

International Graduate Student Application Supplement Packet Academic Year 2017-2018

The forms included in this packet must be completed by Providence College graduate program applicants who require F-1 visa sponsorship in order to study in the United States.

Providence College will not issue your Certificate of Eligibility (Form I-20) until you have submitted all documents. Additionally, being accepted into your Providence College graduate program is not a guarantee of F-1 visa issuance by the U.S. Government.

Please submit all of the documents listed below no later than three months prior to the start of classes. Send all documents to Janet Ray, Assistant Dean/Director of International Student Success, one of the following ways:

1. By Mail – Janet Ray
Providence College
Office of the Dean for Undergraduate & Graduate Studies
Harkins Hall 213
1 Cunningham Square
Providence, RI
02918

2. By Email – jray@providence.edu

**If you send these documents by email, then you must provide the original versions in person by the first day of classes.*

Required Documents

Complete:

- Personal Information Form
- Maintaining Your F-1 Status Agreement
- Certification of Finances Form
- Immunization Records Form
- Health Insurance Form
- eShip Global Agreement

Attach:

- Copy of Program Acceptance Letter
- Passport Copy – Photo ID Page
- Bank Statements and Financial Sponsor Letters
- TOEFL/IELTS Scores

PERSONAL INFORMATION FORM

Semester you plan to begin your studies: Fall 20__ Spring 20__ Summer 20__

I am beginning the Graduate Degree Program in: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Biblical Studies | <input type="checkbox"/> Education – PACT |
| <input type="checkbox"/> Theology | <input type="checkbox"/> Education – Administration |
| <input type="checkbox"/> Theological Studies | <input type="checkbox"/> Education – Counseling |
| <input type="checkbox"/> Business Administration (MBA) | <input type="checkbox"/> Education – Literacy |
| <input type="checkbox"/> History | <input type="checkbox"/> Education – Special Education |
| <input type="checkbox"/> Teaching Mathematics | <input type="checkbox"/> Education – Urban Teaching |

Full Legal Name (as shown on passport): _____
Family/Surname First/Given Name Middle Name(s)Date of Birth: _____ / _____ / _____ Male Female
Month Day Year

Country of Citizenship: _____ Country & City of Birth: _____

Current Country of Residence: _____ US Social Security Number (if any): _____

Passport Number: _____ Passport Expiration Date: _____ / _____ / _____
Month Day Year

Native Language: _____ If your native language is not English, attach your TOEFL or IELTS scores.

E-Mail Address: _____ Cell Phone Number: _____

Permanent Address:

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Mailing Address (if different from permanent address):

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

If Currently in the United StatesType of Visa: _____ Expiration Date: _____ / _____ / _____
Month Day Year

SEVIS ID: _____ Number on I-94 (entry document): _____

MAINTAINING STATUS YOUR F-1 STATUS AGREEMENT

As a student on an F-1 visa to study in the United States, you must adhere to the governmental regulations of your visa status.

Failure to follow these regulations could result in the termination of your visa. If your visa is terminated, you must depart the U.S. within 15 days and you will not be eligible for U.S. re-entry on your Providence College I-20.

ALWAYS

- Maintain a valid passport
- Attend the school whose name appears on your I-20
- Register for, and complete, at least 9 credits each semester
- Maintain a valid I-20
 - Apply for an I-20 extension at least one month before the I-20 expiration date
- Obtain I-20 travel signature from the Assistant Dean of International Studies before you depart the U.S.
- Maintain valid health insurance
- Notify the CIS within 10 days of an address or telephone number change
- Do one of the following within 60 days after program completion
 - Depart the U.S.
 - Transfer and obtain an I-20 for a new school or program and enroll
 - Change to another immigration status
- Depart the country within 15 days of withdrawal or dismissal from Providence College
- Consult the Assistant Dean of International Studies in order to initiate an academic transfer to another U.S. institution

NEVER

- Work off-campus without authorization from the Assistant Dean of International Studies
- Work on-campus more than 20 hours per week while school is in session
- Take a leave of absence without authorization from the Assistant Dean of International Studies
- Drop below full-time (9 credits) without authorization from the Assistant Dean of International Studies
- Accept an I-20 signature or immigration advice from anyone other than the Assistant Dean or Dean of International Studies.

I have read and understand the regulations I must follow in order to maintain my F-1 visa status. I understand that I should ask the Assistant Dean or Dean of International Studies if I have any questions about maintaining my status.

Name: _____

Signature: _____ Date: _____

CERTIFICATION OF FINANCES FORM (1 of 2)

International students are required to demonstrate that they have the necessary funds to support their studies at Providence College. Before an I-20 is issued, students must certify that they can pay for the first year's expenses. Students should expect that the tuition and fees will increase by a moderate amount from year to year.

