

RADFORD UNIVERSITY

INTERNATIONAL APPLICATION FOR UNDERGRADUATE ADMISSION

Office of Admissions, Radford University, Radford, VA. 24142-6903

Please type or print the information requested below and return this form with a nonrefundable \$50 application fee to the Office of Admissions, Radford University, Radford, Virginia 24142, U.S.A. Telephone 001-(540) 831-5371. Please print the applicant's name on the check. **Do not staple or tape anything to the application.**

Personal Information

1. Name _____
Last/Family/Surname First/Given Middle Name if different than present Preferred name

2. Permanent Address _____
Street or Rural Route

City/Town State Zip/Postal Code County/Country

3. Foreign Residence Address (if different from permanent address) _____
Street or Rural Route

City/Town State Zip/Postal Code County/Country

4. *U.S. Social Security Number (if available) _____ / _____ / _____

5. Telephone _____ 6. E-Mail Address _____
(Country Code) (City Code) Number

7. Fax Number _____ * Providing your SSN is optional but is required for U.S. tax reporting. If you intend to
(Country Code) (City Code) Number apply for financial aid and scholarships, you must submit your SSN.

8. *Sex: M _____ F _____ 9. *Date of Birth _____ / _____ / _____
month date year

10. *Country of Legal Residence _____ 11. *City and Country of Birth _____

12. *Predominant Race/Ethnic Background: _____
____ White, non-Hispanic
____ Black, non-Hispanic
____ Hispanic
____ Asian or Pacific Islander
____ American Indian or Alaskan Native
____ Other

13. *Citizenship: _____
____ U.S. Citizen
____ Permanent Immigrant
Immigrant Registration # _____ (If a permanent resi-
dent please send a copy
of your green card)
____ Non-immigrant
(Complete Visa questions on reverse)

*To meet requirements of U. S. federal regulations, this information is requested for record keeping purposes only. This information will in no way affect admissions decisions.

Enrollment Information

14. Planned Entrance Date: _____ 15. You are applying as a: _____ Freshman _____ Transfer
To enroll 20____
____ Fall (August) _____ Spring (January) _____ 1st Summer (May) and Fall _____ 2nd Summer (July) and Fall

16. Intended Major: College of _____ Major _____ Pre-major (undecided)

Please refer to "Choosing a Major" on Curriculum page.

17. Have you previously applied for admission to Radford University?
____ Yes ____ No If yes, when? _____

18. Do you request on campus housing? ____ Yes ____ No
(First-year students are required to live on campus, unless they will have reached the age of twenty-one or reside with a parent or spouse)

19. How did you hear about Radford University? ____ counselor ____ family ____ friend ____ teacher ____ guidebook
____ other, please specify _____

20. Parents' Occupation: (Mother) _____ (Father) _____

Visa Information

21. Are you presently in the USA? Yes No If in the USA, indicate the date you arrived in this country and the type of visa on which you entered the country. _____
Date Visa Type
22. Are you requesting an I-20 from this University? Yes No
23. Will you have dependants accompanying you? If so, list names, date of birth, City/Country of birth and relationship on a separate sheet of paper.
24. Are you transferring directly from a U.S. School Yes No
 If so, what is the name of your current school? _____
25. Name of current Foreign Student Advisor: _____
26. Do you currently have a SEVIS I-20? Yes No Don't Know

Testing & English Proficiency

All international students are required to submit an official measure of English proficiency. The TOEFL (Test of English as a Foreign Language) is strongly preferred. Please indicate the date that you have taken or plan to take the TOEFL and/or SAT I.

27. Have taken: _____ or plan to take: _____ Score: _____
Month Year Month
28. Have you taken an entrance examination for a university in your country? Yes No
 Name of examination _____

EDUCATIONAL BACKGROUND

IMPORTANT: PLEASE TYPE OR PRINT LEGIBLY

NOTE: If this section is not filled out completely, your application will be returned to you.

