APPLICATION INSTRUCTIONS

There is a co-admission process between the Office of International Education and the Undergraduate Admissions Department.

Applicants must submit the following documents to:

Office of International Education (OIE)
Engleman Hall, A-220
501 Crescent Street • New Haven, CT 06515-1335

- Completed International Student Profile Form
- Current original financial resources statement from applicant or sponsor.
- Such statement needs to indicate that the applicant has sufficient resources or will be receiving sufficient sponsorship to provide for, at minimum, one year of tuition, fees, and housing.

F-1 students transferring or graduating from a college or university in the U.S. must also submit:

- Copy of all previous I-20 forms
- Copy of visa
- Copy of passport
- Copy of I-94

Applicants must submit the following documents to the Office of Undergraduate Admissions:

- Online application
- \$50.00 application fee
- Official report language proficiency scores. Scores older than two (2) years are invalid.
- Official transcripts of all secondary and postsecondary education.
- Foreign transcripts must be evaluated by an outside agency. Please contact <u>Undergraduate Admissions</u> for details.

Language Proficiency Requirements

English proficiency minimum scores: TOEFL - 72 iBT/525 paper; IELTS - 6; Duolingo - 100; Pearson PTE - 53; Certificate of completion from ELS Academic English Level 112; SAT - 900 (combined critical reading and math only); ACT - composite score of 19.

Financial Aid

International students are not eligible for Federal Financial Aid. Students may be considered for university scholarships and part-time on-campus employment twelve (12) or more credits each semester, and pay out-of-state tuition.

Health Forms and Medical Insurance

All students must have medical insurance. The university highly recommends its insurance program for all full-time international students. Health forms must be on file with Student Health Services prior to registration. Forms may be downloaded from the Student Health and Wellness Center.

Deadlines for Initial Students

Initial applicants who wish to begin graduate study must submit their International Student Profile Form by May 1st for the Fall semester or by November 1st for the Spring semester.

Deadlines for Transfer Students

Students transferring from a college or university in the U.S. must submit their application and International Student Profile Form by **June 1**st for the Fall semester, or by **November 1**st for the Spring semester. Transfer students will not receive an I-20 until the SCSU International Student Advisor receives a completed Transfer Form from the student's International Student Advisor at their previous school, and a transfer of the student's record through the SEVIS system.

Cost Estimate

Estimated expenses for a full-time international undergraduate student for the academic year (September-May).

Total	\$44 116 ^{.00}
Medical Insurance (recommended)	\$1,000000
Room and Board	\$9,914.00
 Indirect Costs (books, supplies, transportation) 	\$5,824.00
 Out-of-State tuition & fees 	\$27,378.00

For more information about the Cost of Attendance please the cost of attendance page https://inside.southernct.edu/onestop/financial-aid/cost-of-attendance-vs-billed-costs

Estimate Your Expenses for One Academic Year

Total	\$			
and \$1,500 per year for each additional dependent.)				
	additional \$3,500 per year for your spouse,			
(If you have a spouse or child(ren) t	hat will accompany you to the United States,			
 Dependents 	\$			
 Medical Insurance 	\$			
 Cost of Living 	\$			
 Books & Supplies 	\$			
 Tuition & Fees 	\$			

The Office of International Education will generate the Form I-20 on behalf of the student once the completed profile and appropriate financial documents have been received. The I-20 and acceptance materials will then be sent directly to the student at the address provided here. Electronic or scanned copies cannot be used to apply for the student visa.



STUDENT INFORMATION	ON:				
Name must appear exactly as it does on your passport.		Date:			
Name: Last (Family Name)	First (Given Name)	Middle	Date of Birth: Month / Day / Year		
Native Language:			Gender: ☐ Male ☐ Female		
I plan to live on campus: \Box	Yes \square No	If "No," please comp	plete section 2B on page 6 of this form.		
VISA AND IMMIGRATIO	N INFORMATION:				
Country of Birth:		Country of (Citizenship:		
Country of Legal Permanent I	Residence:				
Current Visa Status:	□Student (F-1)	☐ Spouse (F-2)	☐ Exchange Visitor (J-1)		
	\square Spouse (J-2)	☐ Tourist (B-2)	☐ Temporary Professional Worker (H-1)		
□Dependent of H-1 (H-4)		(H-4)	☐ Will apply for F-1 Visa		
	☐ Other (please spec	cify):			
Do you have a Dual Citizensh If you answered yes, please lis		□ No izenship:			
Are you currently living or stu If you answered yes, please in	, 0		formation of your DSO.		
Marital Status: Will any of your dependents (ingle	to the U.S. with you?	☐ Yes How many?		
If "Yes," please include copie	s of their passports with y	our application.			



