

Supplemental Application for International Students

SHENANDOAH UNIVERSITY

**International Admissions
Shenandoah University
1460 University Drive
Winchester, Virginia 22601-5195**

Supplemental Application for International Students

Please complete all sections of this Supplement. You must also complete the Undergraduate or Graduate Application if you have not already done so.

Please send all official transcripts from schools (high school, college, university) that you have previously attended, make arrangements for an academic credential evaluation of those transcripts, and have official TOEFL or IELTS results sent. All transcripts from non-U.S. institutions must also be submitted for an academic credential evaluation to obtain equivalency information regarding courses, credits, grades and degrees earned. A complete list of qualified providers may be found at www.naces.org.

In addition to the requirements indicated above, Shenandoah Conservatory applicants are expected to fulfill audition or portfolio requirements as explained in the Conservatory Audition Guidelines which may be found on the SU Web site at www.su.edu. Graduate applicants must submit all other supporting documentation specified for admission to the particular program of study.

Your name as it appears in your passport: _____
Last Family Name / Given First Name / Middle Name

Permanent Home Address in your native country: _____
(Street and/or Box Number)

(City) (State/Province) (Postal Code) (Country)

E-MAIL ADDRESS(ES): _____

English Language Proficiency Information

Most international students* are required to demonstrate English language proficiency.

*Lifetime residents of Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom and the United States do not need to submit English proficiency documentation.

Have you successfully completed at least two years of full-time study in a post-secondary institution in an English-speaking country in which English was the language of instruction? Yes No If yes, please explain what type of educational institution you attended. _____

What is your native language? _____

Have you taken the TOEFL or IELTS Exam? Yes No Date of Test _____ Score _____ Type of Test Computer Paper

Have you sent us a copy of your score report? Yes No

Personal & Financial Information Form

(Needed to Obtain VISA/Immigration Documents)

A. Personal Information

International applicants who plan to attend Shenandoah University on a non-immigrant F-1 or J-1 visa need to complete the information requested below before a SEVIS I-20 Form or a Form DS-2019 will be issued by the university. Please write above the line when completing this form and do not leave any blanks. If not applicable, then write in "N/A" on the line.

Full legal name as it appears in your passport:

(Please attach a copy of your passport or national ID card)

Family Name (Last Name)

Given Name (First Name)

Middle Name

Mailing address for sending VISA/Immigration documents:

(Please complete as it should appear on mailing envelope we will send you.)

Number and Street Address or Post Office Box

Address

City Province or State Postal Code

Country

Contact Information:

Phone Number at mailing address listed above (for delivery purposes)

E-mail address (for correspondence purposes)

Personal Information:

(Required to issue your VISA/Immigration document)

Date of Birth (Month/Day/Year)

City of Birth

Country of Birth

Country of Citizenship

Country of Legal Permanent Residence

Marital Status (Married or Single)

Current Occupation in Home Country (Job Title)

Current Employer

Type of Employer: Federal Government, State Government, University, Private Company, etc.

If currently enrolled in a school outside the U.S., please specify the level: _____ High School, _____ Bachelor, _____ Master, or _____ Doctoral

If you are currently in the U.S., please complete the following information:

(Please attach copies of your I-94 card, SEVIS I-20 or DS-2019 or H-1 Petition, etc.)

Current non-immigrant status: _____ F-1 _____ F-2 _____ J-1 _____ J-2 _____ H-1 _____ H-4 Other status: _____

If you are currently a student, indicate the name and location of the school:

Name of school: _____ Location of school: _____

Which of the following options do you wish to pursue?

