



## INTERNATIONAL STUDENT DOCUMENTATION PACKET

### *Instructions and Information*

In addition to the application for admission into the Consortium of Eastern Ohio Master of Public Health (CEOMPH), please complete the international student forms. All items should be sent to the Consortium of Eastern Ohio Master of Public Health office, 4209 St. Rt. 44, PO Box 95, Rootstown, OH 44272-0095. Applications will not be considered until all materials are received.

An international student is defined as one who must obtain a visa to enter the U.S. and is therefore required to complete the following documents and submit a \$90 international application fee. If you are a refugee, asylee, permanent resident or U.S. citizen, you do not have to submit the *International Student Documentation Packet*. Anyone with transcripts from countries outside the U.S. must pay the international application fee.

The partner universities of the CEOMPH program are authorized by the Department of Justice to issue the I-20 (F-1 student visa) and by the Department of State to issue the DS-2019 (exchange visitor J-1 visa). International students must document the ability to meet all educational and living expenses for the entire period of study in this program before these certifications can be issued. Upon receipt of either of these documents, you should take your passport and financial verification to the closest U.S. Consul or Embassy to obtain a visa to enter the U.S. These documents will not be issued until after admission has taken place.

### DOCUMENTATION REQUIRED

Please sign the financial affidavit of support form, have your sponsor complete and sign it, and return the original financial affidavit to our office with recently issued original bank statements. All bank statements must be translated into the English language, indicating current balance of the account expressed in U.S. dollars. Translations must be signed and sealed by the appropriate bank or government official. If your documents indicate an amount in a currency other than U.S. dollars, that amount will be converted according to the exchange rate on the day your financial support documents are processed. We reserve the right to require additional financial documentation and/or prepayment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted complete applications. All documents must be original, dated, and issued within the past year. Note: If more than one persons name appears on any of the bank statements both must be listed as sponsors on the financial affidavit.

**If you are being sponsored by a bank statement from a business or corporation**, please complete in full the FUNDING AGENCY portion of the *Affidavit of Support* plus supply the following:

- An original letter on company letterhead stating they are sponsoring you. *All owners names must be listed in the letter and they are required to sign the letter. If one individual owns the business/ corporation the letter must indicate that person is the sole owner.*

**If you are being sponsored by the government**, please complete in full the FUNDING AGENCY portion of the *Affidavit of Support* plus supply the following:

- An original letter on official letterhead must be submitted indicating the student's name, date of birth, amount of money the government is providing, length of study and the name of university the student will be attending.

**If you are being sponsored by yourself**, please complete in full the PERSONAL SOURCES portion of the *Affidavit of Support* plus supply the additional following applicable documentation:

- An official letter, if funds are provided by a loan, from the credit institution indicating approval of the loan and the amount.

**If you are being sponsored by an individual (family or friend) in the United States**, please complete in full the PERSONAL SOURCES portion of the *Affidavit of Support* plus supply the additional following applicable documentation:

- Your sponsor must submit an original official bank statement indicating the date the account was opened, total amount deposited for the past year and current balance. If the financial information includes bonds it must contain list of serial numbers and denominations of the bonds and name of record owner(s).  
*\*Retirement and stock market accounts are not accepted.*
- Sponsors located in the U.S. must also submit either a notarized statement indicating their status in the U.S. (e.g., immigration status, employment, annual salary and the number of dependents in their household) OR a photocopy of their latest Federal Income Tax Report. *The amounts indicated on these forms are not used as financial documentation and therefore not counted toward the student's obligation.*  
If the sponsor is *self-employed* the sponsor must provide a copy of the last Federal Income Tax Report filed or Report of Commercial Rating Concern.

## **OTHER INSTRUCTIONS**

**TRANSCRIPTS** – Original transcripts or certified true copies from universities, professional schools, or colleges previously attended must be submitted. If the institution is not English speaking, the transcripts must also accompany an exact certified English translation. Certified true copies must bear the original stamp and signature of the appropriate school official. Students who have attended an institution in the U.S. must submit an original transcript—certified copies will not be accepted in this case.

**DEGREE CONFERRAL** – Applicants must submit a certified copy of all prior degrees earned. Provisional certificates may be accepted pending the award of a degree. The same standards of authenticity as those used for transcripts apply.

**ENGLISH PROFICIENCY REQUIREMENTS** - The CEOMPH program requires graduates of foreign universities who are non-native English speakers to take the Test of English as a Foreign Language (TOEFL). Those educated primarily in the following native English speaking countries are exempt from the TOEFL: Australia; Canada, except Quebec; Commonwealth Caribbean, including Belize; Liberia; New Zealand; United Kingdom; and the United States, except Puerto Rico. Graduate students must achieve a minimum score of 550 (paper-based) or 213 (computer-based). Copies of TOEFL scores and scores older than 2 years will not be accepted.

