

# SOUTHWEST

MINNESOTA STATE UNIVERSITY

*International Graduate  
Student Packet*

This application should be used by international students applying as a graduate student.

### APPLICATION DEADLINES:

Students who are currently residing outside the US who are applying for admission must send the application and ALL required documents to Southwest Minnesota State University by the following dates:

- June 15th for the Fall Semester (August)
- November 15th for the Spring Semester (January)
- International Admission is not granted for our Summer Sessions.

**Applications received after the deadline will automatically be processed for the next available semester.**

Southwest Minnesota State University has a rolling deadline for students who are currently residing in the United States who are studying at another US College, University or High School. We are willing to work with you up until the week before classes start. (However, please start the process as soon as possible to ensure a smooth transition to SMSU.)

### QUESTIONS? PLEASE CONTACT:

School of Graduate Studies  
Phone: 1-800-642-0684 ext. 6819 or  
GraduateStudies@SMSU.edu

### SEND APPLICATION AND DOCUMENTS TO:

School of Graduate Studies  
Southwest Minnesota State University, 1501 State Street, Marshall, MN 56258  
Phone: 1-800-642-0684, ext. 6819  
Fax: 507-537-6227

All documents submitted with the application become the property of Southwest Minnesota State University and will not be returned under any circumstance.

### GRADUATE APPLICATION PROCESS:

#### 1. THE APPLICATION FORM.

(Applications received after the deadline will be processed for the next term.)

#### 2. A \$30.00 NON-REFUNDABLE APPLICATION FEE THROUGH A U.S. BANK OR WITH A U.S. MONEY ORDER.

(Make payable to Southwest Minnesota State University.)

#### 3. INTERNATIONAL TRANSCRIPTS

Submission of international transcripts to the Educational Credential Evaluators (ECE) to determine whether you have the equivalent to a US Bachelor's Degree (This will require a one-time charge of \$110 payable to ECE. It must include grade average.) OR Submission of international transcripts to the World Education Services (WES) to determine whether you have the equivalent to a US Bachelor's Degree (This will require a one-time charge, payable to WES, of \$190 or \$160 if the application is submitted online. It must be the Comprehensive Course-by-Course Report.)

#### 4. ENGLISH PROFICIENCY

TOEFL score of 550 (paper-based), 213 (computer-based), 79 (internet-based) must be earned or IELTS score of 6.5 must be earned.

(Note: Faxed or Xeroxed copies will not be accepted.)

#### 5. COMPLETED HEALTH FORMS (Provided)

#### 6. FINANCIAL DOCUMENTATION

SMSU Financial Statement Form with bank statements:

- Photocopies of Bank Statement will only be accepted if they have an OFFICIAL bank seal or stamp on them to indicate that they are certified true copies. (Must show equivalent of \$18,885)
- The SMSU Financial Statement Form must be signed by the student's sponsor and notarized by a notary public or stamped by a government magistrate to indicate that it is a legally binding document.
- You must send a bank statement that has been printed within the last 3 months.
- Finally, the name on the Bank Statement must match the name of the sponsor. If funds are being verified by using the sponsor's business, the bank statement must be accompanied by a written letter from the bank stating that the sponsor has control over the company funds.
- If you are going to be your own sponsor, you must show the equivalent of \$32,000.

7. PERSONAL STATEMENT

8. Two Letters of Recommendation

9. Copy of your passport

10. MBA STUDENTS ARE REQUIRED TO SUBMIT A MINIMUM GMAT SCORE OF 450 OR A 3.0 GPA TO BE ACCEPTED INTO THE PROGRAM. VISIT

[WWW.MBA.COM](http://WWW.MBA.COM) TO LEARN MORE ABOUT THE GMAT.

Documents submitted during the application process become the property of SMSU and will not be returned. Applications received after the deadline will automatically be processed for the next semester.

### GRADUATE ADMISSION REQUIREMENTS:

- Decision on acceptance will be based on strength of undergraduate coursework and grade point average.
- TOEFL score of 550 (paper-based), 213 (computer-based), 79 (internet-based) must be earned, a score of 6.5 on the IELTS, or the completion of level 109 from an English Language School Center.
- GMAT score of 450 or a GPA of 3.0.

