Steps to Admission for International Students

TO APPLY GO TO: https://www.applyweb.com/instructions?nsula

Step-By-Step

**Undergraduate Students**

- Complete the online application for admission
- Submit official ACT and/or SAT (Scores: ACT: 1600 | SAT: 6492)
- Submit official high school transcript and/or college evaluation by approved US evaluation agency
- Submit immunization records or request for exemption
- Submit Financial Certification
- Submit Health Form
- Submit Educational Background Survey
- Submit copy of passport
- Submit copy of VISA
- Submit official TOEFL scores
- Submit $30 Application Fee

**Graduate Students Additional Steps**

- Submit official GRE scores
- Submit 2 letters of recommendation
- Submit official college transcript evaluation

All students who intend to live on campus should apply for Campus Housing and Submit your Meal Plan as soon as possible. All students residing on campus must have a meal plan.

https://www.nsula.edu/campushousing/
International Admission

**Freshman** international students must have completed a recognized secondary program comparable to U.S. high school graduation, and have academic records comparable to those required to meet the freshman admission criteria. Admission decisions for freshman international students must be made in accordance with recommendations in nationally recognized publications. Students should have at least completed a program of study that would recommend them for admission to a university in their country.

**Transfer** international students must have completed a recognized secondary program and meet transfer admission criteria. Must complete a college level mathematics course designated to fulfill university core requirements, and cannot require developmental English.

**Graduate** international students must have earned the equivalency of a Bachelor’s Degree or higher. Official evaluations of Bachelor’s Degree and all graduate level work is required. Evaluations must include an overall cumulative grade point average. Graduate international applicants who are interested in Nursing, Education, or Psychology must first ascertain if the qualify for the programs. Please contact the Graduate School at 318-357-5851 to inquire regarding licenses you may have or need prior to enrolling in a graduate program.

International students for whom English is a second language are required to demonstrate college level English proficiency by submitting the minimum required TOEFL score.
- Minimum TOEFL score of 500 paper, 173 computer, or 61 internet-based.

International students who do not meet the required admission requirements may be admitted under the respective admission exceptions category.

The I-20 will be mailed ONLY after a student has submitted all required documentation and admitted. If you are transferring from another institution from within the US, you will need to also complete an “International Student Transfer Information Form” and submit to your current International Student Office/Advisor. They will then also complete a section on the form and forward to the NSU Office of Admissions. The current International Student Advisor will need to transfer your SEVIS record to NSU so that we can issue a new I-20.

Applications for Admission and credentials are required at least two months prior to the beginning of the semester for which admission is being sought. Because of the time required to obtain a student visa after admission is granted, applying early is recommended. Graduation from a foreign secondary school does not guarantee admission to NSU.

International students are assessed a $60 international student fee per semester in addition to their tuition and fees. Due to possible problems with currency exchange regulations, international students from some countries may be required to deposit in a local account monies in the amount of tuition and fees for up to one year before an I-20 for obtaining a student visa will be issued. Applicants should not send money (other than the application fee) with their application packets. Students required to place funds on deposit will be notified.

On-line only international students must take courses from outside the United States (If you take courses from within the U.S., you must have a valid student visa and I-20.). The following are required for on-line only international students:

1. Application for Admission.
3. A professional evaluation of the applicant’s educational credentials by an approved evaluation service (grade point average should be included).
4. Official ACT or SAT scores from ACT/SAT for undergraduates. Official GRE scores from ETS for graduate students.

Address all correspondence to the
Office of Admissions, Northwestern State University
175 Sam Sibley Drive, Student Services Center, Suite 235
Natchitoches, LA 71497
U.S.A. Telephone (318) 357-4078 or 1-800-767-8115.
E-mail: applications@nsula.edu

A Member of the University of Louisiana System
nsula.edu | @nsula | Facebook.com/NorthwesternState

175 Sam Sibley Drive
Student Services Center
Natchitoches, LA 71497
0 318.357.4078
800.767.8115
F 318.357.4660
applications@nsula.edu
NORTHWESTERN STATE UNIVERSITY OF LOUISIANA
Natchitoches, Louisiana 71497

UNDERGRADUATE APPLICATION FOR ADMISSION
(Please print in ink or type)

