

**Saint Francis Medical Center College of Nursing
511 N.E. Greenleaf Street
Peoria, Illinois 61603-3983**

**INTERNATIONAL STUDENTS
APPLICATION FOR ADMISSION**

1. International students must meet the same College of Nursing admission requirements as students who are educated in the U.S.A.
2. A College of Nursing Application for International Admission and nonrefundable application fee (\$75.00) must be submitted to the College for either the undergraduate or graduate program. Late applications will be deferred to the next semester.

Spring 2012	Application Deadline February 15, 2011	Selection Date: May 31, 2011
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Fall 2012	Application Deadline September 15, 2011	Selection Date: October 30, 2011
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Spring 2013	Application Deadline February 15, 2012	Selection Date May 31, 2012

3. The prospective student must submit high school and official college transcripts, or its equivalent, in English (or a certified translation). The transcripts must be mailed directly to the College of Nursing from the institutions that were attended and must include the School's seal.
4. Official transcripts that are not in English must be evaluated by an official credentialing center and a copy of the evaluation must be sent by the Center directly to the College. A Course-by-Course Evaluation is required. The prospective student assumes the responsibility for providing transcript evaluation and must pay for the evaluation.
5. The Test of English as a foreign Language (TOEFL) is required of all applicants whose native language is not English (*). To satisfy this requirement, the prospective student must take the TOEFL with a minimum score of 550 for paper/pencil or 79 for the Internet based exam. Students who do not pass the TOEFL must confer with a representative of the Admissions Office and be considered by the Admission and Progression Committee. Test scores can not be more than two years old.
(*) If Bachelor or Masters Degree received while in the United States, TOEFL requirement is waived.
6. An interview is optional at the request of either the College or the applicant.
7. Prospective students are required to show assured support for the two years at the College. Bank certification is required to assure that the student has the amount required for cost of attendance. If funds are from a source other than the applicant, i.e., a sponsor, the sponsor must sign the form and note amount of funding pledged. The sponsor must also provide Bank Certification which must also have original seal of the financial institution. No photocopies or fax copies will be accepted.

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Application for International Student Admission

Print or type information.

When do you plan to enter? Fall _____ Spring _____ Year _____

Family Name _____ (First) _____ (Middle) _____ (Nickname/Maiden Name) _____

Mailing Address Number and Street _____ City _____ State _____ Zip Code _____ County _____

Country/City/Area Code + Telephone Number _____ Country/City/Area Code + FAX Number _____ E-Mail Address _____

Date of Birth (Month-Day-Year) _____ Country of Birth _____ Country of Citizenship _____

Your current occupation _____

I plan to enroll in ___ **BSN Program**

I plan to enroll in ___ **MSN Program**

Are you a U.S. Citizen? Yes No

Are you a Permanent Resident? Yes No If yes, present copy of card _____

Conditional Resident? Yes No If yes, present copy of card _____

Do you currently hold a U.S. Visa? Yes No Visa Type: _____ Visa Expiration Date: _____

If you are in the process of becoming a permanent resident, attach statement of action taken thus far. _____

Father's Full Name _____ Mother's Full Name _____

Father's Address _____ Mother's Address _____

Telephone Number _____ Telephone Number _____

FAX _____ E-Mail _____ FAX _____ E-Mail _____

Occupation _____ Occupation _____

Guardian (if other than parents) _____

Name

Relationship

Address of Guardian _____

Number and Street

City, State, Zip Code, Country

Area Code/Telephone

Person to be notified in case of Emergency:

Name _____ Relationship _____

Address _____ Telephone Number _____

Check all the appropriate boxes:

Gender: Male Female Marital Status: Married Single

What is your primary spoken language? _____

Do you have a U.S. Social Security Number? Yes No If yes, give Number: _____

Student Status: Full-time Part-time Will you require on-campus housing? Yes No

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FINANCIAL CERTIFICATION FORM

You must complete Section 1 **OR** Section 2 **AND** the Applicant Certification section. **WITHOUT THIS INFORMATION WE CANNOT ISSUE THE FORM 1-20 WHICH YOU WILL NEED IN ORDER TO APPLY FOR A STUDENT VISA.**

SECTION 1. PERSONAL RESOURCES: If you personally, or a member of your family, will provide the financial resources for educational and living expenses, you must (1) complete the section below and, (2) attach verification by means of a bank statement or other official evidence. You must indicate the amount of U.S. dollars available per calendar year and the number of years this amount will be available according to the expected length of time necessary to complete your program of study.

1st Year U.S.\$ _____ Source _____
2nd Year U.S.\$ _____ Source _____
3rd Year U.S.\$ _____ Source _____
4th Year U.S.\$ _____ Source _____

I certify that, to the best of my knowledge, the above information is true and accurate.

SIGNATURE OF SPONSOR _____ Date _____

Name of Sponsor (printed) _____

Relationship of Sponsor to Applicant _____

Sponsor Address _____

Sponsor Telephone _____ FAX _____ E-Mail _____

SECTION 2. OTHER RESOURCES: If you will be sponsored by a government, business, agency, or private grant or scholarship, the sponsor must complete the section below. Please attach the official contract or agreement when returning this form.

Authorization for billing should be included if your sponsor requests that the College bill them directly. This information must include the exact or minimum amount of U.S. dollars which will be provided each year and the length of time this money will be available.

1st Year U.S.\$ _____ Source _____
2nd Year U.S.\$ _____ Source _____
3rd Year U.S.\$ _____ Source _____
4th Year U.S.\$ _____ Source _____

I certify that, to the best of my knowledge, the above information is true and accurate.

SIGNATURE OF SPONSOR _____ Date _____

Name of Sponsor (printed) _____

Relationship of Sponsor to Applicant _____

Sponsor Address _____

Sponsor Telephone _____ FAX _____ E-Mail _____

APPLICATION CERTIFICATION

I certify that the above information is true and complete to the best of my knowledge. I am fully aware that any false or misleading statement may result in an automatic denial of my admission request or eventual dismissal from the College.

SIGNATURE OF APPLICANT _____ Date _____

Name of Applicant (printed) _____