International students wishing to transfer to SMSU from other U.S. colleges and universities must submit the following:

- University International Graduate Student application for admission and a \$30 non-refundable application fee.
- TOEFL score of 550 (paper-based), 213 (computer-based), 79 (internet-based) must be earned, or a minimum score of 6.5 on the IELTS. (Students who have earned a U.S. Bachelors Degree are **NOT** required to submit a TOEFL or IELTS score.)
- Official transcripts from all previously attended colleges, universities, or technical colleges and a minimum grade point average of 3.0 (on a 4.0 scale) for the MBA and 3.0 for Education, SPED, and Physical Education.
- An International Student Transfer Form
- Documentation of evidence of financial support.
- Two letters of recommendation
- Personal Statement

# SOUTHWEST MINNESOTA STATE UNIVERSITY

Marshall, MN

## GRADUATE ADMISSION APPLICATION FOR INTERNATIONAL STUDENTS

School of Graduate Studies  
Southwest Minnesota State University  
1501 State Street  
Marshall, MN 56258

Telephone: 507-537-6819 or 800-642-0684  
E-mail: GraduateStudies@SMSU.edu  
Fax: 507-537-6227

When do you wish to attend Southwest Minnesota State University?

Fall Semester, 20 \_\_\_\_\_

Spring Semester, 20 \_\_\_\_\_

\* Many colleges/universities use social security numbers for student identification purposes on student records (if you have obtained one). Providing your social security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer data. Your number may also be used to create summary information about MnSCU programs through data matches with other state agencies.

### Please Type (or Print Legibly)

1. U.S. Social Security Number\* \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

*The name spelling used on all documents must be the same as on your passport.*

### 3. Permanent Foreign Address (required)

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (Province/State)

\_\_\_\_\_  
(Country) (Postal Code)

\_\_\_\_\_  
(Telephone Number)

### 4. Mailing address where you want the I-20 sent.

\_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City) (Province/State)

\_\_\_\_\_  
(Country) (Postal Code)

\_\_\_\_\_  
(Telephone Number)

5. Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_  
**mm/dd/yy** (required)

Country of Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

6. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

7. Do you have an e-mail address where you can easily be reached? If so, and you would like to communicate about the application process by e-mail, please **PRINT** your e-mail address very clearly. \_\_\_\_\_

8. Course of study or major you plan to follow: \_\_\_\_\_

9. Native Language: \_\_\_\_\_

10. Person to contact in case of an emergency: \_\_\_\_\_  
(name) (relationship)

\_\_\_\_\_  
(street and number)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state or country)

\_\_\_\_\_  
(telephone number)

11. Please indicate how you will document your English proficiency (check one)

TOEFL (Score of 550 or better on the paper exam or 213 or better on the computer based exam)

IELTS (Score of 6.5 or higher)

Completion of Level 109 at an English Language School

Michigan Test of Language Proficiency Score of 80 or better

U.S. Bachelor's Degree

Explain: \_\_\_\_\_

12. If you are already in the United States, please provide the following:

a. A copy of your I-94

b. VISA Information:

Specify type of visa you now hold: \_\_\_\_F (student) \_\_\_\_J (exchange) \_\_\_\_H (Temp Worker) \_\_\_\_B (Visitor)

Other Specify: \_\_\_\_\_

c. Are you currently attending a U.S. School? \_\_\_\_Yes \_\_\_\_ No

If yes, what school are you attending?

City: \_\_\_\_\_ State: \_\_\_\_\_

If different than above, what U.S. school issued our last I-20?

City: \_\_\_\_\_ State: \_\_\_\_\_

13. Educational Background: Be sure to list all your overseas and U.S. secondary and post-secondary schooling. Complete **ALL** columns for each school, beginning with secondary school and ending with your current or most recent school.

Name of School	Location of School	Dates of Attendance	Type of School	Language of Instruction	Degrees and Date Received

14. If you would like your Admission papers and I-20 mailed to you via a courier service (i.e. Federal Express, DHL) you must enclose a nonrefundable payment of \$100.00 U.S. Enclose check or money order payable to Southwest Minnesota State University. This fee covers mailing and processing costs. If you do not include this fee, we will mail through U.S. Airmail. If this is to be paid by the use of a credit card, please indicate below and complete number 16 below.

I wish to have all papers mailed to me via courier service.

