

---

## How to Apply

### *Application Information*

All forms required for admission to Albright College are enclosed in this booklet. Please return each completed form to Albright College, Admission Office, 13th and Bern Streets, P.O. Box 15234, Reading, PA 19612-5234, U.S.A.

Albright College's academic year is composed of a fall semester (September to December); an optional January interim; and a spring semester (February to late May). We also offer a limited number of summer courses. Newly enrolled students may enter the College during either the fall or spring semester. January or summer start dates are not available. Please indicate on your application for which semester you are applying.

We recommend that you make a photocopy of the application form and essay for your files. Applications will be reviewed shortly after all the necessary documents have been received.

Applicants seeking admission to Albright as first-year students are encouraged to apply in their final year of secondary school. All accepted students who wish to enroll at Albright for the fall semester are required to submit a non-refundable \$200 enrollment deposit by June 1.

### *Instructions for International Students*

**To be considered for admittance to Albright College, please submit the following:**

- ✓ The Application for Admission - Complete the enclosed Application for Admission form carefully. Please forward your application, essay, and non-refundable \$25 application fee to the Admission Office.
- ✓ Secondary School Report - The Secondary School Report form provides space for your school counselor or official to record information about your academic standing, grading in academic subjects, and rank in class. In addition to statistical information, counselors and officials are encouraged to complete the "comments" section of the form and/or attach a written recommendation. Please ask your school counselor or official to forward the completed form and transcript to Albright College.
- ✓ Academic Transcript - International students must submit either an original secondary school transcript with an official school seal or a notarized copy of the transcript. An up-to-date transcript should include grades for the last four years of school and listings of courses, exams, or certificates in progress.
- ✓ Teacher Recommendation - Using the Teacher Recommendation form, please request a recommendation from a professor, employer, or someone who can offer significant insights about your educational and/or professional potential. If you would like to submit more than one recommendation, please make a copy of the form and give it to the appropriate person(s) to complete.
- ✓ Certificate of Finance - International applicants must complete the Certificate of Finance form in this booklet. International students must be able to verify the information on their Certificate with an official bank statement. To gain admittance to Albright College, an international student must show the ability to finance all four years of an Albright education.
- ✓ Test of English as a Foreign Language (TOEFL) - Students whose native language is not English must submit results of the TOEFL. If you have questions regarding test dates and locations, please call the Educational Testing Service (ETS) in Princeton, New Jersey at 609-771-7100. Albright will also accept the APIEL (Advanced Placement International English Language), IELTS (International English Language Testing System) and SAT I test scores.

✓ The SAT I and SAT II - The SAT I is required of all international student applicants whose first language is English. The SAT I and II tests are not required, however, of applicants whose first language is not English.

Applicants who have taken the SAT I and/or SAT II exams should include a copy of their test scores with the application. Students can request that a copy of the test scores be sent directly to Albright from the Education Testing Service (ETS). Our code number for both services is 2004.

### *Instructions for Transfer Applicants:*

Apply to Albright as a transfer candidate if you do not have a bachelors degree but are currently enrolled in another institution of higher education or have previously attended another institution of higher education.

Transfer students should complete all the enclosed application forms except the Secondary School Report. The Albright College Transfer Questionnaire form should be completed by an official of the college or university where you are currently or were most recently enrolled. Please request that the form be returned directly to Albright's Admission Office.

For fall semester transfers, applications should be completed by May 15. Spring semester applications should be submitted no later than November 15. An evaluation of credits will be made when your application is reviewed by our office. You will be notified, in writing, about your approved transfer credits.

*Albright College is committed to a policy of equal opportunity and does not discriminate on the basis of race, religion, sex, age, national origin, sexual orientation, veteran status, marital status, or disability. This policy extends to all educational, service, and employment programs of the College.*

# Albright College

## International Application for Admission

---

### Student Information

Name \_\_\_\_\_  Male  Female  
*(family name)* *(given name)*

Prefer to be Called \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_  
*(include country and city code)*

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*(month / day / year)*

City and Country of Birth \_\_\_\_\_

Check One: 1.  U.S. Citizen 2.  Legal Resident (non-U.S. Citizen) 3.  Neither U.S. Citizen nor Legal Resident of the U.S.