CONTACT INFORMATION:

	ry Address:st be given, even if you currently reside in the U.S.) Street	City	State/Province
Country:		Postal Code:	
Telephone:	Country Code City Code Number	Fax:	
U.S. Mailing A	Address:	C.	State/Province
	Street	City	,
Email:		Postal Code:	
U.S. Telephor	ne:Country Code City Code Number	Cell Phone:	
EMERGEN	CY CONTACT:		
Name:		Relationship:	
	Last (Family Name) First (Given Name)		
Telephone:	Country Code City Code Number	Email Address:	
Address:	Street	City	State/Province
Country:		,	·
ACADEMIC	INFORMATION:		
Major you wil	l pursue at SCSU:		
Minor:		Semester Start: □Spring 20	Fall 20
	(If applicable)		
U.S. institution	n you will transfer from:	(If applicable)	
International S	Student Advisor:	, 11	
		(If transferring from a U.S. institution)	
Transfer Insti	tution SEVIS School Code:		

OFFICIAL CERTIFICATIONS:

All signatures must be original and recent

Section 1 - Financial Support Documentation

Source of Funding	Required Documentation
Personal Bank Statement (checking/savings)	Certified bank letter/bank statement written in English and in USD
Parent(s)/Sponsor(s)	Affidavit of Support (below) <u>and</u> certified bank letter/bank statement
Government Agency (home country)	Letter of Award

U.S. immigration law requires Southern Connecticut State University to verify that any student seeking an F-1 Visa has sufficient funds to finance their studies for the duration of their program.

If it is determined that you are admissible to SCSU, we will provide you with an I-20 (or other eligibility document) only after you have submitted satisfactory evidence that you have adequate funds for your proposed program of study. Acceptable financial documents must not have been issued more than six (6) months before the date you intend to enroll at SCSU, and must accompany this form.

Additional Support Needed for **Dependents**

If you have a spouse or child(ren) that will accompany you to the United States, you must include a minimum of an additional \$3,500 per year for your spouse, and \$1,500 per year for each additional dependent. Please note that this estimate for dependents is the minimum amount you must show. If purchasing insurance in the U.S. for dependents, actual costs will likely increase.

Section 2A - Certification of Financial Support (Complete only if student is being sponsored)

This is to certify that I have read the information furnished by the applicant on this form, that the information is accurate, and that my funds will be provided as specified.

SIGNED: _					Month / Day / Year
Name:		(Please Print)		Relation	ıship:
Address:		Street		City	State/Province
Country:				Postal Code:	
Telephone: _	Country Code	City Code	Number	Email Address: _	



Section 2B - Room and Board

If you are not living on campus, the individual who will provide accommodate for you during your time in the U.S. must complete this section. The Affidavit of Support must be submitted with your International Student Profile Form. You are responsible to provide the equivalent of \$9,914.00 per year in funding to cover the entire duration of your stay in the United States. If you are no longer receiving accommodation from a sponsor, you will be asked to demonstrate sufficient personal funds reflecting that expense.

Affidavit of Support

I,(Print full name of family member/personal sponsor)	2	ertify that I am willing and able
to provide free room and board in my home (equivalent to the min amounting to \$9,914.00) to the applicant	_	
	student's full name)	
The student will remain with me		
from: Month / Year	to: Month / Year	
SIGNED:		Ionth / Day / Year
Name:(Please Print)	Relations	hip:
Address:Street	City	State/Province
Country:	_ Postal Code:	
Telephone: Country Code City Code Number	_ Email Address:	



Section 3 – Student Attestation

I hereby certify that all statements on this form are true and accurate information and that the stated funds are available for my educational expenses at Southern Connecticut State University during the period specified.

I will notify SCSU of any changes in my financial circumstances.

Southern Connecticut State University cannot provide funding for international students. It is my responsibility to demonstrate sufficient funds for the duration of my academic career.

As an international student, I am responsible for maintaining a full course of study. **Insufficient funding or** changes in sponsorship do not qualify me to be a part time student.

I am required to register for classes during the university open registration period. Payment for courses in the following term is due at the time of registration.

I will be unable to register for classes if I have an outstanding balance with the Student Accounts office. **Inability** to register will affect the requirement that I maintain a full course of study and can result in the termination of my I-20 and student visa. Student fee bills must be resolved at the time of registration.

During my first year, I will be able to work part-time and on campus as a student worker. Student worker positions are available to all students attending Southern Connecticut State University and are not guaranteed.

Furthermore, I understand that under the Privacy Act, the information I have given cannot be shared with anyone except me and SCSU without my written permission.

SIGNED:		Date:	/ Day / Year
Student's Name: _	(Please Print)		