



Southern Connecticut State University

Office of International Student Services

Michael J. Adanti Student Center, Room 231 • 501 Crescent Street, New Haven, CT 06515-1355
Telephone (203) 392-6821 • FAX (203) 392-8846 • E-mail: Amina1@SouthernCT.edu

INTERNATIONAL STUDENT PROFILE FORM (GRADUATE)

ACCEPTANCE	Acceptance into the student's desired department includes planning an academic program, if possible, at a personal interview, with adviser. Final acceptance is given by the Dean of Graduate Studies.
ENGLISH TEST	Applicants whose native language is not English must present a score of at least 550 written /213 computer/80 or above on Internet-based exam on the Test of English as a Foreign Language (TOEFL). Each student should request that his or her score be sent directly to the Southern School of Graduate Studies (Code 3661). TOEFL scores are valid for only two years from expected date of acceptance. In place of the TOEFL score, English as Second Language Certificate ELS 109 may be used with a minimum of "C" (2.0) or higher. All students whose native language is not English must take an English proficiency examination after arrival at Southern.
FINANCES & TUITION	SCSU does not offer scholarships or fellowships to international students. All international graduate students are responsible for full-time non-resident tuition for each semester of nine or more credits.
INSURANCE	All students must have accident and hospital 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. These forms can be downloaded from the university's Web site using the student service/Granoff Health Center link or by going to www.SouthernCT.edu/services/granoff/forms/ .
HOUSING	For on-campus information, call the Department of Residence Life at (203) 392-5869. All students living in a residence hall must be vaccinated for meningitis. Any questions, please call (203) 392-6300.
STUDENT VISA	To hold an "F-1 Student" visa at this university, prospective graduate students must first be accepted for full-time study and present documentary proof that at least \$19,078 is available for tuition. If you plan to live on campus, your financial document should show at least \$27,848. This is the estimated cost of the first calendar year. A minimum of nine credits or equivalent each semester is a government requirement to maintain full-time status. "F-1" students must obtain Immigration's permission before working off campus. This is never granted during the first year of study in the U.S.
DEADLINES	Applicants who wish to begin graduate study must submit their applications by April 1 for fall semester and by October 1 for spring semester for new applicants. For transfer students, the deadline for the spring semester is November 1 .
CHECKLIST	

Submit to the Graduate School • Engleman Hall B110

- Application form plus fee of \$50.
- Official* records of all previous college work (names, courses, grades, explanation of grading system), **with certified translation if documents are not in English.**
- Official report of Graduate Record Exam (GRE or GMAT), if required by the department you are applying to.
- Official report of the Test of English as a Foreign Language (TOEFL), if native language is not English.

Submit to the Office of International Student Services • Student Center 231

- Completed **Foreign Graduate Applicant Profile** form and an **original financial bank statement.**
- F-1 students transferring or graduating from a school in the U.S. must submit copies of all previous I-20 forms, a completed SCSU International Transfer form, copies of their visa, passport, and I-94 card. To obtain a transfer form, call the Office of International Student Services at (203) 392-6821.

*If copies are submitted, originals must be brought in for comparison. Discrepancies may result in rejection of the student.



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INTERNATIONAL STUDENT PROFILE FORM (GRADUATE)

The completed profile form must be received by the Office of International Student Services before the clearance form is sent to the School of Graduate Studies.

DATE: _____

Mr.

Ms.: _____, _____, _____
(Family Name) (First) (Middle)

Mrs.

Male Female Single Married

Will you be accompanied by a spouse? YES NO

Will you be accompanied by children? YES NO If yes, how many? _____

NATIVE COUNTRY ADDRESS: _____
(Information must be given even if you currently reside in the United States)

TELEPHONE: _____
(include country code & area code)

FAX: _____ E-MAIL: _____
(include country code & area code)

U.S. MAILING ADDRESS: _____

U.S. TELEPHONE: (____) _____ CELLPHONE: (____) _____

U.S. FAX: (____) _____

COUNTRY OF BIRTH: _____ DATE OF BIRTH: _____
(MO. DAY YEAR)

COUNTRY OF CITIZENSHIP: _____

DO YOU PLAN TO LIVE ON CAMPUS? YES NO

IN CASE OF EMERGENCY, RELATIVE OR FRIEND TO CONTACT:

NAME: _____

ADDRESS: _____

HOME TELEPHONE: (____) _____ CELL PHONE (____) _____

FAX: (____) _____ EMAIL: _____

ACADEMIC INFORMATION:

MAJOR: _____

MINOR (if applicable): _____

TRANSFERRED FROM (if applicable): _____

ADVISER'S NAME (if transferring from a U.S. institution): _____

IMMIGRATION INFORMATION:

- MY CURRENT VISA STATUS IS (CIRCLE ONE):
- STUDENT (F-1)
 - WILL APPLY FOR F-1 VISA
 - SPOUSE (F-2)
 - EXCHANGE VISITOR (J-1)
 - SPOUSE (J-2)
 - TOURIST (B-2)
 - TEMPORARY PROFESSIONAL WORKER (H-1)
 - DEPENDENT OF H-1 (H-4)
 - OTHER (SPECIFY) _____

The following documents must be submitted to the Office of International Student Services prior to acceptance:

1. Completed Profile Form
2. Proof of financial funding (must be current and original financial document)
3. Transfer form completed by your current International Student Adviser, if you are an F-1 student transferring from another university in the United States.