ALL ITEMS MUST BE COMPLETED ON THIS APPLICATION
AN APPLICATION FEE IS REQUIRED WITH THE APPLICATION

Return to: Office of Admissions
Northwestern State University
175 Sam Sibley Drive
Student Services Center, Suite 235
Natchitoches, Louisiana 71497
(800) 767-8115 (318) 357-4078

Semester Entering: □ Fall □ Spring □ Summer Year ________

Enrollment Status: □ New Freshman □ Transfer □ Re-Admit □ Semester Visitor/Non-Degree Seeking* □ Collegiate/Preparatory (High School Senior)
Special Program: □ Non-Degree Seeking* □ Senior Citizen (60 or older) □ Internet Only □ ISEP □ Other
(*The Non-Degree Seeking program is not eligible for Financial Aid)

CURRENT ADMISSION CRITERIA IS AVAILABLE ONLINE AT HTTP://ADMISSIONS.NSULU.EDU

1. Social Security Number
2. E-Mail Address

3. Present Telephone Number ( )
4. Cell Number ( )

5. Name
   Last
   First
   Middle
   Maiden or Previous

6. Current Address
   Street or P.O. Box
   Apt. #
   City
   State
   Zip Code
   Parish

7. How long have you actually resided in the state indicated in question 6? From ________ to ________
(Previous Louisiana residents must provide proof of Louisiana residency within the past two years to qualify for in-state tuition.)

8. Your Previous Address
9. How long did you reside at the address indicated in question 8? From ________ to ________

10. Date of Birth ________
11. Sex (optional): □ Female □ Male

12. Are you a U.S. Citizen? □ Yes □ No
   □ U.S. Citizen □ Permanent Resident Alien (must submit copy of I-551/Green Card with application)
   □ International Student
   What Country?

13. Indicate ONE major

14. Are you a legal Louisiana resident? □ No □ Yes (If yes, provide verification if applying from out-of-state)

15. Emergency Contact Name
   Telephone Number ( )

16. Have you ever applied to NSU before? □ No □ Yes If yes, when?

17. Complete name of high school
   Located in ________
   City
   State
   Or G.E.D. Test Date ________ or Home Schooling
   Month/Year of Graduation ________

18. List all colleges previously attended INCLUDING NSU. (Attach additional pages if necessary)

Please be advised if you have ever attended another college or university, either while in high school or after graduation from high school – you are required to disclose this information to NSU. Failure to disclose past attendance at any post-secondary institution can result in denial of financial aid, refund of financial aid, cancellation of registration, denial of admission and student disciplinary actions.

Name of College/University
City/State
Dates Attended
Hours Earned
Degrees Earned

19. Are you eligible to re-enter the last college or university you attended? □ Yes □ No If No, Why?

I certify, if applicable, that I have registered or will register with the Selective Service (www.sss.gov). I certify that I have read and am familiar with the current maximum admission criteria at NSU, and I hereby authorize release of my application information to regional community colleges if I do not meet said criteria. I do hereby authorize Northwestern State University to use my academic records, and I hereby authorize Northwestern State University to use my academic records, and I hereby authorize Northwestern State University to use my academic records

I certify, to the best of my knowledge, the information given in this application is complete and correct. I understand that failure to provide complete and accurate information is the basis for the rejection of this application or suspension from the university with loss of any credits earned or paid. Northwestern State University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national origin, disability, genetic information, age, pregnancy or parenting status, and veteran or veteran status in its programs and activities and provides equal access to the Boys State and other designated youth groups. The following have been designated to handle inquiries regarding nondiscrimination policies (i.e., Title IX): Employees/Faculty Members - Veterans Affairs Office (318-357-4699) Students - Louisiana Department of Education (318-357-4266) For Americans with Disabilities Act (ADA) inquiries, contact the Disability Services Office (318-357-4609). Full disclosure statement: http://www.nwslu.edu/section508policy

Northwestern State University's Annual Security Report can be accessed online at http://www.nwslu.edu/annualsecurityreport. For more information please contact the University Police at 318-357-5421.

