



Dear Prospective International Student:

The Florida Memorial University family is pleased that you have shown an interest in attending our institution. Your interest displays a commitment on your part to take charge of your future. In selecting Florida Memorial University you have an opportunity to prepare for your future.

We look forward to the richness in culture, experience, and diversity that each international student will bring to the Florida Memorial University community.

In order to complete the admissions process we **MUST** receive the following **Original Document(s)**:

- International Student Admissions Application
- Official high school and college transcript bearing the school seal
- ACT/ SAT/ TOEFL test scores
- Letter of Recommendation
- Personal Statement
- Medical Information Form signed and dated by a physician
- Notarized** Affidavit of Support
- BANK STATEMENT – PLEASE NOTE THAT ALL BANK STATEMENTS MUST BE SUBMITTED ON THE BANK'S STATIONARY AND CANNOT BE MORE THAN SIX (6) MONTHS OLD

Your immediate attention in completing these documents will expedite the admissions process. If you have any questions regarding your admissions status, immigration, or any concerns that pertain to international students, please contact the Office of Admissions at (305) 626-3751 or 1-800-822-1362.

Sincerely,

Trevor Lewis

Trevor Lewis

International Student Advisor



Florida Memorial University
Office of Admissions
15800 N.W. 42 Avenue - Miami Gardens, Florida 33054
Telephone (305) 626-3750 Fax: (305) 626-3106
www.fmuniv.edu

International Student Application for Admissions

(Please print or type all information)

Personal Information

If you have a U.S. Social Security Number, list below:

Social Security Number: _____ / _____ / _____ Sex: Male _____ Female _____

Full Name: _____

Last (family)

First

Middle

Date of Birth: _____ City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Mailing Address: _____

Number and Street

Apartment No. /P.O. Box/ C.O. Information

City

State

Zip Code

Telephone: _____

Country

Country Code

City/Area Code

Number

Fax: _____ Email: _____

Country Code

City/Area Code

Number

Is your native language English? _____ If not, what is your native language? _____

Do you presently have a U.S. Visa? Yes ___ No ___ If yes, what type? _____ Expiration Date: _____

Are you a U.S. permanent resident? ___ Yes ___ No ___ If yes give an Alien Registration No. _____

How did you learn about Florida Memorial University? _____

Do you have any relatives who attend or have attended Florida Memorial University? If so, please indicate name, relationship and year of graduation: _____

Statement of Financial Responsibility (FOR THE I-20 FORM)

International student applicants and their sponsors and/or family member should fill out the form completely. This statement is not required of U.S. citizens or permanent residents of the U.S.

IMPORTANT: INCLUDE BANK VERIFICATION AND/OR OFFICIAL STATEMENT OF SPONSORSHIP (IN ENGLISH) OF FINANCES WITH THIS STATEMENT. FIGURES MUST BE STATED IN U.S. CURRENCY. (BANK STATEMENTS SHOULD BE CURRENT WITHIN THE LAST SIX MONTHS.)

- 1. Can you pay for your round-trip transportation to Miami? ___ Yes ___ No
2. Amount in U.S. dollars that you will have available for your use each year in the United States: _____
3. Person(s) from whom you will obtain funds in your home country: _____
4. Person(s) from whom you will obtain funds in the U.S. : _____
5. Have you ever applied for assistance, scholarships or loans from any organization, committees or educational institutions in your home country? _____ Give details: _____
6. If there are persons who will be dependent on your financial support while you are attending Florida Memorial University, list below their names, date of birth, country of birth and citizenship, relationship to you and your plans for their financial support during the time you are in the U.S. _____

I certify that the statements given on this form are complete and accurate.

Signature of Applicant

Signature of Sponsor or Guardian

Print Applicant's Name

Print Guardian's Name

Date

Grantor's Address

Date

In case of emergency, indicate the person you request the university to contact:

Last name First name

Address City State Zip

Area Code & Telephone: () Relationship:

\$25

Admission Forms / Part 2

Official Transcript Release Form

All Items to:
Office of Admissions
Florida Memorial University
15800 NW 42nd Avenue
Miami Gardens, Florida 33054
305.626.3751
Fax 305.623.1462
800.822.1362
www.fmuniv.edu

Prospective Student:

Please complete the required information below and forward it to your high school or college. If you need additional Transcript Release Forms, photocopy this one.

The request is hereby made for the release of my official transcript and test scores in order to complete the admissions process at Florida Memorial University.

School Information

High School Name			
Street Address	City	State	Zip

Student Information

Applicant Name	Social Security Number		
Permanent Address	City	State	Zip
Birth Date (M/D/Y)	Date of Last Attendance	Student Signature	

FLORIDA MEMORIAL UNIVERSITY

Return All Items to:
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Florida Memorial University
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Miami Gardens, Florida 33054
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Fax 305.623.1462
800.822.1362
www.fmuniv.edu

Admission Forms / Part 5 Medical Information

Please fill out Student Information section and forward to you physician

Student Information

Applicant Name (Last, First, Middle)			Birth Date (M/D/Y)		Phone ()	
Street Address			City		State	Zip
In case of an Emergency, contact:			Relationship to Applicant		Phone ()	
Street Address			City		State	Zip
Social Security Number						

Medical History

List any allergies or drug sensitivities

List/describe any hospitalizations and/or operations

Is there any history of the following conditions in your family. If so, indicate: M=Mother, F=Father, U=Uncle, A=Aunt, S=Sister, B=Brother, GM=Grandmother, GF=Grandfather, C=Cousin	Anemia	Asthma	Diabetes	Eczema	Epilepsy	Hay Fever
	Heart Disease	High Bld. Prsr.	Mental Illness	Migraines	Nerv. Disorder	Tuberculosis

Physician Notes

Height	Weight	Eyes	Left	Right	Ears	Nose	Mouth
Throat	Tonsils		Neck		Chest/Lungs		Heart/Pulse
Anemia	Abdomen	Spine/Back	Diabetes	Hypertension	Extremities		
From a physical and medical point of view, do you consider the applicant able to enroll in a collegiate program and to participate in sports and recreation?				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____			

OB-GYN History

Urinalysis

Age of Menarche	Date of I.M.P.	Reaction	SP. GR.	ALB.	Sugar	Hematocrit	HgB
Number of Pregnancies		Births		Date of last Pap Smear (M/D/Y)			

Chest X-Ray

Tine Test or Manoux

Positive	Negative	Date	Positive	Negative	Date
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Immunization

Tetanus / Date:
 Small Pox/Date:
 Polio/Date:
 MMR #1/Date:
 MMR #2/Date:

Doctor's Street Address			City	State	Zip
Doctor's Name (Please Print)		Doctor's Signature		Doctor's Phone ()	