



Graduate Enrollment Services  
2<sup>nd</sup> floor, Victor Hall  
11935 Abercorn Street  
Savannah, GA 31419-1997  
www.gs.armstrong.edu  
graduate@armstrong.edu  
Telephone:1.912.344.2798  
FAX: 1.912.344.3488  
Toll-free:1.800.633.2349

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## Application for International\*\* Graduate Admissions (Graduate students are students pursuing a Master's Degree) For Students Requiring I-20's (F-1 Visa Holders)

\*\*At Armstrong Atlantic State University, applicant files are classified as “international” if they meet the criteria listed below. You should only fill out this International Application if:

- You are not a U.S. citizen and are currently in the United States on an F-1 (student) or J-1 (student/work) visa.
- You are not a U.S. citizen and will require an F-1 visa to enter and study in the United States.

### Requirements Checklist for International Graduate Students at AASU

- International Graduate Application (along with **all** other program requirements: <http://www.gs.armstrong.edu/IndividualProgramRequirements.html> )
- Completed Certificate of Immunization
- \$30.00 non-refundable Application Fee (paid by cashiers check or money order payable to AASU)
- International Data Sheet
- Request for I-20 Form & Proof of Financial Support (International Application page 8 -10) including Statement of Understanding.
- Applicants with credentials from institutions outside the U.S. are **required** to have an evaluation from a professional evaluation agency **before** they are eligible for admission. Acceptable agencies are Josef Silny & Associates, Inc., [www.jsilny.com](http://www.jsilny.com) and World Education Services, [www.wes.org](http://www.wes.org) . You must request a grade point evaluation. (See Page 11 for more complete directions.)
- A student whose native language is not English must take the Test of English as a Foreign Language (TOEFL) with a minimum score of 523 paper score; or 193 computer score, or 70 internet score. Official transcripts must be sent directly from ETS—AASU school code is 5012. ***These official score reports should be sent to Graduate Enrollment Services Office, 2<sup>nd</sup> Floor, Victor Hall, 11935 Abercorn Street, Savannah, GA 31419.***
- Submit a photocopy of the biographical (photograph and name/birthday/citizenship) page(s) of your passport. (Please ensure that your passport is current for your entire stay here at AASU—minimum of 3 years for a graduate student.)
- An interview may be required by the academic department at Armstrong prior to academic admission.
- **(If currently in the U.S.):** Submit photocopies of your current visa, I-94, and all immigration paperwork.
- **(F-1 Transfer Students)** Transferring from another college/university in the U.S.— Submit photocopies of the following: current I-20, F-1 visa, front and back of most recent I-94 card, and passport. Also, transfer students should have a release form their current school stating the release date of their immigration file in SEVIS.
- **(J-1 Transfer Students)** Transferring from another college/university in the U.S.— Submit photocopies of the following: current DS-2019, J-1 visa, front and back of most recent I-94 card, and passport.

# Explanation of International Graduate Student Admissions Requirements

<b>Requirement</b>	<b>Additional Information</b>
<b>TOEFL (AASU CODE 5012)</b> 523 paper based score 193 Computer Based or 70 Internet Based <b>Required for students who are not native English Speakers.</b>	<b>Georgia</b> --Call the Educational Testing Service at (404) 934-0160 to request a TOEFL application. <b>Nationally</b> --Call ETS in Princeton, NJ at (609) 921-9000 for information. <b>Abroad</b> --Consult your American Embassy for overseas TOEFL information or visit <a href="http://www.toefl.org">www.toefl.org</a> .
<b>College or University Transcript</b> 1. 2 Official transcripts sealed and sent directly from your school to AASU 2. English Translation 3. Course by Course Evaluation with a Grade Point Evaluation by a professional evaluation agency <b>(See Page 11)</b>	If the transcript is in a language other than English, an official English translation <b>must</b> accompany it.  <b>(See Page 11)</b>
<b>Financial Certification</b>  <b>(Proof of Funds)</b>	All <b>GRADUATE</b> applicants requesting a SEVIS I-20 for F-1 student visas, must provide certification that a minimum of \$30,100.00 U.S. per academic year is available to the student to pay college expenses including tuition, fees, books, room/board, and personal expenses.
<b>Inoculations/Vaccinations</b>	The Board of Regents of the University System of Georgia requires that all beginning students must submit a Certificate of Immunization for measles, mumps, and rubella, Tetanus-Diphtheria, Varicella, and Hepatitis B.
<b>Health Insurance</b>	Proof of health insurance required. There is a health insurance plan available for AASU students that can be purchased once you arrive on campus or you may provide your own. <b>ALL INTERNATIONAL STUDENTS MUST HAVE HEALTH INSURANCE WHILE AT AASU.</b>
<b>GRE-Graduate Record Examination</b> <b>(AASU School Code 5012)</b>	This exam is a requirement of many of our graduate degree programs. Current degree programs requiring the GRE exam: Criminal Justice, History, Liberal & Professional Studies, Education—Curriculum & Instruction, Middle Grades, Special Education, Health Services Administration, Nursing, Public Health, Sports Medicine & Computer Science. To determine whether or not your program requires the GRE or another entrance examination, and the required scores for your program, please contact the Graduate Office at <a href="mailto:graduate@armstrong.edu">graduate@armstrong.edu</a> or 912.344.2798 or 1.800.633.2349 or go to our website at <a href="http://www.gs.armstrong.edu">www.gs.armstrong.edu</a> .