15. If you wish to pay your application fee (\$30.00 U.S.) by the use of MASTERCARD OR VISA, please provide the credit card number and expiration date in the space provided below. If you checked the box in number 14 for the use of a courier service, the application fee of \$30 and the exact amount of the courier service will be charged to the credit card. SMSU will not provide courier service without pre-payment. **ALSO NOTE:** Courier Service does not deliver to P.O. Box addresses and a telephone number must be provided.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_ Type of Card: VISA MASTERCARD

16. This application and supporting documents become the property of Southwest Minnesota State University.

**NOTE: Permanent residents/immigrants/ refugees should complete a Graduate Application form.**

*I certify that the information provided in this application and all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for canceling my admission.*

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

\_\_\_\_\_  
Date

# Southwest Minnesota State University, Marshall

School of Graduate Studies  
Southwest Minnesota State University  
1501 State St.  
Marshall, Minnesota 56258  
507-537-6819 or 800-642-0684  
E-mail: GraduateStudies@SMSU.edu

## Financial Statement For Graduate International Student Application

**IMPORTANT: RETURN THIS WITH YOUR APPLICATION FOR ADMISSION. FAILURE TO RESPOND TO ALL QUESTIONS, REQUIREMENTS, AND BLANKS WILL DELAY THE PROCESS OF ADMISSION.**

- Admission will be denied if student indicates insufficient amount of support to cover cost.
- The ESTIMATED cost of attending SMSU for a school year is approximately \$18,885. Verification of an additional \$4,000 is needed if you are bringing a spouse/first dependent and \$2,100 for each additional dependent.
- The U.S. Citizens and Immigration Services (USCIS) requires that admission decisions be based on academic acceptance and evidence of adequate funds to meet college expenses for the first year and for the entire period you plan to study in the United States.
- There is no financial aid and very limited on-campus work opportunities for students holding student visas (F-). You are not permitted to work full-time during the nine-month academic year. Dependents of F-1 visa holders, having an F-2 visa, are never permitted to work. Your chances of working on campus the first year are low; not all students who are looking for work will get a job. Please understand that your sponsor must be willing to cover your expenses for the entire two years.
- The lack of adequate financial resources, as stated above, will jeopardize your status as a student in the U.S.

APPLICANT'S NAME \_\_\_\_\_  
(Last or Family Name) (First or Given Name) (Middle Name)

PLEASE INDICATE THE SOURCES OF FINANCIAL SUPPORT AND AMOUNT YOU ANTICIPATE RECEIVING IN U.S. DOLLARS

**Gray areas must be signed and all appropriate sections must be completed or the form will be returned to the student for completion.**

- Personal (student) Resources:  
(Original Bank Statements must be enclosed to verify amounts.) U.S. \$ \_\_\_\_\_
- Parent or Sponsor Resources:  
(Official Certification Form and Original Bank Statement must be enclosed)  
PARENT OR SPONSOR MUST SIGN ON SIDE 2 OF THIS FORM U.S. \$ \_\_\_\_\_
- Government Scholarship:  
(A signed copy of your letter of award must be enclosed.) U.S. \$ \_\_\_\_\_
- Other Sources:  
(Please specify and provide signed affidavits from authorized persons or agencies.)  
\_\_\_\_\_  
U.S. \$ \_\_\_\_\_  
\_\_\_\_\_  
U.S. \$ \_\_\_\_\_

**\*Total (required)** U.S. \$ \_\_\_\_\_

\*Total funds available should be equal to or higher than \$18,885, the estimated cost of attending Southwest Minnesota State University for a calendar year. (See estimated annual expenses for cost breakdown)

**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS  
AND AMOUNTS FROM PARENTS OR SPONSOR**

**PARENT OR SPONSOR:** Please fill out information below.

*I certify with my signature that I have read the information furnished by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as specified.*

\_\_\_\_\_ (Name of parent, relative, sponsor) (Relationship to applicant)

\_\_\_\_\_ (Street and Number) (City) (State/Country) (Zip)

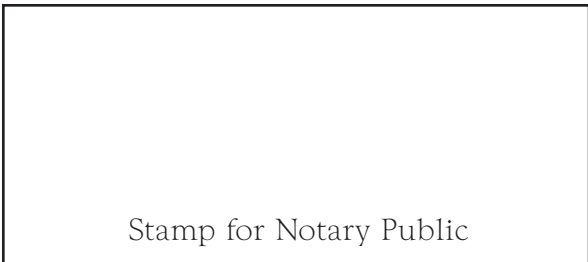
Are you sponsoring any other student currently studying in the U.S.? Yes No

If yes, student's name (please print): \_\_\_\_\_

School student is attending: \_\_\_\_\_

\_\_\_\_\_ (SIGNATURE OF PARENT, RELATIVE, OR SPONSOR) (DATE)

\_\_\_\_\_ (SIGNATURE OF NOTARY PUBLIC/LEGAL ADVOCATE) (DATE)



**OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS**

**APPLICANT:** Please provide the **REQUIRED** information below, **BOTH** spaces for dollar amounts must be filled in. The signature and date must be provided as well.

