International Student Packet



This application should be used by international students applying as freshmen or as transfer students.

APPLICATION DEADLINES:

Students who are currently residing outside the U.S. 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 5th for the Spring Semester (January)
- International Admission is not granted for 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 U.S. 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:

Juan Tavares
Director of International Student Services
507-537-6428 or Juan.Tavares@SMSU.edu

MAIL OR SCAN APPLICATION DOCUMENTS TO:

The Office of Admission Southwest Minnesota State University 1501 State Street Marshall, MN 56258

scan and send to Gloria.Thompson@SMSU.edu

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

APPLICATION CHECKLIST:

Please send the information in order to be considered for admission to Southwest Minnesota State University:

• **Application Form:** Please make sure to fill out the application completely; failure to do so can delay admission. Submit the non-refundable \$20.00 application fee made payable to Southwest Minnesota State University. (Methods of payment include credit card, international money order, or bank draft.)

OR

- **Financial Statement:** Please complete all sections of the enclosed Financial Statement or send a separate affidavit of support from your sponsor. The financial statement or affidavit from your sponsor <u>must be notarized</u> by a notary public, government magistrate, or commissioner of oaths; this process indicates to us that he/she is the person who has access to the funds and that he/she is aware of the commitment he/she is making to support you for the duration of your studies.
- Bank Statements: Please submit an official bank statement from your sponsor that has been printed within the last three months. The bank statement must show the equivalent of \$19,930 U.S. dollars. (Both the financial statement and the bank statement must be from the same individual.) Students should expect an increase in costs of about 4-6% each year at SMSU. Photocopies are acceptable; however, they must be attested as a certified true copy and signed by a bank official in colored ink and be completely legible. Color scans can also be accepted.
- English Proficiency: Provide documentation in color in one of the following ways:
 - TOEFL: Student must earn a score of 61 or better (internet based); 500 or better (paper based exam); 173 or better (computer based exam); **School Code: 6703**
 - IELTS: Student must earn a score of 5.5 or higher.
 - TOEIC: Student must earn a score of 600 or higher
 - Michigan Test of English Proficiency: Student must earn a score of 80 or better.
 - Successful completion of Level 109 at an English Language School.
 - If the student is transferring from another U.S. college or university: Completion of one semester of Freshman English Composition with an earned grade of a "C" or better.
 - 1070 combined score on the SAT. School Code: 6703
- All Official Secondary or College Transcripts: Students must provide Southwest Minnesota State University academic records of every secondary and post-secondary institution he/she has attended. Records must be certified true copies or notarized photo copies in color.
- Additional Testing
 - Presentation of SAT (College Board) is recommended.
 - Official results of any required exit exams.
- Color Copy/Scan of Passport
- ** All documents submitted with the application become the property of Southwest Minnesota State University and **will not** be returned under any circumstance.

Admission Requirements:

First Year/Freshman Applicants:

Students must provide evidence that they have completed their secondary education within their home country (usually 12 years) and be entitled to acceptance into the universities in their home countries. As a result of the differences in educational systems among countries, admission requirements vary depending on the country from which the student originates.

Transfer Applicants from Universities Outside the U.S.:

- Both Secondary and Post-Secondary transcripts will be used to determine admissibility.
- A student's overall academic performance will be taken into consideration.
- Students whose post-secondary transcripts fail to show a satisfactory performance on the college level may be considered if their secondary transcripts were of outstanding caliber.

Transfer Credit:

Post-Secondary transcripts from universities outside the United States must be evaluated to determine course transferability.

SMSU requires a course by course match evaluation be done by Education Credential Evaluators Inc. (ECE). This company specializes in evaluation of international courses and will document how classes equate to Southwest Minnesota State University's classes. The ECE evaluation that SMSU requires is the course by course evaluation.

This credit evaluation is not a requirement for admission; however, all students who are considered transfer students are exempt from University policy requiring all new freshmen to live on campus for their first academic year. Students must have past post-secondary courses and must have submitted their college transcripts to ECE for a course by course match evaluation to be exempt from this policy.

If the ECE evaluation is not done during the application process, students will be admitted as incoming freshmen. Class standing will be re-evaluated once the University has received the ECE evaluation. Students should be aware that failure to submit an ECE evaluation in a timely manner could have an impact on academic advising. Students must also bring all catalog course descriptions of all courses they wish to transfer.