FULL NAME OF INSTITUTION	LOCATION City and country	DATE of ENTRY month/year	DATE of LEAVING month/year	NAME of DEGREE or DIPLOMA	DATE AWARDED	YOUR AGE
29. Last secondary school:						
30. Universities or colleges:						

Honor Code

31. I have read and understand the enclosed Honor Code statement of Radford University. If offered admission, I agree to abide by the Honor Code and the rules and regulations of the University. All information supplied on my application is correct and complete, and I understand that falsification of information on this application may result in termination of my enrollment. **(Your application will not be processed without your signature.)**

Student Signature _____

Date _____

Information contained on this application will be provided to Virginia state agencies as required by law.

Return the completed application with a nonrefundable \$50 application fee to the Office of Admissions.

Checklist for Freshman Applicants:

Please check as appropriate to help you complete your application

- _____ Completed Application for Undergraduate Admission
- _____ Official copy of your high school transcript
- _____ If your first language is not English, request an official report of the TOEFL (if appropriate)
- _____ Enclose the \$50 nonrefundable application fee with your completed application form
- _____ Bank Statement
- _____ Letter of Financial Support

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www.radford.edu

**TRANSFER ELIGIBILITY FORM
RADFORD UNIVERSITY**

Applicants: The RU DSO may request the following:

1. Copy of current I-20 or DS-2019
2. Copy of visa
3. Copy of passport
4. Copy of I-94

International applicants holding F or J student visas who are transferring from other U.S. educational institutions are required to submit this form. You must first complete the "Student Section" of this form, and then have the International Student Advisor at your current school complete the bottom section of this form. Your current school must send the completed form to the address(s) noted at the bottom of this page.

STUDENT SECTION

I authorize my present International Student Advisor to provide the information below as part of my application for admission to Radford University.

Applicant's Name _____
Last/Family/Surname _____ First/Given _____ Middle _____
Country of Citizenship _____
Student Signature _____ Date _____

INTERNATIONAL STUDENT ADVISOR

Please complete and return this form to the address indicated below. Faxes are acceptable.

1. SEVIS Number _____ SEVIS release date _____
2. Is this student in good academic standing and eligible to continue at your institution?
YES NO
3. To the best of your knowledge, has this student maintained status & eligible to transfer?
YES NO
If no, please indicate reason _____
4. Does the student have any outstanding financial obligations to your school?
YES NO
5. Was this student enrolled in full-time study last semester?
YES NO
If no, please explain _____
6. Please list any dates of authorization Practical Training _____
7. Additional comment (if needed, please use the back of this form) _____

Signature of DSO _____ Date _____
Name of DSO (please print) _____ Title _____
Name and Address of School _____
Phone _____

**Please return this form
with your application
or fax it to:
Office of Admissions
FAX: 540-831-5038**

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CONFIDENTIAL STATEMENT OF FINANCIAL SUPPORT

As an international applicant, you must present proof that for one academic year you have sufficient funds to meet all university and living expenses. Undergraduate students must show a minimum of \$28,453. An I-20 or IAP-66 cannot be issued until this financial certification is received.

The form below is provided for your convenience. No photocopies will be accepted. The form must bear original signatures and stamps. If you have more than one sponsor, please make copies of this form before completing it. Please note that this form cannot be dated more than 12 months prior to your requested term of entry. Please keep an official copy of all financial documents to present to U.S. Consular Officials. Students can substitute an attested bank statement and letter of support for this form if they wish.

RADFORD UNIVERSITY FINANCIAL STATEMENT

PLEASE TYPE OR PRINT CLEARLY

Statement of Student:

I certify that I have the amount of \$ _____, in U.S. dollars available from the following source: self: _____
family sponsor: _____ other sponsor and relationship: _____

Statement of Sponsor:

I will provide the amount of \$ _____ in U.S. dollars for the educational and living expenses in the U.S. of the following student:

Sponsor: _____ Date: _____ Signature: _____

Statement of Bank:

I certify that the student or sponsor shown above currently has \$ _____ (in U.S. dollar amounts) on deposit to meet the above expenses.

Name of Student or Sponsor: _____

Name and Title of Bank Official: _____

Signature: _____ Date: _____



Bank Seal/Stamp

I herewith certify that the above information is accurate. I understand that any intentional falsification of the information submitted in this application and the attached financial certificate is grounds for dismissal from Radford University.

Signature of Student: _____ Date: _____

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