To find the expenses, please visit the PC Graduate Programs Financial Information web page:
<http://www.providence.edu/bursar/Pages/graduate.aspx>

While on-campus employment in the form of a Graduate Assistantship may be available, it is not guaranteed; if awarded campus employment, the hours that can be worked are limited by a student's visa status. As such, students should not include anticipated on-campus earnings as part of their funding projections.

Keep a copy of the Certification of Finances Forms for your visa appointment and personal records.

Full Legal Name (as shown on passport): _____
Family/Surname First/Given Name Middle Name(s)

- 1. Enter in U.S. Dollars (USD) the expected amount of annual funds available to you.** Leave blank any section where you will not be receiving financial support. The total amount should equal or exceed the cost of attendance.

STUDENT'S SOURCES OF FUNDS	Assured Support	
	1 st Year	2 nd Year
Personal or Family Savings:	\$ _____	\$ _____
Parents or Sponsors: List name and relationship of each sponsor. 1. _____ 2. _____ 3. _____	_____ _____ _____	_____ _____ _____
Government scholarship(s): Attach an award letter.	\$ _____	\$ _____
Other funds: Please specify.	\$ _____	\$ _____
TOTAL AMOUNT:	\$ _____	\$ _____

- 2. Attach official certification of sources of funds and amounts.**
 - Certified bank statement, including a 90 day history of all deposits
 - Letter from the bank including the bank official's name and title, and the bank's name and address.
 - If you will be financially supported by outside sponsoring parties (family member, government, company, friend), then submit a notarized, signed letter from each sponsoring party indicating the amount in USD that will be available to you each year.

CERTIFICATION OF FINANCES FORM (2 of 2)

- 3. What is the present exchange rate of your country's currency to the U.S. Dollar?**

Name of Currency: _____ Amount of Currency: _____ = \$1.00

4. **Does your government currently impose restrictions on the exchange and release of funds for study in the U.S.?** ___ Yes ___ No

If YES, describe restrictions.

5. **Do you have a source for emergency funds once you arrive in the U.S.?** ___ Yes ___ No

If YES, name source _____ Amount available in U.S. dollars \$ _____

6. **How will you pay for transportation to the U.S.?** _____

7. **What is the total amount of money you expect to have when you arrive at Providence College?**
U.S. \$ _____

By my signature below, I certify that the information included on these Certification of Finances Forms is true, correct, and complete. I understand and agree that any misrepresentation may be cause for refusing or revoking my admission to Providence College. I understand and agree that I have a duty to disclose to and update Providence College about any information that substantially alters the information requested in these Forms.

Signature: _____ Date: _____

Payment Tip: Use PayToStudy for cheaper, faster, and easier payments to Providence College

PayToStudy offers a fast and secure way to send payments globally at no cost to the sender or the recipient.

- 1. Student Registers for PayToStudy:** <https://prcol.studentfees.com/>
The sender registers on the secure PaytoStudy domain and enters their payment details.
- 2. Student Makes Payment into Account**
The sender receives the exchange rate for that day (valid for 48 hours) and makes payment into the PayToStudy bank account in their home country and in their local currency.
- 3. PayToStudy Makes Payment to School**
Once funds are received by PaytoStudy, payment is immediately transferred to the receivers account from the local PaytoStudy account in their home country.

IMMUNIZATION RECORD FORM (1 of 2)

Providence College policy and Rhode Island State law require the College to keep a medical immunization record form on file for all full-time, degree-seeking students. Proof of immunization is required prior to course registration.

This form must be completed and signed by a physician or the physician may attach valid proof of medical records showing the immunizations received. Acceptable evidence must include the day, month, year, and type/name of each dose of the vaccine administered.

Student's Name: _____ Date of Birth: _____
Month Day Year

A. Tetanus-Diphtheria: Required

1. Tetanus-Diphtheria booster within last ten years

Date: _____
Month Day Year

B. M.M.R. (Measles, Mumps, and Rubella): Two Doses Required

1. Dose 1 (on or after first birthday)

Date: _____
Month Day Year

2. Dose 2

Date: _____
Month Day Year

C. Varicella (Chicken Pox): Required

1. Had disease

Date: _____
Month Day Year

2. Vaccinated – Dose 1

Date: _____
Month Day Year

Dose 2*

*2nd Varicella vaccine is required if 1st dose was administered on or after the 13th birthday