Only upon receipt of all required documents and official translations, will your admission file be completed and an acceptance letter with the required immigration documents be sent to you. Please contact Graduate Enrollment Services with further questions at (912) 344.2798 or via email at [graduate@armstrong.edu](mailto:graduate@armstrong.edu) . Or you may call our toll-free number and ask for the Graduate School at 1.800.633.2349.

## **I-901, Fee Remittance for Certain F, J and M Non-immigrant (SEVIS Fee)**

All students applying for F and J visas must pay the SEVIS Fee prior to issuance of the F or J visa. You may pay by mail or by internet [www.FMJfee.com](http://www.FMJfee.com). Information regarding this fee will be sent to you once you have been accepted and your I-20 has been issued to you.

# I. International Application for Graduate Admission

<b>Dates for Filing Application for Admission</b>	
<p><b><u>Spring 2010</u></b>            Application Deadline: August 1, 2009            Document Deadline: September 1, 2007</p> <p><b><u>Fall 2009</u></b>            Application Deadline: April 15, 2008            Document Deadline: May 1, 2008</p>	<p><b>Applications will not be considered until the University has received <u>all</u> required information.</b></p> <p><b>Note: Please check to ensure that you are meeting your individual program application deadlines! Go to:</b>  <a href="http://www.gs.armstrong.edu/Appdeadlines.html">http://www.gs.armstrong.edu/Appdeadlines.html</a>.</p> <p>AASU Student ID: _____            (Will be assigned to you upon receipt of application)</p>
<p><b>Semester you plan to Enroll: Fall (August) _____ year    Spring (January) _____ year</b></p>	

**NOTE: If you are a U.S. citizen or have permanent resident status, please contact AASU Graduate Enrollment Office for an U.S. student application packet, 1.800.633.2349., or download one from our website, [www.gs.armstrong.edu](http://www.gs.armstrong.edu) .)**

U. S. Social Security Number   \_\_ \_\_ \_\_ -- \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_   (If Available)

Name: \_\_\_\_\_  
           Family/Surname      Given/First                      Middle                      Former/Maiden

Email: \_\_\_\_\_

Home Telephone (country code + city code + number): \_\_\_\_\_

Personal Cell Telephone: \_\_\_\_\_      Fax: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_      ( ) Male      ( ) Female

Country of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Native Language: \_\_\_\_\_

**Mailing Address (please include country):**

**Permanent Address in home country:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list person to contact in an **emergency**:

**In the USA (if available):**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

(area code + phone number)

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In your home county:**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

(country code + city code + number)

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent(s), Guardian, or Spouse's Name (Please Circle): \_\_\_\_\_

Above named Parent(s), Guardian, or Spouse's Address (Please include country):

\_\_\_\_\_  
\_\_\_\_\_

Classification	Demographic Information
<input type="checkbox"/> 1 <sup>st</sup> Year New Grad Student <input type="checkbox"/> Transfer Student _____ (List U.S. School Name)  <input type="checkbox"/> Former AASU Student <input type="checkbox"/> Transient _____ (List U.S. School Name)	<b>Race: Optional for statistical purposes only</b> 1. American Indian 2. Asian/Pacific Islander 3. Black (not of Hispanic Origin) 4. White (not of Hispanic Origin) 5. Multiracial 6. Hispanic 7. Other _____

If you are a former AASU student:

Date last enrolled: \_\_\_\_\_ Name Used: \_\_\_\_\_

How long do you plan to study at AASU? (Example: 4 years, 1 year, or 1 semester): \_\_\_\_\_

What are your interests, hobbies, and/or activities? (band, sports, drama, choir): \_\_\_\_\_

\_\_\_\_\_



# University System of Georgia CERTIFICATE OF IMMUNIZATION

NOTE: This form is required for applicants applying for the spring 2005 semester and later. Students who have previously attended Armstrong State College/Armstrong Atlantic State University are not required to provide immunization records.