**MEDICAL INSURANCE** - All international students must carry medical insurance that meets the minimum established requirements set forth by the university of enrollment. Such health insurance coverage must be in effect during a student's studies in this program.

## DECLARATION AND CERTIFICATION OF FINANCES

### PERSONAL INFORMATION

Mr. / Ms. Name of Applicant \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Please circle appropriate title) (Last or Family) (First or Given) (Middle)

Permanent (Foreign) Address \_\_\_\_\_  
 (Number and Street) (City) (State/Province) (Country) (Postal Code)

Mailing Address \_\_\_\_\_  
 (If different than permanent address) (Number and Street) (City) (State/Province) (Country) (Postal Code)

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

If currently in the U.S., what is your visa status? \_\_\_\_\_ If J-1, who issued DS-2019? \_\_\_\_\_  
 If F-1, who issued I-20? \_\_\_\_\_

Do you plan to leave the U.S. before attending the Consortium of Eastern Ohio Master of Public Health? \_\_\_ Yes \_\_\_ No

What type of visa do you plan to hold while attending the Consortium of Eastern Ohio Master of Public Health? \_\_\_\_\_

Country of sponsorship \_\_\_\_\_

Do you have a source within the U.S. for emergency funds once you arrive in this country? \_\_\_ Yes \_\_\_ No

Name	Date of Birth	Country of Birth	City of Birth	Gender (male or female)	Relationship to You
If yes, name amount and source of emergency funds _____					


If you plan to bring your dependents (husband/wife/son/daughter) with you, please provide the following information. Attach additional sheet if necessary.


Students bringing their families must show evidence of an additional \$ (to be determined) per year for spouse (or other first dependent), plus \$ (to be determined) per year for additional dependents.

### ESTIMATED EXPENSES

The amounts below represent minimum estimated expenses for one year in the Consortium of Eastern Ohio Universities Master of Public Health program and are subject to change without notice. Please refer to the Web site links listed below for estimated expenses. Transportation to the U.S. is not included. You do not need to fill in the form on these Web sites.

- The University of Akron—<http://www.uakron.edu/gradsch/docs/oipdcf.pdf>
- Cleveland State University—<http://www.csuohio.edu/offices/international/admissions/expenses.html>
- Ohio University—<http://www.ohio.edu/graduate/international/iexpenses.cfm>
- Youngstown State University—<http://www.ysu.edu/gradschool/pdfs/2010-2011%20International%20Student%20Financial%20Statement.pdf>


**Consortium of Eastern Ohio**  
**Master of Public Health**  
**AFFIDAVIT OF SUPPORT**

This form must be completed by your sponsor. If several sponsors will be offering support, please provide a copy of this form for each. You must also complete this form if providing support for yourself.

**NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**PERSONAL SOURCES** (Family, Friends, Self)

\_\_\_\_\_ I will provide FULL FINANCIAL SUPPORT for the applicant's educational and living expenses for the entire length of study.

\_\_\_\_\_ I will provide PARTIAL FINANCIAL SUPPORT. Type of support and amount per year. \_\_\_\_\_

Duration of Support: \_\_\_\_\_ All study years \_\_\_\_\_ 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_ 3<sup>rd</sup> Year \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ I will provide full support for spouse and/or children accompanying the applicant to the United States. Please attach original bank statement(s) in sponsor's name or letter indicating loan approval and amount.

Personal Sponsor Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Citizenship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FUNDING AGENCY** (Government, Organization, or Institution/School)

Funding agency must complete this form or provide an original letter including the following details regarding support.

We, (Name of Sponsor), \_\_\_\_\_ hereby certify that we will pay the following expenses for \_\_\_\_\_ from \_\_\_\_\_.

(Applicant's Name) (Applicant's Country)

\_\_\_\_\_ Tuition and Fees \_\_\_\_\_ Health Insurance \_\_\_\_\_ Living Expenses for Student \_\_\_\_\_ Living Expenses for Dependents  
 Funding is effective from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr). Total award is U.S. \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Title \_\_\_\_\_ Office/Division \_\_\_\_\_

Address \_\_\_\_\_

Address where tuition and fees will be billed (if applicable) \_\_\_\_\_



**SOURCE OF FUNDS**

Source	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Personal Savings			
Family/Individual Sponsorship			
Organization Sponsorship			
Scholarship			
Other			
<b>TOTAL:</b>			

**APPLICANT'S DECLARATION**

I, (Student's Name) \_\_\_\_\_, certify that the above information is correct. I understand that I am ultimately responsible for all anticipated yearly expenses for the length of my stay in the Consortium of Eastern Ohio Master of Public Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_