Southwest Minnesota State University understands that there is no guarantee that you will be granted a Visa even though you have been admitted to the University. Furthermore, it is understood that the cost of the ECE evaluation (\$160) in addition to the SEVIS fee (\$200) and the SMSU Application fee (\$20) represent an investment on the part of the student and family. For this reason SMSU does not fully require the ECE prior to your arrival on campus to begin your studies.

At your request, we will put the following statement on your I-20 under the comments section:

"Due to the costly nature of this evaluation, credits from the student's prior university will be evaluated by Education Credential Evaluators Inc. upon arrival to the U.S. Student's class standing will be re-evaluated at that time."

If you wish to complete the ECE course by course evaluation before you arrive, an ECE application can be downloaded from www.ece.org.

Transfer Applicants from US Colleges and Universities:

International students in this category must meet the same criteria as our U.S. transfer students. Students must have a cumulative Grade Point Average (GPA) of 2.0 or higher. Students who have earned less then 24 credits will need to supply us with official secondary transcripts as well. Courses that are not considered "college level" courses (such as English as a Second Language) will not be included in the accumulative GPA when determining admissibility. Students transferring from a U.S. college who also possess credits from an institution outside the U.S. will need to follow the credit evaluation guidelines outlined in the above section.

SOUTHWEST MINNESOTA STATE UNIVERSITY MARSHALL, MN

Undergraduate Admission Application for International Students

Office of Admission Southwest Minnesota State University This application is current as of June 2018 Telephone: 507-537-6018

| 1501 State Street Marshall, MN 56258 | | E-mail: Juan.Tavares@SMSU.e | edu | |
|--|---|-------------------------------------|-------------------------|--|
| When do you wish to attend SMSU? ☐ Fall Semester, 20 (Deadlin | I am applying as a transfer student | | | |
| ☐ Spring Semester, 20 (De | adline - Nov. 5 th) | I am applying as a | freshman | |
| Please Type (or Print Legibly) | | | | |
| 1. Last Name: | First Name | Middle N | Vame | |
| The name spelling us | ed on all documents mus | st be the same as on your passport. | | |
| 2. Permanent Foreign Address (required) | 1 | 3. Mailing address where you | u want the l-20 sent. | |
| (Street and Number) | - | (Street and Number) | | |
| (City) (Province/State) | - | (City) | (Province/State) | |
| | _ | | | |
| (Country's Postal Code) | | (Country) | (Country's Postal Code) | |
| (Telephone Number) | . ' | (Telephone Number) | | |
| 5. Date of Birth: City (spell month) (mm/dd/yy) (required) Country of Citizenship: | | | | |
| 6. Gender:MaleFemale | | | | |
| 7. PRINT your e-mail address <u>very clearly</u> . | | | | |
| 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 ☐ TOEFL (Score of 61 or better on interest be based exam.) School Code: 6703 ☐ IELTS (Score of 5.5 or higher) ☐ Completion of Level 109 at an English Lan ☐ Michigan Test of Language Proficiency Sco | proficiency (check one ased exam, 500 or b guage School | e) | | |

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|---|---|--|---|--|--|
| Other Specify: _ | | | | | |
| | ttending a U.S. School? ol are you attending? | Yes No | | | |
| City: | | Sta | te: | | |
| | | .S. school issued your last I- | | | |
| City: | | Sta | te: | | |
| | | overseas and U.S. second with your current or most rec | ary and post-secondary scho cent school. | ooling. Complete ALL colu | umns for each school, |
| Name of School | Location of School | Dates of Attendance | Type of School | Language of Instruction | Degrees and Date Received |
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| payment of \$80.00 U. Minnesota State Unive be paid by the use of a | S. (\$20 for application firsity. This fee covers mai | fee, \$60 for courier fee). Er ling and processing costs. I er the card information belo | rier service (i.e. Federal Expinctose check, credit card info f you do not include this fee, ow. You may also use Flywin | ormation, or money order , we will mail through U.S | payable to Southwest . Airmail. If this is to |
| ☐ I wish to have all | papers mailed to me vi | a courier service. | | | |
| | | | vest Minnesota State Univer I complete a U.S. high s | • | olication form. |
| | provided in this application | and all other admission applic | ation materials is complete, acc n is sufficient grounds for cance | urate, and true to the best of | |
| | Applicant's Signature | | | Date | |
| expiration date in the sp | pace provided below. If | you checked the box in #1 | MASTERCARD OR DISCOV 4 for the use of a courier se le courier service without pre | rvice, the application fee | of \$20 and the \$60 for |
| | | number must be provided. | production | | |