*I certify with my signature that the total amount of money that I have for my first year of study at Southwest Minnesota State University is \$\_\_\_\_\_ (including funds for spouse and children, when applicable), and the total amount available for each subsequent year of study is \$\_\_\_\_\_. Further, I certify that the information provided is correct and complete and that I shall notify Southwest Minnesota State University of any change in my financial circumstances. I understand that inaccurate information can be cause for terminating enrollment at Southwest Minnesota State University.*

\_\_\_\_\_ (SIGNATURE OF STUDENT) (DATE)

**IF APPLICABLE, LIST ANY DEPENDENTS (SPOUSE OR CHILDREN) WHO WILL BE ACCOMPANYING YOU AND WHO SHOULD BE INCLUDED ON YOUR 1-20:**

Name (last name, first name)	Relationship to you	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Southwest Minnesota State University

## INTERNATIONAL STUDENT AGREEMENT For Graduate International Student Application

### BEFORE SIGNING THIS FORM, PLEASE READ CAREFULLY

By signing this form, I certify that I understand and accept the following conditions and agree to abide by them. **As a condition of my admission, I agree to do the following:**

- I understand that I am required to pay ALL tuition and fees by the designated payment deadline EACH semester. If I do not pay by the deadline date, I understand my classes will be CANCELLED. If your classes are cancelled, you are in USCIS violation.
- I will have available sufficient funds for tuition, fees, and living expenses for each year I study at Southwest Minnesota State University. I recognize that the cost of living is high, that financial aid from the university is not available, and that as a general rule international students are not permitted to work off campus. There may be limited on-campus employment; however, SMSU does not guarantee employment. My chances of working on campus the first year are low; not all students who are looking for work will get a job. I understand that my sponsor must be willing to cover my expenses for the entire two years.
- I am responsible for understanding the rules and regulations for being on a student VISA in the United States.
- I authorize Southwest Minnesota State University to release to any U.S. Government Officer information required to determine my compliance with U.S. Immigration Laws. Further, I understand the university will report all information required by the U.S. Citizen & Immigration Service (such as students who are not registered, are not pursuing a full course of study, or are not meeting the minimum academic standards of this university).
- I agree to purchase the Minnesota State Colleges and Universities System Health Insurance Plan as a condition of admission and continued enrollment. Exemptions may be granted only to students fully funded by their government who obtain a qualifying letter from their Embassy. Annual payment will be required at the beginning of Fall Semester and on a sliding scale the following semesters. I give permission to allow Southwest to release my date of birth to the insurance company.
- I will arrive on or before the reporting date as stated on the International Student Services' Office cover letter and the I-20 form.
- I declare that all the information I have submitted for my application for admission is true, correct, and complete.
- I understand and I will comply with the requirements as stated on this agreement. I understand that falsification of any information will jeopardize the issuance of an I-20 and/or may result in Southwest Minnesota State University revoking its decision to enroll me as a student.
- If I am a transfer student from another U.S.A. school, I will bring an up-to-date, current copy of my I-20 form to be given to the International Student Office upon my arrival at Southwest Minnesota State University.

Printed Name of Applicant: \_\_\_\_\_  
(Last or Family Name) (First or Given Name) (Middle Name)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....DO NOT WRITE BELOW THIS LINE.....

This is to certify that I have reviewed the declaration and attached documents and approved issuance of a Certificate of Eligibility.

Signature of University Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



# Southwest Minnesota State University

## INTERNATIONAL STUDENT TRANSFER FORM For International Transfer Students

**ONLY students currently attending colleges/universities in the United States should have this form completed.**

If you are currently attending a college or university in the United States, please submit this form to the International Student Advisor at that institution. The advisor should complete this form and return it directly to our office.

RE: \_\_\_\_\_  
(Last/Family Name) (First/Given Name) (Middle Name)

Student's U.S. Social Security Number (if previously assigned): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize the International Student Advisor at the most recent U.S. university/college I attended to complete this form and mail it directly to the Office of Undergraduate Admissions at Southwest Minnesota State University.