If you checked #3: Visa type \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

---

### Secondary School Information

Name/Address of High School \_\_\_\_\_

High School Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_  
*(include country and city code)*

E-mail Address \_\_\_\_\_ Date of High School Completion \_\_\_\_\_

#### List any other secondary schools or colleges you have attended:

Name/Address of School \_\_\_\_\_

Name/Address of School \_\_\_\_\_

• If there has been an extended time period (more than 6 months) between your high school graduation and planned college entrance, please explain what you have been doing during this hiatus (military service, training program, employment, travel, etc.):

\_\_\_\_\_  
\_\_\_\_\_

---

## Family Background

Please indicate with whom you are living:  Parents  Father  Mother  Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

College Attended \_\_\_\_\_ College Attended \_\_\_\_\_

Degree \_\_\_\_\_ Year Received \_\_\_\_\_ Degree \_\_\_\_\_ Year Received \_\_\_\_\_

**List any relatives who graduated from Albright College:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

---

## Albright Information

1. How did you hear about Albright College? (name of person or type of source) \_\_\_\_\_

2. Please list the names of other colleges and universities to which you are applying \_\_\_\_\_

\_\_\_\_\_

---

## College Plans

You are applying for admission to Albright as a:  First Year Student  Transfer  Second Degree Candidate

Semester for which you are seeking admission:  Fall  Spring

Your housing preference:  On-campus residence  Commuting *(All first year students must live on campus.)*

Please list, in order of choice, your possible area(s) of academic concentration/major. If undecided, list "Alpha" first. (This is not a binding choice.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

---

## Standardized Tests

It is the student's responsibility to have all official test scores sent to us on or before our application deadline. If tests are to be taken after the deadline, please check the appropriate box below and make sure that those scores are forwarded to the Admission Office.

**TOEFL (Test of English as a Foreign Language):** I took the TOEFL examination on (date) \_\_\_\_\_ Score \_\_\_\_\_

I plan to take the TOEFL examination on (date) \_\_\_\_\_

**APIEL (Advanced Placement International Foreign Language):** I took the APIEL examination on (date) \_\_\_\_\_ Score \_\_\_\_\_

I plan to take the APIEL examination on (date) \_\_\_\_\_

**IELTS (International English Language Testing System):** I took the IELTS examination on (date) \_\_\_\_\_ Score \_\_\_\_\_

I plan to take the IELTS examination on (date) \_\_\_\_\_

**SAT I and SAT II:** Have you taken the SAT I?  yes  no  
If yes, where? \_\_\_\_\_ Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_  
Do you plan to take it in the future?  yes  no  
Have you taken any SAT II Subject Tests?  yes  no  
If yes, which test(s)? \_\_\_\_\_  
Will you be taking any SAT II Subject Tests?  yes  no

---

## The Application Essay

All applicants are required to submit a one-page essay. Please describe why you wish to attend Albright or your goals during your time at Albright.

---

**PLEASE REVIEW YOUR APPLICATION BEFORE SIGNING AND SUBMITTING IT TO THE ALBRIGHT ADMISSION OFFICE.**

In signing this formal application, I signify that all of the information I have provided is authentic, accurate, and complete. I also agree to adhere to the rules and regulations of Albright College and to conduct myself and my activities in keeping with its ideals and principles.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

An application fee of \$25 must accompany this application. The fee covers processing costs and is not refundable or credited, whether or not the applicant is accepted and/or enrolls. Make checks payable to: Albright College.

---

## International Student Certification of Finances Guidelines

*Please read prior to completing the form on the back of this page.*

The purpose of the Certification of Finances is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising educational costs, and economic conditions have made verification of financial resources of international applicants essential. Institutions do not have the option of deciding whether or not to verify the financial resources of their international issuance of Certificates of Eligibility (Form I-20 or IAP-66).