Southwest Minnesota State University, Marshall

Office of Admission Southwest Minnesota State University 1501 State Street Marshall, Minnesota 56258 507-537-6286

Financial Statement For Undergraduate International Student Application

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

- · Admission will be denied if student indicates insufficient amount of support to cover cost.
- The <u>ESTIMATED</u> cost of attending SMSU for a school year is approximately \$19,930. Verification of an additional \$4,000 is needed if you are bringing a spouse/first dependent and \$2,000 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-1). 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 four years.

All areas must be signed and all appropriate sections must be completed or the form will be returned to the student for

The lack of adequate financial resources, as stated above, will jeopardize your status as a student in the U.S.

| | (Last or Family Name) | (First or Given Name) | (Middle Name) |
|---|--|------------------------------------|------------------------|
| PLEASE INDICAT | e the sources of financial suppo | DRT AND AMOUNT YOU ANTICIPATE RECE | EIVING IN U.S. DOLLARS |
| Personal (student) Reso | ources: | | |
| | ents <u>must</u> be enclosed to verify | amounts.) | |
| • | ources: orm and original bank stateme R MUST SIGN ON SIDE 2 OF | • | U.S. \$ |
| FARLINI OR SPONSO | K MOST SIGN ON SIDE 2 OF | IIII3 I OKW | U.S. \$ |
| Government Scholarsh (A signed copy of you | iip: · letter of award must be enclos | sed.) | |
| Other Sources: | | | U.S. \$ |
| (Please specify and pro | ovide signed affidavits from aut | horized persons or agencies.) | |
| | | | U.S. \$ |
| | | | |
| | | | U.S. \$ |

*Total funds available should be equal to or higher than \$19,930 the estimated cost of attending Southwest Minnesota State University for a calendar year. (See estimated annual expenses for cost breakdown on page 9.)

*Total

(required)

U.S. \$ _

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

PARENT OR SPONSOR: Please fill out information below.

| (Name of parent, relative, sponsor) | | (Relationship to applicant) | | | | | |
|--|--|---|--|--|--|--|--|
| (Street and Number) | (City) | | (State/Country) | (Zip) | | | |
| Are you sponsoring any other student curr f yes, student's name (please print): | , , , | | Yes | No | | | |
| School student is attending: | | | | | | | |
| (SIGNATURE OF PARENT, RELATIVE, O | PR SPONSOR) | (DATE) | _ | | | | |
| (SIGNATURE OF NOTARY PUBLIC/LEG | GAL ADVOCATE) | (DATE) | _ | | | | |
| OFFICIAL CERTIFICATION OF SO | | | L | Stamp for Notary Public | | | |
| certify with my signature that the total ams s \$ (including funds for spouse year of study is \$ Further, I cert | nust be providence of money to and children, with the information of the contraction of t | led as well. hat I have for my vhen applicable) mation provided | first year of study and the total am is correct and con | ount available for each subsequent nplete and that I shall notify Southwes | | | |
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| certify with my signature that the total ames \$ (including funds for spouse year of study is \$ Further, I cert Minnesota State University of any change erminating enrollment at Southwest Minne (SIGNATURE OF ST | nount of money to e and children, we tify that the infor- in my financial de esota State Univer- UDENT) | hat I have for my when applicable) mation provided circumstances. I usersity. | first year of study, and the total am is correct and connderstand that inc | at Southwest Minnesota State University ount available for each subsequent applete and that I shall notify Southwest accurate information can be cause for (DATE) | | | |

Southwest Minnesota State University

INTERNATIONAL STUDENT AGREEMENT For Undergraduate 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, health insurance, 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 four years.
- I understand that I must pay \$2,500 USD as a down payment before I am allowed to register during orientation.
- I will take the Southwest Minnesota State University "Assessment for College Placement, English & Math" before I will be allowed to register for academic studies and fulfill the requirements that result from my score on the examination.
- 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 prior to 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 Services Office upon my arrival at Southwest Minnesota State University.
- IUNDERSTAND I AM REQUIRED TO LIVE ON CAMPUS MY FIRST YEAR. (Excluding students over age 21 and/or transfer students.) No student will be allowed to register for academic classes until housing arrangements have been determined with the Director of International Student Services.

