

Checklist for Exchange Application



Name of Applicant

Home Institution

Please prepare the following information:

- SDSU Exchange Application
- Official academic records (transcripts) from **every** college or university attended, native language versions and **English language translations**.
- TOEFL or IELTS score report.
- [SDSU Financial Statement Form for Exchange Students](#) and appropriate supporting documents, as required
- Legible copy of the identification page (contains your name, birthdate, citizenship, etc) of the passport that will be used to enter the US.

Students who have completed a bachelor's degree or will have completed a bachelors level before beginning the exchange must apply as graduate students.

If you are applying for placement as a graduate level student, you must also send:

- Transcripts from **EVERY** college or university attended (undergraduate and graduate level course work). Native language versions and English language translations.
- A copy of a diploma or certificate of completion. The document must include the date conferred.
- 1 letter of recommendation, in English, from a current or former professor.
- A personal statement, in English, (500 words) addressing the following topic:
"Explain how studying at San Diego State University will contribute to your graduate work."

Residence Eligibility: To be in compliance with California State Law, San Diego State University will not be able to accept exchange applicants who are US citizens or US permanent residents (Green Card holders) residing in a foreign country. This includes students who are dual citizens.

By checking this box I, _____ confirm I am NOT a US Citizen/US resident.
Student Name

Coordinator Agreement for Placement at SDSU

I have reviewed the completed application of the above named student and discussed it with the applicant. I support this nomination. I am satisfied that the applicant has received approval for participation in this exchange program with SDSU from all required faculty members and administration officials, and that all relevant information required for placement has been fully supplied.

Name of exchange coordinator (please print): _____

Telephone: _____ Email: _____

Signature of Exchange Coordinator: _____ Date: _____

Agreement to Purchase SDSU Approved Health Insurance

I agree to purchase one of the health insurance policies offered through the International Student Center by the appropriate deadline. I understand that no other policies will be accepted with the exception of the policies offered through Fulbright, German Academic Exchange Service (DAAD), the Swedish Government (i.e. CSN), or the Norwegian Government. I will not be able to register for classes until this requirement has been met.

Name of exchange Applicant (please print): _____

Signature of Exchange Applicant: _____ Date: _____

Certification of information provided

I certify that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me.

Name of exchange Applicant (please print): _____

Signature of Exchange Applicant: _____ Date: _____

Personal Information

1. Name (as it appears on your passport or birth certificate)

Last name (family or surname)

First (given) and Middle Name

2. Indicate the term or terms you wish to study at SDSU

Fall Semester (August-December) Year: 20____

Spring Semester Year: 20____

Two Semesters Fall Year: 20____ & Spring Year: 20____

3. Date of Birth

Month / Day / Year

4. Gender

Male

Female

5A. Permanent Address in Home Country

Street and number _____

City _____

State/Province _____

Postal Code _____

Country _____

5B. Phone (with Country and City Codes)

5C. E-mail

6A. Country of Birth: _____ **City of Birth:** _____

6B. List all Country(s) where you have citizenship:

6C. If you have dual citizenship, indicate which passport you will be using to travel to the US:

6D. Country of Permanent Residency: _____

7A Person(s) to contact in case of emergency: _____

7B. Relationship to you: _____

7C. Address of Emergency Contact:

Street and number: _____

City: _____

State/Province : _____

Postal Code and Country: _____

7D. Phone Number of Emergency Contact (with Country and City Codes):

7E. E-mail of Emergency Contact:

_____.

Educational Information

8A. Indicate the academic level for which you are requesting placement at SDSU

Undergraduate (Bachelors) Graduate (Masters)

9. List your three majors of interest with your primary major of interest as major 1. Undergraduate students will be able to take classes in the 3 majors they select.

Consult the appropriate list of program majors and select the major(s) in which you intend to take most of your classes at SDSU.

Undergraduate students (U) - Select 3 majors: http://admissions.sdsu.edu/academic_programs/majors_minors

Graduate students (G) - **Select only 1 major:** http://admissions.sdsu.edu/academic_programs/masters/sdsu_main_campus

		Emphasis if Applicable
Major 1	_____	_____
Major 2	_____	_____
Major 3	_____	_____

10. Enter 1 of these: TOEFL, IELTS or Pearson test score and date on which you took or will take the exam.

TOEFL Score(s) _____ Date _____

IELTS Score(s) _____ Date _____

Pearson Score(s) _____ Date _____

Please provide the following information in order to help the Office of Admissions interpret your transcript(s) and academic records, and to understand how the course of study you have followed to date compares with programs at San Diego State University.

11. Indicate any other names which appear on your academic records:

Last name (family or surname) First (given) Middle Name

12A. Institution currently attending: _____

12B. Current Degree Qualification at Home Institution: _____

13. Highest degree completed: _____

14. All institutions of higher education attended (list institution currently attending first)

Name of Institution	Dates Attended				Field or Program of Study	Diploma / Certificate / or Degree Obtained	
	From		To			Type	Date Received
	Month	Year	Month	Year			

15A. In the table below, list all the university subjects in which you are currently enrolled

Course Title	Term/Year	Number of Units

15B. In the table below, list any additional university subjects you intend to complete before coming to SDSU.