The form is designed to standardize financial information provided by applicants to colleges, universities, and United States consuls. By completing and returning the form to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or IAP-66). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the Foreign Student Financial Aid Application to the family for completion. The institution should attach a copy of the Certification to the Certificate of Eligibility. United States consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. The Certification will help such officials make their decisions and expedite visa issuance.

# Albright College

## Teacher Recommendation

### Applicant Information

Please fill in the information requested below, then give this form to your guidance counselor, school official, or college advisor.

Student's Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_

### Teacher

We are grateful for your assistance on behalf of this applicant. We are interested in whatever you think is important about the applicant's academic and personal qualifications for college. Please return this form in the envelope provided by the student.

Teacher's Name (please print or type) \_\_\_\_\_ E-mail Address \_\_\_\_\_

School Name \_\_\_\_\_ City & State \_\_\_\_\_

Position/Department \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

### Background Information

List the course(s) you have taught this student: \_\_\_\_\_

How long have you known the applicant, and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe the applicant? \_\_\_\_\_

### Rating

|                             | Outstanding (Top 2 - 3%) | Excellent | Good | Average | Below Average | No Basis for Judgment |
|-----------------------------|--------------------------|-----------|------|---------|---------------|-----------------------|
| Creative, Original Thought  |                          |           |      |         |               |                       |
| Motivation                  |                          |           |      |         |               |                       |
| Independence, Initiative    |                          |           |      |         |               |                       |
| Intellectual Ability        |                          |           |      |         |               |                       |
| Academic Achievement        |                          |           |      |         |               |                       |
| Written Expression of Ideas |                          |           |      |         |               |                       |
| Effective Class Discussion  |                          |           |      |         |               |                       |
| Disciplined Work Habits     |                          |           |      |         |               |                       |
| Potential for Growth        |                          |           |      |         |               |                       |

(over, please)

---

## Recommendation

I recommend this candidate for admission to Albright College:

|                                    | <b>Enthusiastically</b>  | <b>Strongly</b>          | <b>Fairly Strongly</b>   | <b>Without Enthusiasm</b> |
|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| For academic promise               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| For character and personal promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Overall recommendation             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

---

## Comments

Please use the space below or a separate sheet to add any additional comments that will help us evaluate this student's academic performance and potential for college.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Albright College, Admission Office, 13th & Bern Streets, P.O. Box 15234, Reading, PA 19612-5234

# Albright College

## Secondary School Report

---

### Applicant Information

Please fill in the information requested below, then give this form to your guidance counselor, school official, or college advisor.

Student's Name \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_

---

### Secondary School Information

To be completed by the student's guidance counselor, school official, or college advisor. If any of the following information appears on the transcript, feel free to leave the corresponding section(s) blank.

Our school does not rank its students.

This candidate ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students. The rank covers a period from \_\_\_\_\_ (mo./yr.) to \_\_\_\_\_ (mo./yr.).

If precise rank is not available, please indicate rank to the nearest tenth from the top \_\_\_\_\_. Rank is  weighted  unweighted.

Cumulative Grade Point Average \_\_\_\_\_ out of a possible total of \_\_\_\_\_. Passing mark is \_\_\_\_\_.

College recommending mark is \_\_\_\_\_. Of this candidate's graduating class, \_\_\_\_\_% plan to attend a four-year college.

Note: Please attach the student's official transcript, including courses in progress. Include, if available, a school profile and transcript legend.