\_\_\_\_\_  
(Applicant's Signature) (Date)

### Dear International Student Advisor:

The international student whose name appears above has applied for admission to Southwest Minnesota State University. Before the student's USCIS transfer process is complete, we need verification of the information provided on the student's application form, as well as completion of the questions below.

1. Is this student in good standing at your institution?  Yes  No
  - A. Has this student maintained full-time academic status as required by USCIS?  Yes  No
  - B. Is the student eligible to return or continue at your institution?  Yes  No
  - C. Student's initial date of attendance at your school: \_\_\_\_\_
  - D. Student's last date of attendance at your school: \_\_\_\_\_
2. What visa status does the student currently hold? \_\_\_\_\_
  - A. The student's USCIS admission number (I-94): \_\_\_\_\_
  - B. Please list student's Sevis Number: \_\_\_\_\_
3. Please list any approved periods of CPT/OPT: \_\_\_\_\_
4. Has the student experienced any financial problems while attending your university?  Yes  No  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
(Print Name of International Student Advisor)

\_\_\_\_\_  
(Institution Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature of International Student Advisor)

\_\_\_\_\_  
(Date)

Please Return Form to:  
School of Graduate Studies  
1501 State St  
Marshall, MN 56258  
FAX: (507) 537-6227

# Southwest Minnesota State University

The following is the actual annual cost for international graduate students attending Southwest Minnesota State University for the 2016-2017 school year. Tuition, fees, room and board charges are subject to change by the Minnesota State Colleges and Universities Board without advance notification.

## 2016-2017 ANNUAL EXPENSES

*TUITION & FEES:	\$7,662
HEALTH INSURANCE:	\$1,356 (paid during first semester of enrollment)
HOUSING:	\$7,856/calendar year
PERSONAL EXPENSES:	\$2,011/calendar year
<hr/> TOTALS:	<hr/> \$18,885

- Approximate costs for 2017-2018 (with 4% increase): \$19,640
- International Students are required by MnSCU to purchase health insurance.
- Full-year premium is assessed upon first semester of enrollment.
- Documents submitted during the application process become the property of SMSU and will not be returned.

Because the Residential Restaurant (Contract Dining) will be closed on the weekends, students should plan to supplement their Flex dollars by as much as \$120 (based on \$200 associated with the 10 meal plan) for a total of \$320 per semester to purchase meals at the Food Court. (This is estimating \$10 per each day of the weekend.)

**TOTAL ESTIMATED EXPENSES FOR 12 MONTHS** **\$18,885**

**PLEASE NOTE:** The budget figure of \$18,885 is for the school year 2016-2017. The budget for the school year 2017-2018 could see an increase of as much as four percent or more. The final and accurate figure for the school year 2017-2018 will not be known until at least July 2017.

School of Graduate Studies  
Southwest Minnesota State University  
1501 State Street  
Marshall, MN 56258  
TELEPHONE: 507-537-6819 or 800-642-0684  
FAX: (507) 537-6227  
E-MAIL: GraduateStudies@SMSU.edu

## International Student Application: Additional Information

**Status:** It is IMPORTANT that all International Students keep their status. All F-1 students must maintain full-time student status by carrying a minimum of 18 credits during the course of one academic year. This would require international students to take nine semester credits during each of the two semesters (Fall & Spring). Only one course can be online each semester. As long as students take two required courses and one elective course, they will be able to meet these requirements.

### On-Campus Housing Information:

For specific details on meal plans and on-campus housing, contact:

Office of Housing and Residential Life  
Southwest Minnesota State University  
1501 State St  
Marshall, MN 56258  
Phone: 507-537-6136  
Fax: 507-537-6845  
E-mail: wanda.paluch@SMSU.edu

**Several meal plans exist from which to choose.** Contact the Office of Residential Life for details.

**Housing Costs and Application Deposit:** On-campus housing is available in the SMSU Residence halls (dormitories) Housing on-campus is limited, and it is necessary to make arrangements prior to your arrival in the U.S. with the Office of Housing and Residential Life at SMSU to reserve an on-campus room. An on-campus room application will be sent to you with your immigration papers. To reserve a room on-campus, fill out this application and return it as soon as possible to the Office of Residential Life with your \$100 prepayment check. If for some reason you decide not to attend Southwest Minnesota State University, you must request in writing your room cancellation and request your \$100 prepayment be returned to you. This must be done prior to July 1 in order to get the \$100 refund.