- _____ I would like to remain in my current non-immigrant status
- _____ I would like to leave the U.S., apply for an F-1 visa, and re-enter the U.S.
- _____ Other (Please explain on separate sheet)

Signature of Student

Date Form Completed

Print Last Name

Print First Name

B. Financial Information:

Please document below that you have sufficient financial resources available to cover your educational and living expenses for your first year of study. Please see the estimate below which indicates most of the major costs you will need to plan on for each semester. *(This estimate is based on undergraduate tuition rates for the 2009-10 academic year. These rates usually increase 2-3 percent each year.)* Graduate tuition rates may vary. Please see the Student Accounts information at www.su.edu

Tuition	\$ 11,925
Room and Food Service	\$ 4,065
Health Insurance	\$ 500
Books and Fees	\$ 1,000
Total	\$ 17,490 per semester
	\$ 34,980 per academic year

Please note that if your family will accompany you or join you later during your studies, you should include an additional \$10,000 USD per year for your spouse and \$5,000 USD per year for each of your children (approximately).

Please use one or more of the options listed below to document your financial resources.

OPTION 1: PERSONAL INCOME OR SAVINGS OF THE STUDENT:

If you choose this option, please include a bank statement or bank letter confirming that you possess the resources indicated.

I certify that I have \$ _____ available to cover my educational and living expenses for the first year of study at Shenandoah University.
U.S. dollar (\$) amount

Signature of Student

Date (Month/Day/Year)

OPTION 2: FINANCIAL SUPPORT FROM FAMILY MEMBERS OR FRIENDS:

If you choose this option, please include a bank statement or bank letter for each individual providing financial support to confirm that the individual(s) possesses the resources indicated.

I hereby, certify that I have \$ _____ available for: _____
U.S. dollar (\$) amount *Student's name*
 for the first year of study at Shenandoah University.

Printed Name of Provider

Signature of Provider

Street Address or P.O. Box

Relationship of Provider to Student

City

State/Province

Country

Date

OPTION 3: SPONSOR CERTIFICATION AND BILLING AUTHORIZATION:

To be completed by the sponsoring agency, firm or government office. Please attach your award letter from your sponsor.

TERMS OF AWARD FOR:

Student: _____
 Major: _____
 Degree: _____
 Begin Date: _____
 End Date: _____

SPONSOR NAME AND CONTACT INFORMATION:

Agency Name: _____
 Contact Person: _____
 Billing Address: _____
 E-Mail Address: _____
 Phone #: _____
 Fax #: _____

CHECK ITEMS TO BE BILLED TO SPONSOR AND ENTER LIMIT AMOUNT:

- Tuition \$ _____
- Fees (Mandatory) \$ _____
- Housing and Meal Plan \$ _____
- Late Registration Fee \$ _____
- Health Insurance/Student \$ _____
- Health Insurance/Spouse & Children \$ _____
- Other (specify) _____ \$ _____

TOTAL AMOUNT PER YEAR \$ _____

BILLING AUTHORIZATION:

SU is authorized to bill the sponsor listed above for the items indicated in accordance with the terms of this student's award.

Authorizing Signature

Printed Name of Individual Authorizing Billing

Date (Month/Day/Year)

Information Regarding Dependents:

Complete this section only if your spouse and/or children will accompany you to the U.S.A.

Spouse:

Family Name (Last Name)

Date of Birth (Month, Day, Year)

Given Name (First Name)

City of Birth

Middle Name

Country of Birth

Country of Citizenship

Country of Permanent Residence

Please complete the following information about your children.

Child 1:

Family Name (Last Name)

Date of Birth (Month, Day, Year)

Given Name (First Name)

City of Birth

Middle Name

Country of Birth

Relationship to You (Son or Daughter)

Country of Permanent Residence

Country of Citizenship

Child 2:

Family Name (Last Name)

Date of Birth (Month, Day, Year)

Given Name (First Name)

City of Birth

Middle Name

Country of Birth

Relationship to You (Son or Daughter)

Country of Permanent Residence

Country of Citizenship

Child 3:

Family Name (Last Name)

Date of Birth (Month, Day, Year)

Given Name (First Name)

City of Birth

Middle Name

Country of Birth

Relationship to You (Son or Daughter)

Country of Permanent Residence

Country of Citizenship

Please copy this page as needed for additional children. If currently in the U.S., please attach copies of each dependent's passport (photo & name page) and I-94.



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admit@su.edu**