/ Last Name, Given/First 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 _____

Academic, Athletic or Governmental scholarship.

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 Funding 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 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 difficult to obtain, and withdrawal of my sponsorship may 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.

E. STUDENT ATTESTATION

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

Student's Signature _____ Month / Day / Year

Student Immunization Form



**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: ____/____/____