---

### Character and Personality Evaluation

|                             | Outstanding (top 2-3%) | Excellent | Good | Average | Below Average | No Basis for Judgment |
|-----------------------------|------------------------|-----------|------|---------|---------------|-----------------------|
| Leadership                  |                        |           |      |         |               |                       |
| Self-confidence             |                        |           |      |         |               |                       |
| Sense of Humor              |                        |           |      |         |               |                       |
| Concern for Others          |                        |           |      |         |               |                       |
| Emotional Maturity          |                        |           |      |         |               |                       |
| Personal Initiative         |                        |           |      |         |               |                       |
| Reaction to Setbacks        |                        |           |      |         |               |                       |
| Respect Accorded by Peers   |                        |           |      |         |               |                       |
| Respect Accorded by Faculty |                        |           |      |         |               |                       |

---

## School Official Recommendation

Official's Name \_\_\_\_\_

Position \_\_\_\_\_ E-mail address \_\_\_\_\_

School \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

School Website \_\_\_\_\_

Office Telephone Number \_\_\_\_\_ Office Fax Number \_\_\_\_\_  
*(include country and city code)*

How long have you known the applicant? \_\_\_\_\_

In what context(s) have you known the applicant? \_\_\_\_\_

What are the first words that come to your mind when describing the applicant? \_\_\_\_\_

I recommend this candidate for admission to Albright College:

|                                    | <b>Enthusiastically</b>  | <b>Strongly</b>          | <b>Fairly Strongly</b>   | <b>Without Enthusiasm</b> |
|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| For academic promise               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| For character and personal promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| Overall recommendation             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

---

## Comments

Please use the space below or a separate sheet to add any additional comments that will help us evaluate this student's academic performance and potential for college.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Albright College, Admission Office, 13th & Bern Streets, P.O. Box 15234, Reading, PA 19612-5234

**INTERNATIONAL STUDENT  
CERTIFICATION OF FINANCES**

Return directly to the college providing  
or requesting this statement.

