

EXCHANGE STUDENT APPLICATION

2020-2021 ACADEMIC YEAR

(for incoming students)

The instructions below and the attached application are for EXCHANGE STUDENTS only (those whose universities have a partnership agreement with Wichita State University for sending and receiving students for one semester or a full school year). There is no fee for this application. If a student wishes to apply to a degree program, he or she will need to complete the Wichita State International Student Application Form and have completed the requirements for regular admission. (www.wichita.edu/international)

Application materials: (Email as one PDF document to studyabroad@wichita.edu)

- 1) A **nomination letter** or email from the study abroad advisor at the partner university should precede or accompany the attached application, in support of the student's application.
- 2) A completed (attached) **EXCHANGE STUDENT APPLICATION**.
- 3) If possible, please send a **photocopy of the page in your passport**, which contains your official name. If you do not yet have a passport, please write your name on your application, as it will likely appear in your passport. The name you write on your application must match the name in your passport.
- 4) **Official transcripts in English** from all secondary schools, colleges, or universities that applicant has attended must be attached to the application. Unofficial photocopies of transcripts will not be accepted. To be official, your transcripts must be original documents or photocopies stamped as certified-true copies by school officials at the institution attended or by educational authorities (such as the Ministry of Foreign Affairs or Ministry of Education).
- 5) An **English Proficiency Certification letter** provided by your home institution. The letter must be on University letterhead and attest to how the exchange student has sufficient level of English proficiency to successfully participate in the exchange program on a day-to-day basis at Wichita State University. For more specific details, in regards to the letter, have your study abroad coordinator email studyabroad@wichita.edu for guidelines. Although WSU does not require proof of English proficiency for exchange students, they are expected to have a level of English ability that will allow them to be successful in the academic classroom. To assist your evaluation of language proficiency, please view our requirements for degree-bound international students, visit: www.wichita.edu/toefl. If desired, exchange students may enroll in WSU's Intensive English Language Center (www.wichita.edu/ielc) part-time while also taking a couple of academic courses or full-time.
- 6) **Certification of Financial Support** (Page 5 of this application) and proof of funding. Acceptable sources of funding can be found at www.wichita.edu/finsupportdocs
- 7) **Consent for Release of Education Records** (Page 6 of this application) Do not write in Section A. Under Section B - University/Institution: write the name of your home university, Relationship: 'Home University'. Under Section C - Purpose of Release: 'Exchange Program'.

Full School Year Exchange - Academic Standing: If a student is on exchange for two semesters (a full school year), they must obtain satisfactory passing grades in their first semester subjects to continue on to the second semester.

**IMPORTANT INFORMATION FOR ATTENDANCE
AT WICHITA STATE UNIVERSITY:**

- 1) While on exchange, students will be required to pay tuition fees to their home institution; no tuition or fees will be paid to WSU.
 - 2) Students must enroll in a full-time course of study at Wichita State University. Undergraduate students must register for 12-15 credit hours, while at least 9 credit hours is required for Graduate students.
 - 3) Wichita State University requires that all international students have medical insurance. The cost of medical care in the U.S. is very expensive so ALL INTERNATIONAL STUDENTS (including exchange students) ARE AUTOMATICALLY CHARGED FOR HEALTH INSURANCE (approximately \$825/semester) when they enroll. If students want to use their own health insurance and have the fee removed, their insurance coverage MUST meet the U.S. federal (ACA) and WSU requirements and they must apply for a waiver, uploading proof of insurance (with exact amounts and dates of coverage) BY THE FIRST WEEK OF SCHOOL EACH SEMESTER. To read about the required amounts of coverage in several categories and then to apply for a waiver, visit <https://www.wichita.edu/MedicalInsurance>.
- If students do not have this proof of medical insurance (in English) that meets WSU standards when they arrive, then the health insurance fees will remain on the students' account and the students must pay these when arriving or during the first week of school OR set up a payment plan with WSU's Financial Operations Office. (Students may then pay the insurance fees, along with any other fees such as housing and meals, on a monthly basis.)
- 4) Students have full responsibility for the cost of their accommodations and living expenses.
 - 5) Once accepted to Wichita State, exchange students should directly apply for housing on the WSU campus and pay fees to the department of Housing and Residence Life. Housing facilities are open for occupancy approximately one week before classes begin; for an extra nightly fee.
 - 6) Wichita State has made special arrangements for exchange students to pre-enroll for most of their courses a few months before arriving in Wichita. Students may look at departmental offerings by looking at the online catalog: <http://webs.wichita.edu/?u=registrar&p=/catalog/> and schedule of courses at: <http://webs.wichita.edu/?u=REGISTRAR&p=/courses>

