We are glad that you are interested in pursuing an associate or bachelor’s degree at our university. Our international admission requirements are given below along with the necessary documents that must be completed for all international applicants.

- Application for Admission
- Financial Statement
- Educational Experiences List
- Health Record
- Immunization Record
- Evaluation Service List and application(s)
- Transfer Form (for transfers from U.S. college/universities only)
- On-Campus Housing Reservation Request
- SEVIS I-901 - $200 fee required of all international students for initial attendance

University Admission Requirements

- Submit the application and the $30 fee payable in U.S. dollars at least three months before you plan to attend. Make the check or money order payable to NSU.
- Have the bank official sign the financial statement verifying the bank funds available for your educational expenses for your first year of study at Northwestern State University ($20,750 U.S. dollars).
- List all of the schools you have attended including primary and secondary schools.
- If you are currently in the U.S., list your current visa type and status.
- Complete the Health Record as accurately as possible. You may have the form completed by your physician.
- Indicate all meningitis, measles, mumps, rubella, tetanus, and diphtheria shots received and/or dates of illnesses.
- You must have your educational records evaluated by one of the professional services on the list unless you are attending a U.S. college or graduating from a U.S. high school. You are responsible for paying the appropriate fee to the service. Be sure to request a final cumulative GPA on all evaluations. Make certain that an original copy of the evaluation is submitted to this office.
- If you have not attended a college or university, your secondary school grade point average must be at least a 2.0 (U.S. 4.0 grading scale) or you must have a total score of 940 on the SAT or 20 composite on the ACT. You must also have a sub-score of at least 18 on the English or Math portion of the ACT. (Or at least a 450 Verbal or 430 Math on the SAT exam.)
- If you are attending a college or university in the U.S., you must request that your transcript be sent to this office.
- If you are or have attended a college or university, your cumulative grade point average must be at least a 2.0. You must also not have a need for more than one remedial course when transferring to NSU and must be in good standing at your previous college/university. If you have not earned at least 12 college level hours (excluding remedial courses), you must have at least a 2.0 secondary school grade point average or a total score of 940 on the SAT or 20 composite on the ACT.
- The TOEFL is required for all applicants of countries where English is not the primary language. The minimum computer-based score required is 173 (500 paper-based). Internet-Based Test score minimum is 61.
- You must have U.S. medical insurance while in attendance in the United States. If you live off-campus while in attendance, it is advisable to request for Health Services when paying your fees each semester.
- The Housing Office reserves dormitory rooms upon written request. All freshmen students must live on campus. It is advisable for you to complete the enclosed card and submit the $75 deposit fee to the Housing Office to the address provided on the card. If the reservation card is not enclosed, you may print it from www.nsula.edu/student_services/Residential/documents/Application%20fall%2006.pdf.

Return the completed admission packet to:
Office of Admissions
175 Sam Sibley Drive
Student Services Center, Suite 235
Natchitoches, LA 71497

Completed application packets must be returned at least 90 days prior to your intended enrollment semester (fall begins in August, spring begins in January, and summer begins in May).
If you have any questions or need assistance, please call (318) 357-4078 or (800) 767-8115 between the hours of 8:00 a.m. and 4:30 p.m. (Central Time) or e-mail Applications@nsula.edu. We will be glad to assist you.
Semester Entering: □ Fall  □ Spring  □ Summer  Year ______

Enrollment Status (check one):  □ INTERNATIONAL STUDENT
                                  □ New Freshman  □ Transfer  □ Re-Admit
                                  □ On-Line Only

1. Social Security Number (if any) ___________________________  2. E-Mail Address ___________________________

3. Present Telephone Number (   ) ___________________________  4. Other Number ___________________________

5. Name ___________________________  Last Name ___________________________
                                  First Name ___________________________
                                  Middle Name ___________________________
                                  Maiden or Previous Name ___________________________

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. Ethnic Background *(optional):  □ Foreign/Non-Resident Alien


14. ACT or SAT test date(s) ___________________________

15. Indicate ONE major number from the next page ___________

16. Emergency Contact Name ___________________________
                                  Telephone Number (   ) ___________________________

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

18. Complete name of high school ___________________________
                                  Located in ___________________________
                                  Month/Year of Graduation ___________________________
                                  City ___________________________
                                  State ___________________________