**CONFIDENTIAL**

| <p>1. YOUR NAME<br/>Mr. _____<br/>Ms. _____<br/>Mrs. _____<br/>Miss _____<br/>FAMILY (Surname) GIVEN (First) MIDDLE</p> <p>2. PERMANENT ADDRESS _____<br/>_____</p> <p>3. MAILING ADDRESS (If different from above) _____<br/>_____</p>   | <p>4. DATE OF BIRTH<br/>MONTH _____ DAY _____ YEAR _____</p> <p>5. PLACE OF BIRTH (country) _____</p> <p>6. COUNTRY OF CITIZENSHIP _____</p> | <p>7. EXPECTED VISA TYPE<br/><input type="checkbox"/> Academic or language training (F)<br/><input type="checkbox"/> Non-academic vocational (M)<br/><input type="checkbox"/> Exchange visitor (J)<br/><input type="checkbox"/> Immigrant (PR)<br/><input type="checkbox"/> Diplomatic or official (A or G)<br/><input type="checkbox"/> Other (Specify) _____</p> |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
|---|--|--|--|-----------------|-------------------|--|--|--|--|------------|-------------|------------|-------------|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|---|--|--|--|--|--|--------------|--|--|--|--|--|---|--|--|--|--|--|---------------------|--|--|--|--|--|---|--|--|--|--|--|----------------|----|----|----|----|----|--|--|--|
| <p>8. Enter the expected amount of annual support from the sources listed below. Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">STUDENT'S SOURCES OF FUNDS</th> <th>ASSURED SUPPORT</th> <th colspan="4">PROJECTED SUPPORT</th> </tr> <tr> <th></th> <th>FIRST YEAR</th> <th>SECOND YEAR</th> <th>THIRD YEAR</th> <th>FOURTH YEAR</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e0e0e0;">8a. PERSONAL OR FAMILY SAVINGS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME OF BANK _____<br/><br/>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8b. PARENTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Money available from sources other than savings.<br/>FATHER'S NAME _____<br/>MOTHER'S NAME _____<br/>Please describe the source: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8c. SPONSORS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Money available from sources other than parents.<br/>SPONSOR'S NAME _____<br/>SPONSOR'S NAME _____<br/>Please describe the source: _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8d. YOUR GOVERNMENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME OF AGENCY _____<br/>Enclose with this form a signed copy of your letter of award.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;"><b>TOTAL ▶</b></td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> |  |  | STUDENT'S SOURCES OF FUNDS   | ASSURED SUPPORT | PROJECTED SUPPORT |  |  |  |  | FIRST YEAR | SECOND YEAR | THIRD YEAR | FOURTH YEAR | 8a. PERSONAL OR FAMILY SAVINGS |  |  |  |  |  | NAME OF BANK _____<br><br>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings. |  |  |  |  |  | 8b. PARENTS |  |  |  |  |  | Money available from sources other than savings.<br>FATHER'S NAME _____<br>MOTHER'S NAME _____<br>Please describe the source: _____ |  |  |  |  |  | 8c. SPONSORS |  |  |  |  |  | Money available from sources other than parents.<br>SPONSOR'S NAME _____<br>SPONSOR'S NAME _____<br>Please describe the source: _____ |  |  |  |  |  | 8d. YOUR GOVERNMENT |  |  |  |  |  | NAME OF AGENCY _____<br>Enclose with this form a signed copy of your letter of award. |  |  |  |  |  | <b>TOTAL ▶</b> | \$ | \$ | \$ | \$ | \$ | <p>9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS<br/>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.</p> <p>SIGNATURE OF BANK OFFICIAL _____<br/>TITLE _____<br/>NAME OF BANK _____<br/>ADDRESS OF BANK _____<br/>DATE _____</p> <p>Parent's signature is required (see certification statement above).<br/>SIGNATURE OF PARENT _____<br/>ADDRESS _____<br/>DATE _____</p> <p>Sponsor's signature is required (see certification statement above).<br/>SIGNATURE OF SPONSOR _____<br/>ADDRESS _____<br/>RELATIONSHIP OF SPONSOR TO STUDENT _____<br/>DATE _____</p> |  |  |
| STUDENT'S SOURCES OF FUNDS  | ASSURED SUPPORT  | PROJECTED SUPPORT  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
|   |  | FIRST YEAR   | SECOND YEAR  | THIRD YEAR      | FOURTH YEAR       |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| 8a. PERSONAL OR FAMILY SAVINGS  |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| NAME OF BANK _____<br><br>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.  |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| 8b. PARENTS   |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| Money available from sources other than savings.<br>FATHER'S NAME _____<br>MOTHER'S NAME _____<br>Please describe the source: _____   |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| 8c. SPONSORS  |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| Money available from sources other than parents.<br>SPONSOR'S NAME _____<br>SPONSOR'S NAME _____<br>Please describe the source: _____   |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| 8d. YOUR GOVERNMENT   |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| NAME OF AGENCY _____<br>Enclose with this form a signed copy of your letter of award.   |  |  |  |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| <b>TOTAL ▶</b>  | \$   | \$   | \$   | \$              | \$                |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |
| <p>10. What is the present exchange rate of your country's currency to the US dollar (for example, 3100 pesos = \$1)? _____ = \$1</p> <p>11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, describe restrictions. _____</p> <p>12. Do you have a source for emergency funds once you arrive in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, name source. _____ Amount available in US dollars \$ _____</p> <p>18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or IAP-66) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.</p>  |  |  | <p>13. How will you pay for your transportation to the U.S.? _____</p> <p>14. What is the total amount of money you expect to have when you arrive at this institution? ..... US \$ _____</p> <p>15. Do you plan to remain in the U.S. during the summer? ... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. If remaining in the U.S., do you plan to attend summer school? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. What are the sources and amounts of support available to you during the summer? AMOUNT</p> <p>SOURCES: _____ US \$ _____<br/>_____ US \$ _____<br/>_____ US \$ _____<br/>_____ US \$ _____</p> <p>I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may cause for refusing or revoking admission.<br/>SIGNATURE OF STUDENT _____ DATE _____</p> |                 |                   |  |  |  |  |            |             |            |             |                                |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |   |  |  |  |  |  |              |  |  |  |  |  |   |  |  |  |  |  |                     |  |  |  |  |  |   |  |  |  |  |  |                |    |    |    |    |    |  |  |  |

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

**FOR OFFICE USE ONLY**

SIGNATURE OF COLLEGE OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME OF INSTITUTION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_