



Vincennes University International Student Application

TO APPLY, PLEASE SEND:

- A completed application
- A completed sponsor statement
- High School/Secondary School Transcript (must be a certified copy in English)
- A current bank statement or letter showing a minimum of US\$20,230 (must be in English and original bank letterhead)
- A clear copy of your passport

Mail your application materials to:

Vincennes University
Admissions Office
1002 North First Street
Vincennes, Indiana Postal Code: 47591

For additional information or questions:

Email: intstudent@vinu.edu

<http://www.vinu.edu/international>

Call: +1-812-888-4313 (M-F 8am-5pm, Eastern Time Zone)

Personal Information (please print clearly using block letters)

Family Name: _____
(as it appears on your passport)

First Name (given): _____
(as it appears on your passport)

Your Home Country Address:

Street: _____

Country of Citizenship: _____

Country of birth: _____

City: _____ Postal Code: _____

Native Language: _____

State/Province: _____

Address in the United States (only if you are currently living in the U.S.)

Country: _____

Phone: _____

Street: _____

Email address: _____

Date of Birth: ____/____/____
(month) (day) (year)

City: _____ Postal Code: _____

- Over age 18
- female
- male

State: _____ Phone: _____

Emergency Contact

List family or friends we can contact in the event of an emergency (either in the U.S. or in home country):

Name: _____ Relationship: _____ Phone: _____

Address: _____

If you are currently in the U.S.

Are you currently attending another school in the U.S.? Yes No School name: _____

Visa type: _____ SEVIS ID#: _____

If you are transferring to Vincennes University, you will need to submit:

- Transfer Form (please see: <http://www.vinu.edu/international> or email us)
- A copy of your current I-20

How did you hear about us?

Agency: _____ Relative: _____

Friend: _____ Other: _____

Website: _____



Housing Information

Information and application forms for housing (dormitory) will be sent to you once you have been accepted. Please take time now to familiarize yourself with our housing options. All students who are first year and under age 21 are required to live on campus for their first year. Information can be found at: <http://www.vinu.edu/housing>

Dormitory contracts are for one full academic year and require a deposit of \$150.00. Private rooms are available but very limited. If you have a particular choice for a dorm or want a private room, you will need to fax your housing contract to the Housing Office. In addition, you will need to fax in your bank/credit card information in order to reserve your room. Please note that private rooms have an additional \$375.00 down payment required. Students also have the option of signing the housing contract and paying their deposit once they arrive on campus.

Health/Medical Insurance Information

Medical care in the U.S. is very expensive. A simple hospital visit can easily exceed \$1000.00. Vincennes University does not provide medical insurance for international students. **Therefore**, all students should arrange to purchase their own insurance in the case of serious illness or hospitalization. If you purchase medical insurance before coming to VU, you need to be sure that it can be used in the United States. Students can also receive help in purchasing their own medical insurance once they arrive. A basic plan costs \$35-\$50 per month. Please be sure to budget and plan accordingly. Please choose one:

- I will purchase medical insurance from my own country before leaving
- I will purchase medical insurance once I arrive at VU (assistance will be given by the international student advisor with purchasing a recommended insurance plan)

Student signature: _____ Date: _____

Consent for Medical Care for Students Under 18 Years Old

If a student is under 18 years old, hospitals and doctors will be reluctant to treat or care for the child without consent from a parent or legal guardian. The school nurse will keep this form on file in the event of an emergency.

Parent/Guardian Full Name: _____

"I hereby give permission for any and all medical attention to be administered to my child, in the event of accident, injury, sickness, etc. under the direction of an attending physician or the Vincennes University nurse."

Child's Full Name: _____ Child's Date of Birth: _____ / _____ / _____
month day year

Parent/Guardian Signature _____ Date: _____

Relationship to child (father, mother, etc.): _____

Student Signature

This application must be signed by the applicant (student). By signing below, you certify that all information in this application is correct and complete.

Student signature: _____ Date _____

Have Questions?

Contact us at:

Email: intstudent@vinu.edu

Phone: +1-812-888-4313 (Monday to Friday, 8am-5pm, Eastern Time Zone)

<http://www.vinu.edu/international>

If you have difficulty understanding any of this information, copy and paste the text onto this website for online translation: <http://translate.google.com/>