**Charges during Winter Break, Thanksgiving, and Spring Break:** Winter Break on-campus room charges are approximately \$200. There is no charge for Thanksgiving or Spring Breaks. The on-campus cafeterias will not be open to serve food during break periods.

**Summer Housing:** Summer housing on-campus costs are determined each Spring. The Office of Residential Life may be contacted for specific details.

### Furnishing and services provided:

- Room furniture (bed, desk, etc.)
- Ethernet (internet) outlet for a computer in each room
- Cable TV outlet in each room
- Paid utilities (water, electric, local telephone)
- Coin-operated laundry facilities
- Vending machines
- Mail service
- Furnished common lounge area

### Student must provide:

- Bed linens, bath towels, and accessories
- Student does own washing of clothes, bed and bath linens, etc.
- Student keeps his own room clean--there is no maid service

### Off-Campus Housing Information

For specific information about living off-campus, contact the Housing Office.

### **International Student Association Programming:**

- International student activities and programs are sponsored by the International Student Office (ISO). Examples of yearly events include the International Festival, International Friendship Night, South Asia Night, International Speakers' Forum, Asian New Year Night, and Nationality Club programs and events.

### **Working (On- or Off-Campus)**

It is the law that international students may not work in the U.S. without approval and a valid work permit. There are two types of work permits: on-campus and off-campus. The international student must maintain full-time student status to be eligible for on- or off-campus work authorization.

- **On-campus Work:** There are limited on-campus work opportunities. Most eligible students can work up to 20 hours per week on campus during each semester. SMSU does not assign jobs. You must locate and apply for a job when you arrive.
- **Off-campus Work:** International student who intend to pursue off-campus work authorization must consult with the International Student Office. This includes internships within the student's degree program. International students holding F-1 or J-1 status cannot be engaged in off-campus employment without the appropriate endorsement from the International Student Office or USCIS.

**International In-State Tuition :** Southwest Minnesota State University offers an International In-State Tuition to F-1 students. As a result of being awarded Minnesota resident tuition; students are required to volunteer for various programs throughout the year.

### **Immigration Information:**

- **Explanation of F-1 Visa:** Potential international student must apply for an F-1, foreign student visa, in order to enter the U.S. to study at Southwest Minnesota State University. An F-1 visa is obtained at the U.S. Consulate that has jurisdiction over the prospective student's area of residency.

**Obtaining and Renewing Passports:** The international student's passport must be in valid standing at all times during their stay and enrollment at Southwest Minnesota State University. Renewal of passports can be accomplished through the international student's country Consulate in the U.S.

**Entering the US:** Potential international students must enter the U.S. on a valid student visa. Returning international students must enter the U.S. on a valid student visa, along with a recently signed I-20.

**Student Dependents (F-2 Visa):** People holding F-2 visas are the spouses and dependents of F-1 international students. They must enter the U.S. on a valid F-2 visa. The procedure for obtaining an F-2 visa is the same procedure as the F-1 visa.

## REPORT OF MEDICAL HISTORY

As a student, it is your responsibility to provide an accurate past medical history.

All information is held confidentially within Health Services at Southwest Minnesota State University.

*Please complete before entering college.*

*Last Name (Family Surname)* \_\_\_\_\_

*First Name (Given-Personal)* \_\_\_\_\_

*Middle Name* \_\_\_\_\_

*Home Address (Number and Street)* \_\_\_\_\_

*City or Town* \_\_\_\_\_

*State* \_\_\_\_\_

*Zip* \_\_\_\_\_

*Country* \_\_\_\_\_

*\*Date of Birth (MM/DD/YOY)* \_\_\_\_\_

*Name, Relationship, and Address of Next of Kin* \_\_\_\_\_

*Home Telephone* \_\_\_\_\_

*Business Address of Next of Kin* \_\_\_\_\_

*Business Telephone* \_\_\_\_\_

*\*Social Security Number of Student* \_\_\_\_\_

Gender: Male [  ] Female [  ]

\*Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number, gender, and date of birth is voluntary. If you do not provide this number, this information will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. Your number also may be used to create summary information about Minco programs through data matches with other state agencies.