Date: _____
Month Day Year

D. Polio: Completed primary series of polio vaccinations

Type of vaccine _____

Last Booster _____

Yes _____ No _____

Oral _____ IPV _____

Date: _____
Month Day Year

E. Hepatitis B Series: Required

1. Dose 1

Date: _____
Month Day Year

2. Dose 2

Date: _____
Month Day Year

3. Dose 3

Date: _____
Month Day Year

IMMUNIZATION RECORD FORM (2 of 2)

Tuberculosis ScreeningCopy of EMR accepted, however, Tuberculin screening questions must be current. **Student signature and date are REQUIRED.**

1. Does the student have signs or symptoms of active TB disease? Yes _____ No _____
 - If NO, then proceed to question 2.
 - If YES, then proceed with additional evaluation to exclude active TB disease, including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Is the student a member of a high-risk group* (see below) or is the student entering the health professions?
Yes _____ No _____
 - If NO, then stop and sign the form. No further evaluation is needed at this time.
 - If YES, then it is necessary to have a Tuberculin skin test. A history of BCG vaccination should not preclude testing of a member of a high-risk group.

3. Tuberculin Skin Test

Date administered: _____ / _____ / _____
Month Day YearDate read: _____ / _____ / _____
Month Day Year

Result: _____ (Record actual mm of duration, transverse diameter. If no induration, write "o")

Interpretation (based on mm of induration as well as risk factors). Positive _____ Negative _____

4. Chest X-ray (required if tuberculin skin test in positive)

Date of Chest X-ray: _____ / _____ / _____
Month Day Year

Result: Normal _____ Abnormal _____

Student Signature: _____ **Date Answered:** _____**Health Care Provider** (Provider's signature, contact information, and date of exam are required – Please PRINT information)

Provider Name: _____ Date of Exam: _____

Provider's Signature: _____ Phone: _____ Fax: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

*1. The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/th/pubs/corecurr/.

2. Categories of high-risk students include those students who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low, rather than high, TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, US Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as, prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunioleal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone > 15 mg/d for > one month) or other immune-suppressive disorders.

HEALTH INSURANCE FORM

Health insurance coverage is REQUIRED by the federal government for international students to maintain their visa status. Proof of health insurance must be provided to the Center for International Studies by the first day of classes.

Students must demonstrate proof of coverage for a minimum of the nine months of the academic year.

Exceptions:

- Students taking summer courses must demonstrate 12 months of coverage
- Students who will complete their program in less than nine months

Students may choose any one of the following plans.

OPTION 1: Providence College Student Health Insurance Plan

- Offered through University Health Plans
- Coverage is valid from September 1, 2017 – August 31, 2018
- The cost of the insurance plan is \$1,864 (amount based on Academic Year 2016-17 cost)
- More information may be found here: www.universityhealthplans.com/Providence

OPTION 2: iNext Insurance Plan for International Students

- Two levels of coverage are offered – Navigator and Navigator Plus
- May choose to purchase coverage only for the amount of time you will be studying in the United States during the next year.
- The cost is based on age and level of coverage.
- More information on the insurance plan and cost breakdowns may be found here: <http://www.inext.com/travelusa/index.aspx>

OPTION 3: ISO Plan for International Students

- Five levels of coverage are offered – COMPASS Silver, COMPASS Gold, ISO Med 1, Shield 500, Shield 3000
- May choose to purchase coverage only for the amount of time you will be studying in the United States during the next year.
- The cost is based on age and level of coverage.
- More information on the insurance plan and cost breakdowns may be found here: <https://www.isoa.org/>

- I understand that I am responsible for purchasing health insurance coverage for the duration of my time in the U.S.
- I will submit proof of my health insurance coverage to the Assistant Dean of International Studies no later than the first day of my classes. I understand that I must demonstrate proof of purchasing health insurance for a minimum of nine months by submitting a receipt. I also must submit a copy of my insurance card.
- I acknowledge that failure to show adequate proof of health insurance coverage by the first day of classes will result in a HOLD being placed on my account, which will prevent me from registering for future courses at Providence College.

Name: _____

Signature: _____

Date: _____

eSHIP GLOBAL MAILING AGREEMENT

Providence College has partnered with eShip Global University Express Mail Services so that international students may arrange for their important documents, such as the Certificate of Eligibility, to be mailed from the U.S. to their current residence.

How It Works

Student Creates

Student creates a request to have documents mailed.

Student Pays

Student pays by Credit Card, Paypal, or Wire Transfer.

University Ships

Providence College processes and ships the package.

Carrier Delivers

Carrier picks up and delivers. Student chooses the carrier: Federal Express, UPS, DHL.

More information is available here: <https://study.eshipglobal.com/default.asp>

I understand that I am responsible for paying the fee to have my documents mailed to my current address.

Name: _____

Signature: _____ Date: _____