19. Have you previously attended ANY college or university?  □ No  □ Yes  □ If yes, when? ___________________________
                                  □ List all colleges attended INCLUDING NSU.  Also list any colleges you are attending or will attend prior to your proposed date of enrollment at NSU.  ALL U.S. TRANSCRIPTS MUST BE SENT DIRECTLY FROM YOUR PREVIOUS COLLEGES/UNIVERSITIES TO NSU REGISTRAR AND ADMISSIONS.  ALL FOREIGN TRANSCRIPTS MUST BE SENT TO AND EVALUATED BY AN APPROVED US EVALUATION SERVICE. (LIST ATTACHED)

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

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

24. Are either of your biological/adoptive parents a graduate of NSU?  □ No  □ Yes  □ If yes, please give the complete name and graduation date ___________________________

I certify, if applicable, that I have registered or will register with the Selective Service.  (You must complete the back of this application.) I certify, to the best of my knowledge, the information given above 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 fees paid.  I do hereby authorize Louisiana public postsecondary education access to my academic records.

Signature ___________________________

Date ___________________________

Application Fee Paid
Make check or money order payable to N.S.U.  Applications submitted without fees will not be processed.
(Application fee is non-refundable)

Ck # ________  Cash _____
M.O.# __________________
Receipt # __________________
$30 International Students

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

NORTHWESTERN STATE UNIVERSITY OF LOUISIANA
Natchitoches, Louisiana 71497
INTERNATIONAL 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
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, Louisiana 71497
Phone (318) 357-4078

International Admission Packet
NSU Office of Admissions
Revised 08/28/2015
www.nsula.edu/admissions
UNDERGRADUATE PROGRAMS: Please circle your intended major. (Circle only ONE)

NON-DEGREE PROGRAMS
701 HIGH SCHOOL STUDENTS (DUAL ENROLLMENT/STEP UP PROGRAM)
711 LOUISIANA SCHOOL MATHEMATICS/ARTS STUDENTS
700 GENERAL UNDERGRADUATE
[Non-Degree Seeking Programs are not eligible for Financial Aid]

ASSOCIATE DEGREE PROGRAMS
717 BUSINESS ADMINISTRATION
735 CRIMINAL JUSTICE
732 ELECTRONICS TECHNOLOGY
733 GENERAL STUDIES
*733B CHILD DEVELOPMENT
*733M AVIATION SCIENCE

BACHELOR’S DEGREE PROGRAMS
101 ACCOUNTING
395 ADDICTION STUDIES
618 BIOLOGY
*618O APPLIED BIOLOGY
*618M BIOMEDICAL
*618N NATURAL SCIENCE
3105 BIOLOGY EDUCATION (GR 6 – 12)
110 BUSINESS ADMINISTRATION
*110B ECONOMICS
*110I FINANCE
*110J MANAGEMENT
*110K MARKETING
3106 BUSINESS EDUCATION (GR 6 – 12)
634 CHEMISTRY
*634E BIOCHEMISTRY
*634F CHEMICAL PHYSICS
*634G FORENSICS
*634H PROFESSIONAL
3107 CHEMISTRY/ELEMENTARY EDUCATION (GR 6 – 12)
102 COMPUTER INFORMATION SYSTEMS
250 CRIMINAL JUSTICE
3101 EARLY CHILDHOOD EDUCATION (GR Pre-K – 3)
141 ELECTRONICS ENGINEERING-TECHNOLOGY
3102 ELEMENTARY EDUCATION (Grades 1-5)
221 ENGLISH
*221A LITERATURE
*221B PROFESSIONAL WRITING
3113 ENGLISH EDUCATION (GR 6 – 12)
138 FAMILY & CONSUMER SCIENCE
*138B CHILD DEVELOPMENT & FAMILY RELATIONS
*138C CONSUMER SERVICES
3108 FAMILY & CONSUMER SCIENCE EDUC (GR 6 – 12)

PRE-PROFESSIONAL PROGRAMS
618E PRE-AGRICULTURE
618J PRE-CARDIOPULMONARY SCIENCE
144E PRE-ENGINEERING (Concentration Only)
618G PRE-FORESTRY
618F PRE-MEDICINE/DENTISTRY
725 VETERINARY TECHNOLOGY

NORTHEASTERN STATE UNIVERSITY
HOUSING POLICY AND ADMISSIONS CHECKLIST

HOUSING

The Board of Supervisors for State College and Universities requires that “all unmarried full-time undergraduate students must live in campus dormitories”. Exceptions to this policy are made for those students who present convincing evidence of substantial hardship for financial, medical, or other sound reasons. Students desiring such an exemption must file an application with the Office of Student Life.