If you reside in the U.S., please submit for review:

1. A photocopy of your passport page
2. A photocopy of your visa page
3. A photocopy of both sides of your I-94 card
4. Photocopies of all I-20s ever issued. (Applicable if you have studied in the U.S.)

Once you have been accepted by the School of Graduate Studies, the U.S. Certificate of Eligibility for F1 Student Status I-20 will be issued. A transfer student will not receive his or her I-20 if the Office of International Student Services at Southern Connecticut State University does not receive the completed transfer form from the previous school, and if the SEVIS record was not transferred to Southern Connecticut State University by the previous international adviser.



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COST ESTIMATE — Estimated expenses for a full-time international graduate student residing on campus for the academic year 2009.

SEPTEMBER '08 - MAY '09

Non-resident tuition, fees _____	\$19,078.00
MBA/MLA Student Rate _____	\$17,628.00
Books, supplies _____	1,000.00
Housing (on campus) for graduates _____	6,756.00*
<i>(Cost varies depending on which residence hall you are assigned to.)</i>	
Recommended Medical Insurance _____	1,014.00
Total _____	\$27,848.00

JUNE - AUGUST '09

Summer housing _____	1,950.00
<i>(estimated cost)</i>	

Total for calendar year: September 2008 through August 2009..... \$29,798.00

ACCOMPANYING DEPENDENTS: ADD AT LEAST \$3,500 FOR SPOUSE AND \$1,500 FOR EACH CHILD.

ESTIMATE YOUR OWN EXPENSES FOR ONE YEAR

Tuition, fees, insurance (2 semesters)	\$ _____
Tuition for summer, if appropriate	_____
Books, supplies	_____
Recommended medical insurance	_____
Dependents	_____
Total	\$ _____



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FINANCIAL RESOURCES • GRADUATE STUDENTS

Complete funding for your first calendar year at Southern Connecticut State University must be available to you or must be guaranteed. In addition, sources of money for subsequent years at SCSU must be identified. Your application will not be processed until evidence of this funding has been received by the Office of International Student Services.

Please complete both sides of this Financial Resources form and send it with supporting documents directly to the Office of International Student Services. (You should keep copies of all papers sent.)

PART I: IDENTIFICATION OF FINANCIAL RESOURCES

Name: _____
 (APPLICANT'S LAST NAME) (GIVEN) (MIDDLE)

Date: _____ Degree sought _____ Date to begin study: _____

A. My own first-year expenses at S.C.S.U. will be approximately: U.S. \$ _____
Expenses of family members accompanying me will be: U.S. \$ _____

C. Money for my expenses at S.C.S.U. will come from (check one or more below):	First Year Assured Support	Second Year	Third Year Projected Support	Fourth Year
(1) _____ Savings (Use Part II, Sec. 1)	\$ _____	\$ _____	\$ _____	\$ _____
(2) _____ Family or sponsor (Use Part II, Sec. 2)	\$ _____	\$ _____	\$ _____	\$ _____
(3) _____ Scholarship (Use Part II, Sec. 3)	\$ _____	\$ _____	\$ _____	\$ _____
(4) _____ Other _____ (Please specify - Use Part II)	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

D. You must provide a statement or certificate from each source that you identified above.

PART II: OFFICIAL CERTIFICATIONS/GRADUATE STUDENTS

All Signatures Must Be Original And Of Recent Date.

Section I: Your Own or Others Savings

A current official bank statement must be submitted. If the account is not yours, its holder must indicate his/her willingness to sponsor for you by signing the sponsor information below. _____

Section 2a: Self, Family, and/or Sponsor

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

Signature(s): _____ Date(s): _____

Name(s) (Print): _____

Relationship to Applicant : _____

Address of Applicant: _____

Telephone Numbers of Applicant: _____

Source(s) of these funds: _____

Section 2b: Free Room and Board

If you are not living on campus, please have this section completed by the individual who will accommodate you.

I, _____, certify that I will provide free room and board in my
(Print Full Name)
home to the applicant during the calendar year _____ to _____
(Mo.) (Yr.) (Mo.) (Yr.)

Signature: _____ Date: _____

Address: _____

Telephone: _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND COMPLETE.

Applicant's Signature _____ Date _____