Email all application materials
in one PDF document to
studyabroad@wichita.edu

EXCHANGE STUDENT APPLICATION



APPLICATION INFORMATION

Desired Term of Study (**mark only one**):
 Spring 20____ Summer 20____ Fall 20____

Or will you be attending the entire academic year?
 Academic Year 20____ - 20____

Gender: Male Female Marital Status: Single Married Program: Undergraduate Graduate

Full Name as listed in your passport: _____
 Last Name / Family Name / Surname First Name / Given Name Middle Name (if any)

MAILING ADDRESS: _____

check if same as mailing address

PERMANENT ADDRESS: _____

Telephone: _____

Primary e-mail : _____

Second e-mail: _____

City and Country of Birth

Country of Citizenship

Date of Birth: dd/mm/yyyy

Country of Legal Residence

Position or Occupation in Home Country

Major(s) / Program of Interest

IMPORTANT: If you already have a passport please list your information below. PLEASE NOTE: The name listed on this application should **EXACTLY** match the name on your passport. If you do not have a passport you must complete your name above as it will likely appear in your passport.

Passport Number

Country of Issue

DEPENDENT INFORMATION

If your spouse and/or children will accompany you to the U.S., please complete the information below regarding your **DEPENDENTS** (use additional paper if necessary):

Family Name First Name

Date of Birth: dd/mm/yyyy Relationship

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

Family Name First Name

Date of Birth: dd/mm/yyyy Relationship

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

EDUCATIONAL HISTORY

Are you currently enrolled in a school? YES NO If yes, please include your current school in the educational history section below. Please list all secondary schools and colleges or universities you have attended or are now attending. List them in order of attendance. Failure to report all colleges and universities attended or submission of falsified transcripts may result in dismissal. Please enclose official copies of all transcripts or academic records from your current university.

NAME OF SCHOOL: _____ CITY AND COUNTRY: _____

DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED: _____

DATES ATTENDED: From (mm/yyyy) _____ To (mm/yyyy) _____

NAME OF SCHOOL: _____ CITY AND COUNTRY: _____

DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED: _____

DATES ATTENDED: From (mm/yyyy) _____ To (mm/yyyy) _____

NAME OF SCHOOL: _____ CITY AND COUNTRY: _____

DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED: _____

DATES ATTENDED: From (mm/yyyy) _____ To (mm/yyyy) _____

NAME OF SCHOOL: _____ CITY AND COUNTRY: _____

DIPLOMA OR CERTIFICATE RECEIVED OR TO BE AWARDED: _____

DATES ATTENDED: From (mm/yyyy) _____ To (mm/yyyy) _____

APPLICANT SIGNATURE

IMPORTANT: I understand that I must have a medical insurance policy (insurance can be purchased at WSU). I also understand that I will have a tuberculin skin test after my arrival at the University. In addition, I verify that the above information is true and complete.

APPLICANT'S SIGNATURE

DATE

Applicant must have approval of the International or Study Abroad Office at their home Institution before admission can be determined.