Course Title	Term/Year	Number of Units

16. In the table below, create a wish list of a minimum of 5 classes you would like to take during your time at SDSU. (Please be aware that we cannot guarantee enrollment in any classes.)

SDSU Course Number & Title	Indicate: Academic Need or Preference	Number of Units

17. Do you have a disability or medical condition for which you may require assistance accessing your education or campus facilities?

- Yes
- No

If yes, please describe your needs below. (If additional space is needed please add another piece of paper.)

Financial Statement for Exchange Students

- **IMPORTANT:** International students must present evidence of sufficient funds available to meet financial obligations at SDSU.
- Your DS-2019 form for obtaining a student visa will not be issued until this form is received and approved.

INSTRUCTIONS: Sections A and D are required. Complete sections B and C if appropriate.

You **MUST** SUBMIT PROOF of each source of financial support as indicated in Section A. The following are acceptable:

- (1) Monthly bank statement | (2) Letter from the bank indicating funds available | (3) Official bank stamp (Section C) |
- (4) Government, Private or SDSU Scholarship. Submit form and/or proof of funds to: International Student Center, SDSU, San Diego, CA 92182-5101 | Fax: 619-594-1973 | Email: exchange@mail.sdsu.edu

Estimated Minimum Costs of attending SDSU full-time for one academic year (9 months):

Tuition and Fees* **WAIVED**

Living Expenses (Food, Housing, Books/Supplies, Personal Expenses) US\$17,973

TOTAL US\$19,300 per year

Health Insurance US\$1,327

OR US\$ 9,650 per semester

*Tuition and registration costs are subject to change by the Trustees of the California State University without prior notice. The amounts indicated above are estimates. Actual expenses may vary.

Section A: Applicant Information

Full Name (name on passport) (Family Name) _____ (First Name) _____ (Middle) _____

Mailing Address _____

Country of Citizenship _____ Country of Birth _____

Date of Birth _____ (Month/Day/Year) Phone _____ Email _____

Source of Financial Support: US\$ _____ Student Personal Funds
US\$ _____ Funds from Sponsor (Parent, Relative or Private)
US\$ _____ Government or Private Scholarship (specify: _____)
US\$ _____ Funds from SDSU (specify: _____)

US\$ _____ TOTAL (must be at least US\$19,300 per year or US\$9,650 per semester)

**If family members will accompany you, additional financial support is required. See reverse side.

Section B. Financial Certification of Sponsor (If Government or Private Scholarship, Leave section B blank & Attach Official Award Letter)

Name of Sponsor (sponsor can be yourself, parent, relative or private) _____

Address of Sponsor _____ Relationship to Sponsor _____

Sponsor's Guarantee: I, _____ (print sponsor's name), guarantee that the sum of (US dollar) \$ _____ will be available for the above named student for the first academic year at SDSU. A comparable amount of money will be available for _____ years.

Signature of Sponsor _____ Date _____

Section C. Official Bank Verification (Section C is not required for scholarship, Section C can be fulfilled by attaching a separate letter from the bank in English)

This is to certify that _____ (print student's name or sponsor's name) is financially capable of meeting the financial commitment as stated above. (Note: Minimum US\$19,300 per year or US\$9,650 per semester). If funds are outside U.S., timely transfer to the U.S. is permitted under the government's present regulations.

Print Bank Official Name _____

Bank Official Title _____

Bank Address _____

REQUIRED OFFICIAL BANK STAMP OR SEAL

Signature of Bank Official _____ Date _____

Section D. Signature of Applicant

I fully understand the minimum amount of money necessary for fees and living expenses at San Diego State University and I verify that a minimum of US\$19,300 per year or US\$9,650 per semester will be available for my study. I also understand that as an exchange student I am required to purchase the approved health insurance policy for myself (and my dependents) available at the SDSU International Student Center for the full duration of my enrollment at SDSU; and that only the policies listed on the ISC website at: <http://www.isc.sdsu.edu/content/Future/HealthInsurance.html>. will be accepted in lieu of the approved health insurance policy. I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my disenrollment from San Diego State University.

Signature of Applicant _____ Date _____

Dependent Information

If your spouse or children will accompany you to the United States, you must provide proof of additional funding of US\$5,250 per spouse and US\$2,625 per child per academic year (9 months) in order for their names to be listed on your documents. For example, if you will bring your spouse and child, you will need to provide proof of $US\$19,300 + US\$5,250 + US\$2,625 = US\$27,175$ (per year) or $US\$9,650 + US\$5,250 + US\$2,625 = US\$17,525$ (per semester) on the front side of this form. Please list names of dependents accompanying you below:

<u>First Name</u>	<u>Last Name</u>	<u>Relation</u>	<u>Gender</u>	<u>Country of Birth</u>	<u>Country of Citizenship</u>	<u>Date of Birth</u> (Month/Day/Year)
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