**SEMESTER ENTERING:**    Circle Term: Fall    Spring    Summer Session I or IHI    Year: 20\_\_\_\_

HAVE YOU OR ANY OF YOUR RELATIVES HAD ANY OF THE FOLLOWING?							
AILMENT	YES	NO	RELATIONSHIP	AILMENT	YES	NO	RELATIONSHIP
Tuberculosis				Diabetes			
Kidney Disease				Heart Disease			
Arthritis				Stomach Disease			
Asthma				Hay Fever			
Seizure Disorder				Cancer			

**PERSONAL HISTORY: PLEASE ANSWER ALL QUESTIONS. Comment on all positive answers in the space on the back side of this sheet.**

HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO
Chicken Pox			Insomnia			Pain/Pressure in Chest			Gallstones		
Malaria			Frequent Anxiety			Chronic Cough			Recurrent Diarrhea		
Gum/Tooth Trouble			Depression			Heart Palpitations			Rupture, Hernia		
Sinusitis			Nervousness/Worry			High/Low Blood Pressure			Recent Weight Gain		
Eye Trouble			Recurrent Headaches			Rheumatic Fever			Recent Weight Loss		
Ear/Nose/Throat Trouble			Recurrent Colds			Heart Murmur			Dizziness, Fainting		
<b>Surgery:</b>			Head Injury with Unconsciousness			Joint Disease			Weakness, Paralysis		
Appendectomy						Joint Injury			Seizures		
Tonsillectomy			Hay Fever, Asthma			“Trick” Joint (Knee, Shoulder)			Venereal Disease		
Hernia Repair			Tuberculosis			Back Problems			Albumin/Sugar in Urine		
<b>Immunization Data: (Most recent date)</b>			Shortness of Breath			Tumor or Cyst			AIDS or HIVE		
Measles/Mumps/Rubella Year: _____			<b>Allergic Reactions:</b>			Cancer			<b>Menstrual History:</b>		
Tetanus/Diphtheria Year: _____			Penicillin			Jaundice			Age at Onset		
Hepatitis B No Yes/Year: _____			Sulfonamides			Stomach Problems			Irregular Periods		
Meningococcal No Yes/Year: _____			Serum			Intestinal Problems			Severe Cramps		
HP No Yes/Year: _____			Foods (which)			Urinary Problems			Excessive Flow		
Varicella No Yes/Year: _____						Gallbladder Trouble			Other:		
			Other:			Recurrent Infections					

**Height:** \_\_\_\_\_ Inches ( \_\_\_\_\_ Centimeters)    **Weight:** \_\_\_\_\_ lbs. ( \_\_\_\_\_ Kilograms)

*Continue on the other side.*

**Please answer the following questions (Give dates and details):**

1. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 (five) years, other than routine? \_\_\_\_\_  
\_\_\_\_\_

2. Have you had any major injuries or operations? [  ] YES [  ] NO

If YES, what kind and when: \_\_\_\_\_  
\_\_\_\_\_

3. Has your physical activity been restricted during the past 5 (five) years? [  ] YES [  ] NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

4. Have you received treatment or counseling for a nervous condition, personality or character disorder, emotional problem or chemical dependency? [  ] YES [  ] NO

If YES, what kind and when: \_\_\_\_\_  
\_\_\_\_\_

5. Are you taking medication regularly? [  ] YES [  ] NO

If YES, what kind and when: \_\_\_\_\_  
\_\_\_\_\_

6. Do you have any physical disabilities such as paralysis, loss of vision, impaired hearing, etc.? [  ] YES [  ] NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_

7. List below any hospital, illness or health insurance you carry. Please indicate policy numbers. Southwest Minnesota State University recommends all students carry hospital insurance, either their own or the plan offered by the University.

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

Additional Comments or Information: (If more space is needed, please attach additional sheets identified with name and social security number.)

## **TREATMENT CONSENT AND RELEASE**

In case of accident or illness, I give the University and its representative(s) full permission to secure medical, dental and/or surgical care which may include transport to a doctor or hospital of their choice, injection, examination, medication, and surgery that is considered necessary for my good health. I agree to pay all off-campus medical costs and fees, including costs and fees for all emergency medical treatment and transportation, in these events, I understand and agree that the University does not have any liability or responsibility for any injury or damage that may arise from such medical, dental and/or surgical care.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If the student is under 18 years of age at the time of enrollment, a parent or guardian's signature is required before medical treatment can be provided.**

Parental Signature \_\_\_\_\_ Date: \_\_\_\_\_

INFORMATION REGARDING MANDATORY  
REQUIREMENT FOR ENROLLMENT

If you plan to enroll at Southwest Minnesota State University (SMSU), you are required by Minnesota Law (M. S. 135A.14) to provide us with the month, day and year you were immunized against diphtheria, tetanus, measles, mumps and rubella. Fill in these dates on the Student Immunization Record printed on the back of this letter. Please be sure to use your full name, birth date and Mustang ID.