Southwest Minnesota State University

INTERNATIONAL STUDENT TRANSFER FORM

ONLY students currently attending colleges/universities in the United States should complete this form.

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. (Last/Family Name) (First/Given Name) (Middle Name) 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:

Southwest Minnesota State University This application is current as of March 2017.

The following is the annual cost for international students attending Southwest Minnesota State University for the 2018-2019 school year. Tuition, fees, room and board charges are subject to change by the Minnesota State Colleges and Universities Board without advance notification.

Tuition and Fees (Estimated)

\$4,174.00 Spring Semester (12-18 credits)

Room and Board

On-Campus Housing (9 months) \$8,186.00

(Double occupancy with 10 meals a week)

(this includes all amenities - water, heat, sewer, garbage, electricity, television, internet etc.)

Miscellaneous Expenses

| Books/Supplies and Living Expenses | \$1,800.00 |
|---------------------------------------|------------|
| DOOKS/ SUDDIIGS WIID FIVIIID EXPENSES | Ψ1,000.00 |

Required Health Insurance \$1,596.00

TOTAL ESTIMATED EXPENSES FOR 12 MONTHS

\$19,930.00

Office of Admission **Southwest Minnesota State University** 1501 State Street Marshall, MN 56258 **TELEPHONE: 507-537-6286** FAX: (507) 537-7145

PLEASE NOTE: Tuition, fees, room and board charges are subject to change by the Minnesota State Colleges and Universities Board without advance notification.

This budget is current as of June 2018.

International Student Application: Additional Information

On-Campus Housing Information:

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

Office of Residence 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 Residence Life for details or visit www.smsu.edu/go/residencelife

Housing Costs and Application Deposit: On-campus housing is available in the SMSU Residence halls. Housing on-campus is limited, and it is necessary to make arrangements prior to your arrival in the U.S. with the Office of Residence Life at SMSU to reserve an on-campus room. To reserve a room on-campus, fill out the online application and pay your \$100 deposit as soon as possible. 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 June 1 in order to get the \$100 refund.

Room and board cost <u>per semester</u> is approximately \$4,093.00 for a double room. Cost may vary slightly depending upon which meal plan you choose. Please note: a double room may not be available. Single rooms are approximately \$1000 more per semester. You should plan on having enough money for a single room.

Summer Housing: Summer housing on-campus costs are determined each Spring. Summer housing is provided in the Foundation Residence Apartments. The Office of Residence 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 plus free wifi
- Cable TV outlet in each room
- Paid utilities (water, electric, heat, garbage, etc.)
- Coin-operated laundry facilities
- Vending machines
- Mail service
- Furnished common lounge area
- · Some rooms are air conditioned

Student must provide:

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

Off-Campus Housing Information

For specific information about living off-campus, contact the Office of Admission or the International Student Services Office. **All first-year students must live on campus.** Call 507-537-6136 with any questions regarding housing.

Housing Policy

• All entering freshmen <u>must</u> live on campus with the exception of those who are over the age of 21 or are a transfer student. If the student is a transfer student, the ECE must be on file by the end of the first two weeks of class in order to be exempt from this policy. Also, if the student is married and the spouse and/or dependent is also here, then the student is exempt from the 1-year requirement.

International Student Association Programming:

International student activities and programs are sponsored by the International Student Services Office and the
International Student Organization (ISO). Examples of yearly events include the International Food Festival,
International Education Week, International Art Festival, Spring Break Trips, and New Student Orientation. In order to
maintain your in-state tuition reduction, you must volunteer a minimum of 10 hours per semester.

Working (On or Off-Campus)

It is the law that international students <u>may not work</u> 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. The office will help you obtain a social security number as needed.
- Off-campus Work: International students <u>cannot work off-campus without authorization</u>. International students 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 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. This represents a savings of approximately \$7,000.00. As a result of being awarded in-state tuition, also known as Minnesota resident tuition; students are required to volunteer for a miminum of 10 hours per semester. Costs listed on page 9 are based on Minnesota Resident tuition.