To be completed by your home institution exchange coordinator:

Approval Officer's Name: _____

Last Name / Family Name

First Name / Given Name

Approval Officer's Signature

Date: dd/mm/yyyy

Title: _____

Telephone: _____

Primary e-mail: _____

Home Institution: _____

Mailing Address:

CERTIFICATION OF FINANCIAL SUPPORT FOR EXCHANGE STUDENTS



SECTION A: STUDENT INFORMATION

Family/Last Name: Given/First Name:
 Middle Name: WSU ID Number (if known):
 Date of Birth (dd/mm/yyyy): Email:

SECTION B: ESTIMATED EXPENSES (2020-2021)

	1 SEMESTER	2 SEMESTERS	SUMMER
Housing and Meals (The Flats)	5,650	11,700	2,700
Books	600	1,200	300
Medical Insurance	825	1,650	350
TOTAL	\$7,075	\$14,550	\$3,350

Will you bring dependents with you to the U.S.? Yes* No *If yes, please complete page 2.

SECTION C: SPONSORSHIP INFORMATION

INSTRUCTIONS: What is the source of funding for your education? You must mark at least one of the options below:

- Family Member or Friend**
 • Name of Family Member/Friend:
 • Relationship to Student (Example: Father, Aunt, Cousin, Brother, etc.):
 • **Bank Statement Requirements:** 1) Bank statement must have the family member's or friend's name written **IN ENGLISH**
 2) Must be an original and be on bank letterhead
 3) Must be dated within the last 6 months
 4) May be in any currency
 5) If not in English, must be accompanied by an official translation containing stamp or seal of official translator/partner university (English translation by the partner university will be accepted)
- Personal Funds of Student**
 • **Bank Statement Requirements:** 1) **YOUR NAME** must be listed in English on the bank statement
 2) Must be an original and be on bank letterhead
 3) Must be dated within the last 6 months
 4) May be in any currency
 5) If not in English, must be accompanied by an official translation containing stamp or seal of official translator/partner university (English translation by the partner university will be accepted)
- Scholarship from:**
 • **Scholarship Letter Requirements:** 1) Your scholarship letter may be a photocopy or original
 2) If bringing dependents, your scholarship letter must state that dependents are covered
- Other Source of Funding:**
 • Must provide official evidence of support

SECTION D: SIGNATURE

I agree to make available the total amount as listed above for this student's educational expenses at Wichita State University. I understand that my failure to pay will result in the student not being allowed to attend classes which will negatively affect the student's immigration status in the U.S. By signing below, I agree to and understand the above statements.

Signature of Sponsor

Date (dd/mm/yyyy)

*Provide an official bank statement or scholarship letter that shows you have sufficient money to cover all costs in Section B of this form.

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS INFORMATION



Name of Student (Last, First, Middle Initial):

WSU ID number (if known): Today's Date:

The Family Education Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to allow the release of their education records to specified third parties. Please note that while this form authorizes Wichita State University (WSU) to release education records to third parties, it does not obligate WSU to do so. WSU reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information on FERPA, visit the U.S. Department of Education's website at: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A: EDUCATION RECORDS TO BE RELEASED

Academic Information (including, but not limited to): Grades/GPA, Class Schedule, Enrollment Status

Financial Information (including, but not limited to): Student Billing and Accounts, Financial Aid, Housing Account Status, Meal Plan Report

Other Information (including, but not limited to): Academic Misconduct, Non-Academic Misconduct, University Housing Behavior/Conduct, University Housing Residency Status

SECTION B: THE UNIVERSITY/INSTITUTION AUTHORIZED TO RECEIVE THESE RECORDS

University/institution:

Address:

Phone/Email:

Relationship:

SECTION C: PURPOSE OF RELEASE

SECTION D: SIGNATURE

By signing this form, I understand that: (1) I am giving WSU consent to release the information specified above to the university/institution specified above for the purpose(s) specified above; (2) I have the right not to consent to the release of my education records; (3) I have the right to inspect any written records released pursuant to this consent; (4) I have the right to revoke this consent at any time by delivering a written revocation to the WSU Office of International Education, except to the extent that action has already been taken upon this consent; and (5) I will not be contacted after an inquiry is made or information is released to the university/institution listed on this consent. **THIS CONSENT FOR RELEASE OF EDUCATION RECORDS WILL BE VALID AND EFFECTIVE UNTIL REVOKED.**

Printed Name:

Signature

Date (dd/mm/yyyy)

Parent/Guardian Signature
(if under 18 years of age)

Date (dd/mm/yyyy)