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
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 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

____________________________________
Area Code & Telephone: (     ) _________________  Relationship: ________________________________
EDUCATIONAL PLANS AND OBJECTIVES

When do you intend to begin study at Florida Memorial University? (Please put an “X” in the term in which you will apply)

Term: _____ Fall (August) _____ Spring (January) _____ Summer (May/June)

Year: 20_______

Intended Enrollment Status: ____ First Time _____ Re-admit _____ Transfer _____ Non-degree

Do you plan to live on campus in the University’s dormitories: _______ Yes _______ No

Florida Memorial University offers Bachelor of Science and Bachelor of Arts degrees in the following Academic Schools. In which area do you plan to earn your degree?

_____ Arts and Sciences _____ Business ____ Education

What is your intended major? ______________________________________________________

Use the following space to briefly explain your academic and career objectives:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

TEST INFORMATION

Results of the Test of English as a Foreign Language (TOEFL) are required of all candidates, new or transfer, whose native language is not English. Indicate the date on which you have taken or plan to take this test: _____________________

Total Score (if known): __________________________ (Please have an official copy of your test scores sent to the University.)

International students are advised to take the Scholastic Aptitude Test I (SAT I) or the American College Test (ACT) if possible, for it can often establish admissibility for an applicant when his/her foreign records alone do not meet the admissions requirements and/or can be used for class placement.

SAT or SAT I Scores:

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Math</th>
<th>TSWE</th>
<th>Date of Test</th>
</tr>
</thead>
</table>

ACT Scores:

<table>
<thead>
<tr>
<th>English</th>
<th>Math</th>
<th>Reading</th>
<th>Sci. Reasoning</th>
<th>Composite</th>
<th>Date of Test</th>
</tr>
</thead>
</table>
ACADEMIC HISTORY

List all educational institutions attended. Begin with the elementary year and include any school that you are now attending.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City, Country</th>
<th>Dates of Attendance:</th>
<th>Year of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

If there are time periods not covered in the academic history above, explain how you have been occupied (employment, military service, travel, etc.):

____________________________________________________________________________________

Have you ever been disciplined by a student or faculty board for misconduct? Have you ever been convicted of a crime other than a traffic offense? If so, please explain.

____________________________________________________________________________________

____________________________________________________________________________________

SUMMARY OF EDUCATIONAL BACKGROUND

1. Elementary Schools:
   Number of Years Studied

2. Secondary/Pre-College Studies:
   Number of Years Studied

3. U.S. Colleges or Universities:
   Number of Credits in Progress

4. Foreign College/University:
   Name of Diploma/Degree received

Have you previously applied for admission to Florida Memorial University? If yes, answer the following questions:

When did you apply? Term/Year

Have you ever registered for a course or attended Florida Memorial University?

APPLICATION FEE AND SIGNATURE

Enclosed is my international money order (DO NOT SEND CASH) for U.S. $25 payable to Florida Memorial University. I understand that this application fee is non-refundable.

My signature below indicates: (1) that all the information contained in my application is complete, accurate and honestly presented and that my admissions and subsequent registration may be cancelled if this information is found to be false or intentionally omitted, and (2) that if I enroll, I agree to abide by my Florida Memorial University Rules and Regulations and Honor Code, a document that prohibits dishonesty in all academic work.

Signature of Applicant

Date
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.

<table>
<thead>
<tr>
<th>School Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name</td>
</tr>
<tr>
<td>Permanent Address</td>
</tr>
<tr>
<td>Birth Date (M/D/Y)</td>
</tr>
</tbody>
</table>
Admission Forms / Part 3
Letter Of Recommendation

<table>
<thead>
<tr>
<th>Applicant Name (Last, First, Middle)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommender Name (Last, First, Middle)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to the Applicant: [ ] Teacher  [ ] Guidance Counselor  [ ] Pastor  [ ] Other

Please indicate what you know about Applicant’s background: his/her family circumstances, home environment, neighborhood and any other information relating to his/her background.

Please state Applicant’s attitude toward education, his/her specific strengths, weaknesses, achievements and other relevant scholastic information. We are also interested in your assessment of the Applicant’s level of motivation and capacity for college-level work.
Admission Forms / Part 4
Personal Statement

Name (Last, First, Middle)   Social Security Number

Street Address   City     State     Zip

Phone   School Name
(   )

On this page we would like you to tell us something about yourself. Without asking for an autobiography, we would like to learn a little more about the experiences and thoughts that have made you the person you are. Since most of the contents of an admissions folder are either facts or judgments made by those who have known you or worked with you, we found it helpful to read some of your own comments.

Your signature at the end of this page will indicate that the writing sample being presented is indeed your own. If you wish, you may use extra pages.

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

Signature
# Florida Memorial University

## Admission Forms / Part 5

### Medical Information

Please fill out Student Information section and forward to you physician.

<table>
<thead>
<tr>
<th>Applicant Name (Last, First, Middle)</th>
<th>Birth Date (M/D/Y)</th>
<th>Phone ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State Zip</td>
</tr>
</tbody>
</table>

In case of an Emergency, contact:  
Relationship to Applicant Phone ( )

<table>
<thead>
<tr>
<th>Social Security Number</th>
</tr>
</thead>
</table>

### Medical History

List any allergies or drug sensitivities

<table>
<thead>
<tr>
<th>List/describe any hospitalizations and/or operations</th>
</tr>
</thead>
</table>

Is there any history of the following conditions in your family? If so, indicate:

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>Eczema</th>
<th>Epilepsy</th>
<th>Hay Fever</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>U=Uncle, A=Aunt, S=Sister, B=Brother, GM=Grandmother, GF=Grandfather, C=Cousin</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart Disease</th>
<th>High Bld. Prsr.</th>
<th>Mental Illness</th>
<th>Migraines</th>
<th>Nerv. Disorder</th>
<th>Tuberculosis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Eyes</th>
<th>Left</th>
<th>Right</th>
<th>Ears</th>
<th>Nose</th>
<th>Mouth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Throat</th>
<th>Tonsils</th>
<th>Neck</th>
<th>Chest/Lungs</th>
<th>Heart/Pulse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Abdomen</th>
<th>Spine/Back</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Extremities</th>
</tr>
</thead>
</table>

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?

- Yes  
- 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
    - Date
    - Negative
    - Date

- Immunization
  - Tetanus / Date
  - Small Pox / Date
  - Polio / Date
  - MMR #1 / Date
  - MMR #2 / Date

<table>
<thead>
<tr>
<th>Doctor’s Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

| Doctor’s Name (Please Print) | Doctor’s Signature | Doctor’s Phone ( ) |