Immigration Information:

• **Explanation of F-1 Visa:** Potential international students 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.

Status: All F-1 students must maintain full-time student status by carrying a minimum of 12 credit hours per semester. They must also maintain a minimum 2.0 GPA.

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 Nam | e (Given-F | Personal | ") | | | Mid | ldle Nai | ne | | |
|--|--|------------------------|---------------------|-------------------------|--------------------------|---------------------|--|--------------------------------|----------------------------|----------------------|------------------------|---------------------|----------|----------|
| Home Address (Number and S | treet) | | | City or To | wn | | State 2 | Zip | Country *Date of Birth (M. | | | *Date of Birth (MM/ | DD/YY) | |
| Emergency Contact Name and | Relation | ship | | | | | | | | | | Home Telephone | | |
| Emergency Contact Address | | | | | | | | | | | | Business Telephone | | |
| | | | | | | | | | | | Ge: | nder: Male [] | Femal | le [|
| *Social Security Number of St *Many colleges/universities us voluntary. If you do not provid data. Your number also may b | e Social S le this nur e used to | mber, thi create si | is inform ummary | ation will still be pro | ocessed. Th InSCU pro | nis data grams t | is requested for purp hrough data matche: | poses of adm s with other : | inistrati state age | ion, prog encies. | gram ev | | | umni |
| ~ | | | | | | | | | | | | | | |
| | HAV | | | R ANY OF YO | | ELAT | | | THE | | | | | |
| AILMENT | | YES | NO | RELATIO | NSHIP | | AILI | MENT | | YES | NO | RELATIO | NSHIP | |
| Tuberculosis | | | | | | | Diabetes | | | | | | | |
| Kidney Disease | | ļ | | | | | Heart Disease | | | | | | | |
| Arthritis | | | | | | | Stomach Disease | | | | | | | |
| Asthma | | | | | | | Hay Fever | | | | | | | |
| Seizure Disorder | | | | | | | Cancer | | | | | | | |
| PERSONAL HISTO |)RY: P | LEAS | E AN | SWER ALL QU | ESTIO | NS. C | omment on all p | ositive ans | swers i | n the s | pace o | n the back side of | this sh | neet. |
| HAVE YOU HAD: | YES | NO | HAVI | E YOU HAD: | YES | NO | HAVE YOU H | AD: | YES | NO | HAV | E YOU HAD: | YES | NO |
| Chicken Pox | | | Insor | nnia | | | Pain/Pressure in | Chest | | | Galls | tones | | |
| Malaria | | | Frequ | uent Anxiety | | | Chronic Cough | | | | Recu | rrent Diarrhea | | |
| Gum/Tooth Trouble | | | Depr | ession | | | Heart Palpitation | ıs | | | Rupti | ıre, Hernia | | |
| Sinusitis | | | Nerv | ousness/Worry | | | High/Low Blood | l Pressure | | | Recei | nt Weight Gain | | |
| Eye Trouble | | | Recu | rrent Headaches | | | Rheumatic Fever | r | | | Recei | nt Weight Loss | İ | 1 |
| Ear/Nose/Throat Trouble | | | Recu | rrent Colds | | | Heart Murmur | | | | Dizzi | ness, Fainting | | |
| Surgery: | | | Head | Injury with | | | Joint Disease | | | Weak | ness, Paralysis | | | |
| Appendectomy | | | | onsciousness | | | Joint Injury | | | Seizu | res | | 1 | |
| Tonsillectomy | | | Hay | Fever, Asthma | | | "Trick" Joint (Knee, Shoulder) | | | | real Disease | | \vdash | |
| Hernia Repair | | | | rculosis | | | Back Problems | | | | Albumin/Sugar in Urine | | | |
| Immunization Data: (Mo | st recent | date) | Shortness of Breath | | | Tumor or Cyst | | | | or HIV | | | | |
| Measles/Mumps/Rubella | | | Allers | gic Reactions: | | | Cancer | | | | Mens | trual History: | | 1 |
| | ear: | | Penic | , | | | Jaundice | | | | | nt Onset | t | † |
| Hepatitis B No Yes/Y | ear: | | Sulfo | namides | | | Stomach Proble | ems | | | Irregi | ılar Periods | | |
| 1 1 1 7 7 | 'ear: | | Serui | n | | | Intestinal Proble | | | | | re Cramps | 1 | † |
| Meningococcal No Yes/Y | ear: | | | s (which) | + | | | | | | | ssive Flow | | 1 |
| HPV No Yes/Y | | | 1.000 | | | | Urinary Probler | | | | | | | |
| | | —— | 1.000 | s (winch) | | | Urinary Probler Gallbladder Tro | | | | Other | | | |
| HPV No Yes/Y | | | Othe | | | | Gallbladder Tro Recurrent Infec | ouble | | | Other | | | |