SMSU Health Services does not provide immunizations. You may obtain necessary immunizations from your family physician/clinic or your local Public Health office. When all required immunizations have been obtained, complete and return the form with the month, day and year that you received the immunizations.

To find out if you are adequately immunized against these diseases, check with your parents, family physician, or school immunization records. Call your high school or doctor's office for assistance if necessary.

An immunization may not be medically advisable for certain persons. If this applies to you, or if you have had any of these diseases, Part 4 of the immunization form must be completed/signed by your doctor and returned to SMSU Health Services.

Some people may be exempt from immunizations based on their religious or other conscientiously held beliefs. If you request a conscientious exemption, you must have a notary witness your signature in Part 5 of the form before returning it to SMSU Health Services.

You are legally required to supply the information requested, according to the instructions contained on the form. A student who has submitted a compliant immunization record to another Minnesota post-secondary school may complete Part 2.

Anyone enrolled at SMSU who fails to submit the required information within 45 days of the beginning of the term will not be allowed to remain enrolled at SMSU.

If you have questions about the immunization law or your status of compliance, please contact Health Services at 507-537-7202.

COMPLETE THE STUDENT IMMUNIZATION  
RECORD PRINTED ON THE BACK OF THIS  
LETTER AND RETURN IMMEDIATELY TO:

**SMSU Health Services  
Bellows Academic 158  
1501 State Street  
Marshall, MN 56258**

Telephone (507) 537-7202 • (507) 537-7259

1501 State Street, Marshall, MN 56258 • [www.SMSU/go/healthservices](http://www.SMSU/go/healthservices)

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IMMUNIZATION RECORD FOR  
STUDENTS ATTENDING POST-SECONDARY  
SCHOOLS IN MINNESOTA

Student Name (Last, First, MI):	Date of Birth:	Mustang ID Number:	Enrollment Date (Mo/Yr):
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**\* Please make a copy of this form. Your completed form will NOT be accessible for future release or duplication.**

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after the first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

ALL STUDENTS: Return this completed form SMSU Health Services, BA 158, 1501 State Street, Marshall, MN 56258  
Fax: (507) 537-7259, Phone: (507) 537-7202, [www.smsu.edu/go/healthservices](http://www.smsu.edu/go/healthservices)

Check here if you were born before 1957 for the age exemption. You don't have to complete the rest of this form.  
*All other students who are not age-exempt: Complete the section below that applies to you.*

<b>PART 1: Students graduating from a Minnesota high school in 1997 or later</b>	
I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) requirements because I graduated from a Minnesota high school in 1997 or later.	
Name of high school _____ City: _____ Date of graduation: _____	
Student's Signature _____ Date _____	
<b>PART 2: Transfer student from another Minnesota college</b>	
I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota. Name of previous Minnesota College: _____	
Student's Signature _____ Date _____ Dates enrolled from _____ to _____	
<b>PART 3: Students who graduated from a Minnesota high school before 1997 or students from out of state</b>	
	Mo/Day/Yr (most recent date please)
Tetanus/diphtheria (Td) - at least one dose <b>required within past 10 years</b>	
Measles/mumps/rubella (MMR) - at least one dose required given $\geq$ 12 months of age	
I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.	
Student's Signature _____ Date _____	
<b>PART 4 &amp; 5: Other exemption(s): Note special signature is required</b>	
<b>Part 4: Medical Exemption:</b> The student named above lacks one or more of the required immunizations because he/she: (Check all that apply and fill in the appropriate blanks.)	
<input type="checkbox"/> has a medical problem that precludes the _____ vaccine	
<input type="checkbox"/> has not been immunized because of a history of _____ disease	
<input type="checkbox"/> has laboratory evidence of immunity against _____ disease	
PHYSICIAN'S SIGNATURE _____ Date _____	
<b>Part 5: Conscientious Exemption:</b> I hereby certify by notarization that immunization against _____ disease is contrary to my conscientiously held beliefs.	
Student's Signature _____ Date _____	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
NOTARY SIGNATURE _____	

**\* Please make a copy of this form.  
Your completed form will NOT be accessible for future release or duplication.**