ADMISSIONS

Application for Admission to NSU, Application Fee, Immunization Record, ACT/SAT scores, Official Final Eight-Semester High School Transcript or Official GED Test Scores. The Student Transcript System (STS) will be used to obtain the official transcript for Louisiana high school graduates of years 2003 to present. (Transfer students and other special admission students should contact Admissions for additional requirements at (318) 357-4078 or 1-800-767-8115.) All documents must be submitted by the credential deadlines given below.

SELECTIVE SERVICE PREREQUISITE INFORMATION

(All applicants must complete this section. Check the box that applies to you.)

☐ I have registered with the Selective Service as required by the federal Military Selective Service Act.
☐ I have not registered with the Selective Service as required by the federal Military Selective Service Act.
☐ I am not required to register with the Selective Service because:

Application deadlines are:

- June 5 for fall
- November 2 for spring
- April 5 for summer

Credential deadlines are:

- July 27 for fall
- November 16 for spring
- April 19 for summer

ACTIVE DUTY MILITARY

Circle base: Ft. Polk
Barkdale AFB

INTERNATIONAL ADMISSION PACKET

NSU Office of Admissions
Revised 08/28/2015
www.nsula.edu/admissions
Any student who submits an application after the deadline will be considered on a case-by-case basis only. If a late application is accepted, the applicant may have to register late and pay a late registration fee.
Minimum Admission Requirements

(Applicants who do not meet the minimum admission requirements may be admitted by admission exception provided the maximum limit has not been reached)

First-Time Freshmen (International)

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 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 Students (International)

- Must have a transferable associate degree or higher from an accredited institution OR
- 12 hours of college level courses (non-developmental) AND
- 2.0 cumulative grade point average AND
- Need no more than 1 developmental (remedial) course AND
- Must be eligible to return to the previous institution transferring from.

Transfer students with the minimum grade point average in college level courses, but less than 12 hours of college level courses Must Also Meet the freshmen admission requirements listed above.
FINANCIAL STATEMENT CERTIFICATION

PRINT YOUR FULL NAME ____________________________________________________________

Approximate costs for the current school year are: Tuition, fees, and books $11,800; Room and Board $6,950; and Personal Expenses $2,000 for a total of $20,750 (U.S. Dollars) per year. These figures are for a single student. If you bring your spouse/dependent, an additional $3,500 is required ($1000 is required for each additional dependent). COSTS ARE SUBJECT TO CHANGE WITHOUT NOTICE. Northwestern does not offer federal financial aid to International Students. You and your family must have U.S. insurance coverage while in attendance at Northwestern.

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. (Show dollar amounts for each year of attendance.)

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>1ST YEAR</th>
<th>2ND YEAR</th>
<th>3RD YEAR</th>
<th>4TH YEAR</th>
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<tbody>
<tr>
<td>Family</td>
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<td>Your Own Savings</td>
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<td>Government/Sponsor</td>
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<td>Scholarship or Other Source</td>
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<td><strong>TOTAL</strong></td>
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Do you have funds to pay for your travel to and from the U.S.? (    ) YES           (    ) NO

YOU MUST PROVIDE CERTIFICATION IN ENGLISH OF PARENT AND/OR SPONSOR AND THEIR BANK.

(    ) Certification by parent/sponsor: “I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above”.

Signature ___________________________ Relationship to applicant ________________

Address _____________________________________________________________________________

(    ) Certification by bank official: “Our records indicate that the information furnished above by the applicant’s sponsor is an accurate statement of the financial resources available to the applicant during study in the United States”.