Signature

Date
American Association of College Registrars & Admissions Officers (AACRAO)
One Dupont Circle N.W., Suite 520
Washington, DC 20036
(202) 296-3359
(202) 822-3940 (FAX)
E-mail: oies@aacrao.org

Educational Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee, WI 53203-3470
(414) 289-3400
(414) 289-3411 (FAX)
web site: http://www.ece.org
E-mail: eval@ece.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102 Avenue
Miami, FL 33173
(305) 273-1616
(305) 273-1338 (FAX)
web site: www.jsilny.com
E-mail: info@jsilny.com

World Education Services, Inc.
P.O. Box 745, Old Chelsea Station
New York, NY 10113-0745
(800) 937-3895
(212) 966-6311
E-mail: info@wes.org
web site: www.wes.org

WES – Chicago, IL
(312) 222-0882
E-mail: midwest@wes.org

WES – Miami, FL
(305) 358-6688
E-mail: south@wes.org

WES – Washington, DC
(202) 331-2925
E-mail: dc@wes.org
WES – San Francisco
(415) 677-9378
E-mail: sf@wes.org

Global Credential Evaluators, Inc.
P.O. Box 9203
College Station, TX 77842
(800) 517-4754
(512) 528-9293 (FAX)
web site: www.gceevaluators.com

International Academic Credential Evaluator, Inc.
P.O. Box 2585
Denton, TX 76202-2585
(817) 383-7498

Foreign Credentials Services of America
1910 Justin Lane
Austin, TX 78757-2411
(512) 459-8428 (512) 459-4565 FAX

*NOTE: A course-by-course evaluation with a cumulative grade point average is required for undergraduate transfer and Graduate Studies admission. A Document-by-Document evaluation with cumulative grade point average is required for Freshman admission. You only need to select one service.
**PROOF OF IMMUNIZATION COMPLIANCE**

(Louisiana R.S. 17:170.1 Schools of Higher Learning)

**NORTHWESTERN STATE UNIVERSITY OF LOUISIANA**

<table>
<thead>
<tr>
<th>SS Number:</th>
<th>Date of Birth: Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Please Print</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
</table>

| Address: | | | |
|---------|--------|--------|

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP Code:</th>
</tr>
</thead>
</table>

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification: (See other side)

<table>
<thead>
<tr>
<th>M-M-R (Measles, Mumps, Rubella-2 Doses Required)</th>
<th>Tetanus-Diphtheria (Td)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose: ______________________</td>
<td>OR Serologic Test: ______________________</td>
</tr>
<tr>
<td>(Date)</td>
<td>(Date)</td>
</tr>
<tr>
<td>Second dose: ______________________</td>
<td>Result: ______________________</td>
</tr>
<tr>
<td>(Date)</td>
<td>(Date)</td>
</tr>
<tr>
<td>OR</td>
<td>□ Born before 1956</td>
</tr>
</tbody>
</table>

Meningococcal Vaccine (One dose—preferably at entry into college)

Quadrivalent vaccine (A, C, Y, W-135) ........... Date: ______________________ Vaccine Type: ______________________

**PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.**

(Signature of Physician or Other Health Care Provider) ______________________ Date: ______________________

Please print office address or stamp here

**UNIVERSITY RECOMMENDED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification:

<table>
<thead>
<tr>
<th>Hepatitis B Vaccine</th>
<th>Tuberculosis Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose: ______________________</td>
<td>PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)</td>
</tr>
<tr>
<td>(Date)</td>
<td>Date given: ______________________ Date read: ______________________</td>
</tr>
<tr>
<td>Second dose: ______________________</td>
<td>Result: Neg ______ Pos ______ mm induration (horizontal diameter) ______</td>
</tr>
<tr>
<td>(Date)</td>
<td></td>
</tr>
<tr>
<td>Third dose: ______________________</td>
<td>*If PPD is positive, chest X-ray result: Normal ______ Abnormal ______</td>
</tr>
<tr>
<td>(Date)</td>
<td>Date: ______________________</td>
</tr>
</tbody>
</table>

**READ INFORMATION ON BACK OF THIS FORM**

You will not be permitted to register until you complete this form and return to:

**TELEPHONE NUMBERS**

Northwestern State University
Office of Admissions, Student Services Center, Suite 235
175 Sam Sibley Drive
Natchitoches, LA 71497

| (318) 357-4078 | (800) 767-8115 | (318) 357-4660 |

*To request exemptions, complete the shaded sections on the back of this form*

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles (2 doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.
IMMUNIZATION REQUEST FOR EXEMPTION/WAIVER FORM

08/10

REQUIREMENT: ________________________________

PRINT NAME: ________________________________

SSN/NSUID# ________________________________

TWO (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster (AT LEAST 10 YEARS CURRENT)

Measles Requirement: Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, in 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningitis Requirement: One (1) dose of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into college.