**Part I - To be completed by the Student**

U.S. Social Security Number: \_\_\_\_\_ (if applicable)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_  
City Country Postal Code

Age: \_\_\_\_\_ at time you enter college      Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mm dd yyyy

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

\*\*\*\*\*

**Part II - To be Completed And Signed By Your Health Care Provider. Dates Must Include month and year.**

**Required Immunizations**

**A. Measles, Mumps, Rubella Required for students born in 1957 or later**

1. **M.M.R. (Measles, Mumps, Rubella)**  
 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
 Laboratory/serologic evidence of immunity (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 2  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OR

2. **Measles**  
 2 Doses with the first dose at 12 months or later and the second at least 28 days after the first dose, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
 Laboratory/serologic evidence of immunity (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 2  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mumps**

1 Dose at 12 months or later, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
 Laboratory/serologic evidence of immunity (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Rubella**

1 Dose with the first dose at 12 months or later (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
 Laboratory/serologic evidence of immunity (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OR

3. **Exemption**  
 I was born before 1957, and therefore am exempt from this requirement

**B. Tetanus-Diphtheria (Td booster dose in the last ten years or Primary Series with DTaP, DTP or Td)**

One Td booster dose within the last ten years prior to matriculation, (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 OR Completion of primary series (DTaP, DTP or TD) within the last ten years prior to matriculation. (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**C. Varicella (Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years. Required if born in 1980 or later.)**

History of Disease Yes\_\_\_ No\_\_\_, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Laboratory/serologic evidence of immunity, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 1 dose given at 12 months of age or later, but before the student's 13th birthday, OR (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 2 doses. Dose 1 given after the student's 13th birthday. 2nd dose at one month after first dose (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose2

**D. Hepatitis B - Required of all students who are 18 years of age or younger at time of entry into AASU.**

**(Three doses of vaccine or a positive Hepatitis surface antibody)**

3 dose hepatitis B series,

Hepatitis B series (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 2  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 3

OR

3 dose combined hepatitis A and hepatitis B series,

Combined (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 2  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 3

OR

2 doses hepatitis B series of Recombivax,

Recombivax (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose I  
(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dose 2

OR

Laboratory/serologic evidence of immunity or prior infection

(mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***\*\*\*Please note any allergy information (medical & non-medical), which a doctor/health care provider will need to treat this student.***

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**E. Exemption**

This student is exempt from the above immunization on grounds of permanent medical contraindication.

This student is temporarily exempt from the above immunizations until \_\_\_\_\_.

**Health Care Provider(Official Signature/Stamp Required)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone( \_\_\_\_ ) \_\_\_\_\_

Date \_\_\_\_\_

**Part III - Exemptions**

I, \_\_\_\_\_ affirm that immunization as required by the

(print name)

University System of Georgia is in conflict with my religious beliefs. I understand that I am subject to exclusion in the event of an outbreak of a disease for which immunization is required.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### III. Request for Certificate of Eligibility (I-20) (For Graduate Study at Armstrong Atlantic State University)

Please check one of the following:

- Initial entry into the United States from a foreign country to study under a student (F-1) visa.
- Continuation of study after attending another institution in the United States under a Certificate of Eligibility issued by that institution. Previous INS Admissions # (I-94#) \_\_\_\_\_

If you are already in the United States, please list your visa type: F-1 \_\_\_\_\_ J-1 \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_  
Family/Surname                      Given/First                      Middle                      Former/Maiden

U. S. Social Security Number \_\_ \_\_ \_\_ -- \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_ (if applicable)

Date of Birth: \_\_\_\_\_  
Month                      Day                      Year

Place of Birth: \_\_\_\_\_  
City                      Country

Country of Nationality (Citizenship): \_\_\_\_\_

Country of Legal Permanent Residence: \_\_\_\_\_

Major Field of Intended Study –What master’s degree do you intend to study? (Required by Immigration):

\_\_\_\_\_

Semester of Application: [ ] Fall Yr: \_\_\_\_\_ [ ] Spring Yr: \_\_\_\_\_

Address to which your I-20 should be mailed: \_\_\_\_\_

Please print or type!!!  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Visa/I-20 Purposes: Do you plan to bring a spouse or child with you to AASU? ( ) Yes ( ) No**

**If yes**, please provide the following information and a copy of the biographical page of this person’s passport:

Spouse's Full Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

## IV. Graduate Declaration of Finances

*Payment for tuition and fees, health insurance, books, room and board is due in full upon arrival.*

You **must show official certification of all sources of support**; acceptable forms are an original bank statement, employer's certification of annual salary, official certification of income-generating real estate or investments, etc. in U.S. Dollars. Additionally, if the support is not from your own personal savings, **you must include a letter of support from the parent or sponsor** who will support you during your education with the parent or sponsor's signature. Current financial certification is required (less than 6 months).