Signature ___________________________ Print Name _______________________________

Bank’s Address ____________________________________________________ Date ______________

** IF DESIRED, YOU MAY USE A SEPARATE, OFFICIAL BANK STATEMENT IN U.S. DOLLARS. The statement must be on official bank stationary and signed by a bank official.
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     zipcode   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, it is advisable to 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

6. If yes, please give the name and address of counselor, psychiatrist, or psychologist ___________________________________________________________________

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

8. Please list all allergies ______________________________________________________

9. Please give date of last Tetanus-Diphtheria booster, if known _____________________

10. Please give date of last meningitis vaccination, if known __________________________

11. 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.
   Date _____________________    Signature ________________________________
   (If a minor [under 18 years of age], the signature of a parent or guardian is required.)
## EDUCATIONAL EXPERIENCES BY YEARS

Name ______________________________________________________________________
(last)                                                        (first)                                                    (middle)
Address ______________________________________________________________________
Country of Birth ___________________ Country of Citizenship _________________________
Country of Legal Permanent Residence _____________________________________________

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

## SUMMARY OF YOUR EDUCATIONAL EXPERIENCES BY YEARS

Show all years beginning with primary/elementary school to your highest level of education. (Do not include kindergarten.)

<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>
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<tbody>
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<td>Primary</td>
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</table>

If you are now in the U.S., give date of entry ______________________________________
What type of visa did you hold at entry? ____________________________________________
What type of visa do you hold now? ________________________________________________
Date your status changed (if applicable) ____________________________________________
If F-1 visa, what institution issued the I-20 to you? ________________________________
    Have you attended that institution? ( ) yes ( ) no
    If no, why? _________________________________________________________________
    How many credits have you completed? ________________________________________
    What is your grade point average? ____________________________________________
    What institution were you last authorized to attend? ____________________________

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
(Applicable ONLY to those transferring from a US college or university)

Verification of Attendance

This section to be completed by applicant:

I, _________________________________, plan to attend Northwestern State University 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 study 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 & Title _________________________________________    Date ______________
Signature _______________________________________

Please return this complete form to: Northwestern State University
Office of Admissions
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, LA 71497
FAX – 318-357-4660
# PROOF OF IMMUNIZATION COMPLIANCE

**NORTHWESTERN STATE UNIVERSITY OF LOUISIANA**

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

**SS Number: ___________________________ Date of Birth: Month _____________ Date _______________ Year ________________**

**Name:**

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

**Address:**

| City: _______________________________ State: __________________________ ZIP Code: __________________________ |

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

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

**M-M-R (Measles, Mumps, Rubella-2 Doses Required)**

<table>
<thead>
<tr>
<th>First dose: ___________________________ (Date)</th>
<th>OR</th>
<th>Serologic Test: ___________________________ (Date)</th>
<th>Result: ___________________________ (Date)</th>
<th>OR</th>
<th>□ Born before 1956</th>
<th>Last dose: ___________________________ (Date within 10 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second dose: ___________________________ (Date)</td>
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</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: ___________________________ (Date)</td>
<td>PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)</td>
</tr>
<tr>
<td>Second dose: ___________________________ (Date)</td>
<td>Date given: ___________________________ Date read: ___________________________</td>
</tr>
<tr>
<td>Third dose: ___________________________ (Date)</td>
<td>Result: Neg ________ Pos ________ mm induration (horizontal diameter) ___________</td>
</tr>
<tr>
<td></td>
<td>*If PPD is positive, chest X-ray result: Normal ________ Abnormal ________</td>
</tr>
<tr>
<td></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:

Northwestern State University
Office of Admissions
Roy Hall, Suite 209
Natchitoches, LA 71497

**TELEPHONE NUMBERS**

(318)357-4078 (318)357-4660

(800)767-8115

**FAX NUMBER**

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
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.

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.

Two meningococcal 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.

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 meningococcal 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.

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 ____________

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Student Signature __________________________ Date ____________ Parent or Guardian Signature __________________________ Date ____________
Signature of Student

________________________________________

Date

Signature of Parent or Guardian (if required)

________________________________________
**APPROVED U.S. PROFESSIONAL EVALUATION SERVICES**

**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
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Miami, FL 33173
(305) 273-1616
(305) 273-1338 (FAX)
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P.O. Box 745, Old Chelsea Station
New York, NY 10113-0745
(800) 937-3895
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web site: www.wes.org

**WES – Chicago, IL**
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(305) 358-6688
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(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 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.*