Continue on the other side.

| Please answer the following questions (Give dates and details): | |
|---|---|
| Have you consulted or been treated by clinics, physicians, healers, or other practitioners within t 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 diso 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.? [If YES, describe: |] YES [] NO |
| 7. List below any hospital, illness or health insurance you carry. Please indicate policy numbers. So University recommends all students carry health insurance. | outhwest Minnesota State |
| Additional Comments or Information: (If more space is needed, please attach additional sheets identified with n | ame 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 secur or surgical care which may include transport to a doctor or hospital of their choice, injection, exam surgery that is considered necessary for my good health. I agree to pay all off-campus medical cost and fees for all emergency medical treatment and transportation, in these events, I understand and does not have any liability or responsibility for any injury or damage that may arise from such medicare. | nination, medication, and sts and fees, including costs agree that the University |

Parental 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.

ADM 3/17

_Date:_____



INFORMATION REGARDING <u>MANDATORY</u> 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



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): |
|---|------------------------|--|---|
| | | | |
| * Please make a copy of this form. Your complet | ted form will N | OT be accessible for futu | re release or duplication. |
| Minnesota Law (M.S. 135A.14) requires proof that all students born after certain specified exemptions (see below). Any non-exempt student who fa enrolled. This form is designed to provide the school with the information of the local health agency. | 1956 are vaccinated of | against diphtheria, tetanus, measles, d information within 45 days after th | mumps, and rubella, allowing for e first enrollment cannot remain |
| ALL STUDENTS: Return this completed form to SMSU Fax: (507) 537-7259, Phone: (507) | | | arshall, MN 56258 |
| Check here if you were born before 1957 for the age of All other students who are not age-exempt: Complete the section below the | | n't have to complete the rest | of this form. |
| PART 1: Students graduating from a Minnesota high scl | hool in 1997 or la | ter | |
| I have previously met the MMR (measles, mumps, rubella) and To in 1997 or later. | d (tetanus, diphtheria |) requirements because I graduc | ited from a Minnesota high school |
| Name of high school | City: | Date of grad | duation: |
| Student's Signature | | Date | |
| PART 2: Transfer student from another Minnesota colleg | ge | | |
| I am exempt from these requirements because my admission reco secondary school in Minnesota. Name of previous Minnesota Co | | | |
| Student's Signature | Date | Dates enrolled from | to |
| PART 3: Students who graduated from a Minnesota hig | h school before 19 | 97 or students from out of st | ate |
| | | Mo/Day/Yr (most rec | ent date please) |
| Tetanus/diphtheria (Td) - at least one dose required within past 10 years | | | |
| Measles/Mumps/Rubella (MMR) - at least one dose required given ≥ 12 months | of age | | |
| I certify that the above information is a true and accurate stateme Student's Signature | | | |
| PART 4 & 5: Other exemption(s): *Note special signa | ture requirements | | |
| Part 4: Medical Exemption: The student named above lacks (Check all that apply and fill in the appropriate blanks) has a medical problem that precludes the | | | |
| has not been immunized because of a history of | | | |
| has laboratory evidence of immunity against | | | disease |
| *PHYSICIAN'S SIGNATURE | | | Date |
| Part 5: Conscientious Exemption: I hereby certify by notari disease is contrary to my conscientiously held beliefs. | zation that immuniza | tion against | |
| Student's Signature | | Date | |
| Subscribed and sworn to before me thisday of | | | |
| *notary signature | | | |

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