*Request for Exemption – MMR & Td

Medical Reasons (Physician’s Statement Required) ________________________________

Personal Reasons (State reason in space provided) ________________________________

I fully understand that if I claim exemption from medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

Student Signature ________________________________ Date ________________________________

Parent or Guardian Signature ________________________________ Date ________________________________

*Request for Exemption – Meningococcal Vaccine (Meningitis)

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningoococcal vaccines are available in the US-Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis—DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I have been fully informed by reading the Centers for Disease Control and Prevention’s Meningococcal Vaccines—What You Need to Know Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

_____ Personal

_____ Medical

_____ Religious

_____ Unavailability of the Vaccine

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

Signature of Student ________________________________

Signature of Parent or Guardian (if required) ________________________________

Date ________________________________
NORTHWESTERN STATE UNIVERSITY of LOUISIANA

Financial Certification

APPLICANT'S FULL NAME ____________________________

Federal regulations require Northwestern State University to verify that each international applicant is financially capable of paying for at least the first academic year of study in the US before issuing an I-20. Applicants who will receive a scholarship (academic, performance or athletic) must request proof of these offers and/or awards from the appropriate NSU official and provide to the Office of Admissions. Any expenses not covered by scholarships must be verified through personal funds from the applicant/parent/spONSOR on this certification form. An academic year equals two academic semesters. Enrollment in the summer is not required nor figured in this certification form. For dependents, please add $4000 for Spouse and/or $2000 for each child, per year to the totals below.

Document the source and amount of funds available for each year you expect to attend Northwestern. Consider exchange and currency regulations and report the funds in U.S. Dollars.

Approximate Expenses for 2015-2016

<table>
<thead>
<tr>
<th>UNDERGRADUATE</th>
<th>GRADUATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>Tuition &amp; Fees</td>
</tr>
<tr>
<td>Tuition - $5600; Out of State Fee - $9566; Health Services - $130; International Student Fee - $120; Textbooks - $1000 (estimated)</td>
<td>Tuition - $6168; Out of State Fee - $9566; Health Services - $130; International Student Fee - $120; Textbooks - $1000 (estimated)</td>
</tr>
<tr>
<td>$16,216</td>
<td>$16,784</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>Living Expenses</td>
</tr>
<tr>
<td>Meal plan - $3168; Housing - $7875</td>
<td>Meal plan - $3168; Housing - $7875</td>
</tr>
<tr>
<td>$11,043</td>
<td>$11,043</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>Personal Expenses</td>
</tr>
<tr>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>TOTAL PER ACADEMIC YEAR</td>
<td>TOTAL PER ACADEMIC YEAR</td>
</tr>
<tr>
<td>$31,259</td>
<td>$31,827</td>
</tr>
</tbody>
</table>

CERTIFICATION TO BE COMPLETED BY PARENT/SPONSOR OR BANK OFFICIAL

I certify that I will be responsible for the financial support of the above applicant and have adequate funds available.

Signature: ____________________________ Relationship to applicant: ____________________________
Print Name: ____________________________ Email: ____________________________
Sponsor Address: ____________________________ Email: ____________________________ Date: ____________________________

Please attach a recent copy of your bank statement. Bank statement must be greater than or equal to the amount provided above for undergraduate or graduate fees, and must be in English. The bank statement must be in the name of the student, parent or sponsor. If bank statement (in English) is not attached this form will not be considered complete.

This form must be completed by student, parent/spONSOR/student or bank official. The completed form must be submitted to:

NSU Office of Admissions
175 Sam Sibley Drive
Natchitoches, LA 71497

TUITION AND FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.
INTERNATIONAL STUDENT HEALTH RECORD

Please complete all of the following information:

1. Name ____________________________________________
   (Last) (First) (Middle)
   Sex ( ) male ( ) female Date of Birth __________________________
   Permanent Address _______________________________________
   Street address city state providence zip code country
   Family Physician ___________________________________________
   Name in full city state country

2. Notify in case of emergency:
   Name ___________________________________________
   Relationship _________________________________
   Phone Number _________________________________
   Address _______________________________________

3. Are you covered by U.S. hospitalization or accident insurance? ( ) yes ( ) no
   Name of Policy Holder ___________________________________
   Relationship to you _________________________________
   (If you are covered by hospitalization, bring your identification cards with you.)