You are required to certify that you have sufficient funds available for your academic and living expenses. Estimated minimum funds needed for a nine-month academic year are as follows:

### **Graduate**

#### **2009-2010 Annual Expenses (2 Semesters)**

Tuition	16000.00 (up to 9 hours/semester)
Books	1400.00
Room/Board	8200.00
Medical	1000.00
Meals/Supplies	1000.00
Personal Expenses	2500.00
<b>Total</b>	<b>30,100.00 U.S.</b>

While your personal expenses may vary, Armstrong Atlantic State University requires proof of finances equaling \$30,100.00 U.S. Dollars for graduate students. The expenses listed above are for 2 semesters only (a nine-month academic year). Graduate students planning to attend classes during the summer semester should estimate an additional \$7,000.00 per year. The figures above represent the minimal costs of living in Savannah. Your personal spending may differ significantly. **If you are planning to attend the university for the 2010-2011 academic year, please reflect approximately 6% more in your financial documentation.** ALL FIGURES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

### **Additional Expenses for Spouses and Children:**

<b>Spouse:</b>	\$600.00 per month or \$7,200 per year (12-months)
<b>Each Child:</b>	\$400.00 per month or \$4,800 per year (12-months)

(For example if you and your spouse travel to the U.S., and both are on F visas, the total amount of funds required will be \$37,300. This is the \$30,100 for you, the student, and an additional \$7,200 for your spouse.)

Also, please consider transportation cost to the U.S., sources and availability of emergency funds while in the U.S., and any government-imposed restrictions on the release of funds from your country.

# Statement of Understanding

A SEVIS I-20 is not issued until this document is properly completed, returned to Armstrong Atlantic State University with all supporting attachments and made a part of your permanent record. The SEVIS I-20 will be issued only for the purpose of obtaining a student visa or reentry into the United States to study at Armstrong Atlantic State University.

Any omissions, misrepresentations of facts, or failure to furnish information automatically invalidates acceptance of the applicant into the University and results in termination of the Certificate of Eligibility.

When issuing a Form I-20 for transfer from another U. S. Institution, Armstrong Atlantic State University must certify to the U. S. Citizenship Immigration Service (USCIS) that you have sufficient funds to finance your total expenses while pursuing the degree for which you are applying.

The U. S. Citizenship and Immigration Service does not grant work permits to students on F-1 visas during the first year of enrollment. During the second year and thereafter, the Director of Graduate Enrollment Services may certify that you are eligible to apply for a work permit granting you permission to work a maximum of 20 hours per week through UCCIS under the following circumstance: you have experienced an unforeseen change in your financial circumstances and you are in good academic standing.

Under certain circumstances, you may be required to deposit, in advance, an equal amount to the first year's tuition and fees.

I certify that I have read the information on this document and the information I have provided on the sources and amounts of funds is true, correct and complete. Properly executed supporting documents are attached. Further, I will notify Armstrong Atlantic State University of any change in my financial situation.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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I swear that I have read the above statement and signed this document originally on the date listed above. Additionally, I swear that the information that I have provided on the admissions application as well as on the official documents is true and correct.

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Place Seal Here

Date Term Expires \_\_\_\_\_

# Evaluation/Translation of Non-U.S. Transcripts

Armstrong Atlantic State University (AASU) does not evaluate or translate international transcripts on-site. We require that each student have a professional evaluation/translation done of each international transcript, and have an original evaluation sent to the Graduate Enrollment Services Office.

AASU requires that you use one of six evaluation services: [Josef Silny, Inc.](#), [World Education Services, Inc.](#), [Education Credential Evaluators, Inc.](#), [International Education Research Foundation, Inc.](#), [American Association of Collegiate Registrars and Admissions Officers](#) and [Lisano International](#). However, the agencies that we recommend and have worked with extensively are J. Silny & Associates and World Education Services, Inc. You may visit their websites at [www.jsilny.com](http://www.jsilny.com) and [www.wes.org](http://www.wes.org) for applications and additional information.

**Graduate students are required to submit an evaluation that has a calculated grade point average (GPA) along with a course-by-course evaluation.** Please note, many agencies require that official documents be sent to their agency by your former college/university. You should allow sufficient time for the evaluation to be completed, which can take approximately 6 weeks from beginning to end. If the evaluating agency determines that your coursework **is not** the equivalent of an American four-year *baccalaureate degree (bachelor's)*, then your paperwork will be sent to our undergraduate office for possible admission. It is not possible to be admitted to Armstrong Atlantic State University's Graduate School without the equivalent of an American, four-year baccalaureate degree. If you do not agree with the evaluation of your paperwork, it is the student's responsibility to work with the evaluating agency to resolve any issues.

Also, please keep in mind the time required to have all your paperwork submitted, approved by the academic department, to receive your immigration materials, apply for your visa and arrive here in the United States. For many students, this is easily a **six-month** process.

***\*\*\*It is very important that students have translations and evaluations of ALL international course work done. Also, it is very helpful if students have photocopies of syllabi or a college course catalogue with course descriptions for further clarification of class work.***