4. Indicate any serious diseases, illnesses, injuries, or operations you have had __________________________

5. Have you had any counseling or treatment for emotional problems in the past five years? ( ) yes ( ) no
   If yes, please give the name and address of counselor, psychiatrist, or psychologist __________________________

6. Are you currently taking any medication? ( ) yes ( ) no
   If yes, please give the name of the medication, dosage, etc. __________________________

7. Please list all allergies ___________________________________

8. Please give date of last Tetanus-Diphtheria booster, if known __________________________

9. Medical Consent: I hereby grant permission to Northwestern State University's Health Services physicians and nurses
   to render emergency treatment or other medical care that might be deemed necessary to my health and well-being. I
   also grant permission for hospitalization at an accredited hospital when necessary for executing such care.

Health Services are provided by the University to all full-time students, however, more extensive medical treatments may
require hospital or doctor visits. To offset any potential medical costs, you and your family must have U.S. insurance
coverage while in attendance at Northwestern. Please provide the following information as well as a copy of the policy
identification card:

Insurance Provider: ____________________________________________ Policy Number: __________________

Address: ______________________________________________________

Phone: ______________________________________________________

Date __________________________ Signature ________________________
NORTHWESTERN STATE UNIVERSITY of LOUISIANA
OFFICE OF ADMISSIONS
INTERNATIONAL STUDENT
EDUCATIONAL BACKGROUND SURVEY

Name ____________________________ (last) ____________________________ (first) ____________________________ (middle)

Address ____________________________________________________________

Country of Birth ____________________________ Country of Citizenship ____________________________

Country of Legal Permanent Residence ____________________________ Native Language ____________________________

List all years of previous education from primary to college/university. (Attach additional pages if necessary.)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Year in School</th>
<th>Kind of School</th>
<th>Name of School</th>
<th>Certificates or Degrees Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. If you are now in the U.S., give date of entry ____________________________

2. If you will bring any dependents with you to the U.S., provide their names, relationship to you, and dates of birth. ____________________________

3. What type of visa did you hold at entry? _______ What type of visa do you hold now? _______

4. Date your status changed (if applicable) __________

5. If F-1 visa, what institution issued the I-20 to you? ____________________________
   Have you attended that institution? ( ) yes ( ) no If no, why? ____________________________

6. How many credits have you completed? ____________________________ What is your grade point average? ____________________________

7. What institution were you last authorized to attend? ____________________________

8. At this time, have you been offered any scholarships at NSU? YES or NO (Please circle at least ONE)
   If yes, was the offer an ACADEMIC, PERFORMANCE or ATHLETIC scholarship? (Please circle at least ONE)
   (You must submit proof of scholarships awarded with your Financial Certification form.)

9. Have you participated in OPT? YES or NO If so, please list dates of employment and employer name: ____________________________

10. Have you participated in CPT? YES or NO
    If so, please list dates of employment ____________________________
        Full-time or Part-time (Please circle ONE)

Please Note: International Students should attend the institutions that issued them the I-20 for at least one semester before transferring to another institution.

I certify that the above statement regarding my education is correct and will be substantiated by certificates or transcripts.

Signature __________________________________________ Date ____________________________
INTERNATIONAL STUDENT TRANSFER INFORMATION FORM
Verification of Attendance

This section to be completed by applicant:

I, __________________________________ plan to attend Northwestern State University (SEVIS SCHOOL Code # NOL214F00118000) beginning with the __________ semester. I authorize my current school ____________________________ to release information related to my non-immigrant status.

Signature ___________________________ Date ________________

This section to be completed by current International Student Advisor:

1. Is this student presently maintaining valid F-1/J-1 status? __________
2. Is this student eligible for transfer? __________
   If no, ____________________________________________
   ______ Failed to report to this school
   ______ Failed to maintain full-time enrollment
   ______ Reinstatement needed or pending
   ______ Extension of stay needed
   ______ Other (explain) ____________________________

3. Student is/was expected to complete requirements on ____________________
4. Student did not complete courses of student and terminated attendance on ____________________
5. The completion date on the SEVIS I-20 is ___________________
6. Student has been authorized:
   ______ Months of curricular practical training
   ______ Months of post completion practical training
7. SEVIS record will be released for transfer on ____________________

Name ___________________________ Date ________________
Title ___________________________
Signature ___________________________

Please return this completed form to: Northwestern State University
Office of Admissions
Student Services Center
175 Sam Sibley Drive
Natchitoches, LA 71497
FAX: (318) 357-4660
INTERNATIONAL (F-1) STUDENT RESPONSIBILITIES

The Bureau of Citizenship and Immigration Services under the Department of Homeland Security has specific regulations regarding F-1 students. All F-1 student data is maintained in the SEVIS system. This system is designed to track the enrollment status, local address, etc. of each F-1 student each semester of attendance.

To be in compliance with BCIS regulations, your Foreign Student Advisors in the Office of Admissions have established forms and procedures to handle your requests and needs.

The Director of Admissions is your primary Foreign Student Advisor. There are two other staff members in the Office of Admissions that are your secondary Foreign Student Advisors. The Office of Admissions is here to assist you with inquiries and requests and advise you on Immigration regulations and procedures.

You will need to abide by the following criteria each semester of enrollment at NSU. FAILURE TO DO SO WILL RESULT IN YOUR SEVIS RECORD TERMINATION WHICH WILL RESULT IN BEING OUT OF STATUS WITH YOUR STUDENT VISA AND YOU WILL NOT BE ELIGIBLE TO CONTINUE ENROLLMENT AT NSU OR ANY OTHER INSTITUTION IN THE US UNTIL YOU ARE REINSTATED BY THE US DEPARTMENT OF HOMELAND SECURITY. PLEASE READ AND KNOW THESE FEDERAL RULES COMPLETELY:

- You are allowed to enter the US no earlier than 30 days prior to your program begin date.
- You must report to the Foreign Student Advisor in the Office of Admissions (Monday through Thursday 8:00 a.m. – 4:30 p.m. & Friday 8:00 a.m. - NOON) within one week after your arrival. We will need to copy your I-20, I-94, VISA, & Passport. We will also need the physical address of where you will be living while enrolled at NSU.
- You are required to be enrolled in a full course of study during the fall and spring semesters. (A full course of study is 12 hours for undergraduate students and 9 hours for graduate students.) **No more than one internet or distance learning course can be counted toward the full-time status.** You may add as many internet or distance learning courses you wish in addition to your full-time status courses. Special exams do not count towards full-time status.
- You must receive permission from a Foreign Student Advisor to drop below full-time status. This includes concurrent/dual enrollment at local community colleges for Nursing students.
- You must notify a Foreign Student Advisor if you need to resign from school during the semester.
- If you change your major, you must notify a Foreign Student Advisor so that a corrected SEVIS I-20 can be issued to you. Changing majors may make a difference in your expected graduation date.
- You must maintain a valid passport for at least 6 months into the future.
- You must notify a Foreign Student Advisor and the Office of the Registrar of your local address and telephone number while in attendance during the fall and spring semesters. Complete the address form and include your dorm assignment, NSU box and/or street address. This must be updated each semester unless your information does not change.
- Do not accept off-campus employment unless you have been granted and EAD (Employment Authorization Document) from Immigration. You must request permission to work off-campus from immigration. Applications can be obtained from a Foreign Student Advisor. If you are caught working off-campus illegally, you are subject to deportation proceedings.
- Go to a Foreign Student Advisor at least 5 days before you intend to leave the U.S., so that your I-20 can be properly signed in order for you to be allowed to re-enter the U.S. Signatures (page 3) are valid for 12 months. Keep your I-20 in a safe place where you can readily access it. This document verifies your immigration status here in the U.S.
- If you do not plan to return to the U.S. or NSU, please notify a Foreign Student Advisor before you leave NSU.

FAILURE TO FOLLOW ANY OF THE ABOVE REGULATIONS WILL RESULT IN TERMINATION OF YOUR SEVIS RECORD AND YOU WILL BE CONSIDERED OUT OF STATUS AND CAN POSSIBLY BE SUBJECT TO DEPORTATION PROCEEDINGS.