



International Student Admission Checklist

Applying to McMurry University

- Fill out the application at mcm.edu/apply.
- Pay the non-refundable \$50 application processing fee at mcm.afford.com.
- Provide official transcripts of all academic work attempted in the United States or abroad (transcripts must be translated into English).
- Submit official SAT (Scholastic Assessment Test) and/or ACT (American College Test) scores, if applicable.
- If your native language is not English, submit proof of **one** of the following:
 - TOEFL (Test of English as a Foreign Language) score. A minimum score of 190 is required on the computer-based TOEFL. A minimum score of 520 is required on the paper-based TOEFL. A minimum score of 68 is required for the internet-based TOEFL.
 - OR**
 - IELTS (Academic Examination of International English Language Testing System) score. A minimum score of 5.5 is required.
 - OR**
 - 24 semester hours of transferable college coursework from a regionally accredited U.S. institution.

Following Acceptance to McMurry University

- Complete and mail the attached Report of Medical History and Consent of Medical Treatment along with a copy of your immunization records.
- Pay the \$150 housing deposit at mcm.afford.com.

Before Receiving the I-20

- Pay the \$1,500 enrollment deposit at mcm.afford.com.
- Complete and mail the attached Certification of Finances.
- Complete and mail the attached Statement of Responsibility.
- Register with SEVIS (Student and Exchange Visitor Information System) and pay the \$200 user fee using the I-901 Form. This may be completed online at www.ice.gov/sevis/i901.

After Receiving the I-20

- Schedule an appointment with your consulate to apply for your U.S. visa.

McMurry University International

Complete and Mail to:
Campus Nurse
1 McMurry University # 716
Abilene TX 79697 - 0716
 Phone: 325 - 793 - 4857
 Fax: 325 - 793 - 4879

Report of Medical History and Consent of Medical Treatment

Name (Last, First, Middle)				Student Identification Number	
Home Address (Number and Street, City, State, Zip)				Area Code & Telephone No. (student)	
Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Citizenship
Person to notify in case of illness, injury, or emergency: Name, Relationship, Street Address					
City, State, Zip		Home Telephone No.		Business Telephone No. or Cell No.	

PROOF OF THE FOLLOWING 4 IMMUNIZATIONS IS REQUIRED BY McM PRIOR TO REGISTRATION
May send copy of official immunization record.

*** BACTERIAL MENINGITIS Vaccine**

Must submit evidence of the vaccination. Acceptable evidence includes the following:

- The signature or stamp of a physician or his/her designee, or public health personnel, on a form which shows the month, day, and year the vaccination dose or booster was administered.
- An official immunization record generated from a state or local authority.
- An official record received from school officials, including a record from another state.

Available exemptions;

- Is 22 years of age or older on or before the first day of the term enrollment.
- Signs an affidavit declining the vaccination. Request must be made through the Department of State Health Services.

BACTERIAL MENINGITIS VACCINE - DATE _____

*** TUBERCULOSIS** (A Negative Test OR Chest X-Ray within Past One Year)

TB SKIN TEST Date _____ Results _____

CHEST X-RAY Date _____ Results _____

Have you ever had BCG vaccine? If yes, date _____

HEPATITIS B Vaccine

DOSE #1 Date _____

DOSE #2 Date _____

DOSE #3 Date _____

*** TETANUS/DIPHTHERIA** Booster within 10 Years Date _____

MMR (Measles, Mumps, Rubella) Two injections since age one.

DOSE #1 Date _____

DOSE #2 Date _____

ALL STUDENTS BORN AFTER 1957 MUST PROVIDE PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA.

ACCEPTABLE PROOF IS CONSIDERED TO BE:

1. RECORD OF IMMUNIZATION SIGNED BY PERSONAL PHYSICIAN.
2. DOCUMENTATION OF DISEASE BY A PHYSICIAN.
3. PROTECTIVE TITER.

AUTHORIZED SIGNATURE:

PHYSICIAN, PUBLIC HEALTH CLINIC, OR TRANSCRIPT FROM SCHOOL RECORDS

Signature _____

Title _____

Address _____

City, State, Zip _____

Telephone No. _____ Fax No. _____

RECOMMENDED (But Not Required)

Hepatitis A Vaccine

DOSE #1 Date _____ DOSE #2 Date _____

Please List Allergies:

Drugs:

Consent to Medical Treatment

I authorize the Campus Nurse and/or consultants to administer medical services and immunizations, and to perform emergency and therapeutic procedures, as necessary, or refer to licensed medical personnel when indicated (including to nearby hospitals).

Signature of Student if 18 years or over _____ Date _____

Signature of Parent or Guardian if Student is under 18 _____ Date _____

PERSONAL HISTORY

Please answer all questions. Comment on all positive answers in space below.

Have you had or have you now?

	YES	YEAR	NO		YES	YEAR	NO		YES	YEAR	NO		YES	YEAR	NO
German Measles, Rubella				Head injury with unconsciousness				Rheumatic Fever or Heart Murmur				Albumin/Sugar in Urine, Diabetes			
Measles				Dizzy Spells, Fainting				Heart Disease				Kidney Disease			
Mumps				Weakness, Paralysis				High Blood Pressure				Frequent Urination			
Chicken Pox				Tuberculosis				Pain/Pressure in Chest				Inf. Mononucleosis			
Epilepsy, Convulsions				Asthma				Chronic Cough				Inf. Hepatitis			
Eye trouble				Shortness of Breath				Rupture, Hernia				Other Medical Condition Or Surgery List:			
Ear, Nose, Throat trouble				Disease/Injury of Joints, Back				Stomach/Intestine Trouble							
Insomnia				ALLERGY				Gall Bladder Trouble or Gallstones							
Frequent Anxiety				Penicillin				Recurrent Diarrhea				FEMALES ONLY	YES	YEAR	NO
Frequent Depression				Sulfonamides				Recent Gain or Loss of weight				Irregular Periods			
Worry or Nervousness				Serum								Severe Cramps			
Recurrent Headaches				Foods								Excessive Flow			
Recurrent Colds				Others: List											
Tumor, Cancer, Cyst												Pap Smear Date:			
Venereal Disease												Results:			

Comments/Medications:

FAMILY HISTORY

	If Living AGE	OCCUPATION	or AGE @ DEATH	CAUSE OF DEATH	List details below to YES responses	YES	NO
Father					A. Has your physical activity been restricted during the past five years?		
Mother					B. Have you ever received treatment or counseling for a nervous condition, personality, or character disorder, or emotional problem?		
Brothers							
Sisters					C. Do you take any prescription medications?		
					Comments:		
Student Signature. I certify all questions are answered accurately.							

I understand that international students attending McMurry University will be signed up for student health insurance and the charges will be charged to the student's account.

Signature _____ Date _____

Please sign below that you received written information about Bacterial Meningitis with this form:

Signature _____ Date _____

International Student Certification of Finances Guidelines

Please read prior to completing this form.

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising educational costs and economic conditions have made verification of financial resources of international applicants essential. Institutions do not have the option of deciding whether or not to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of Certificates of Eligibility (Form I-20 or IAP-66).

The form is designed to standardize financial information provided by applicants to colleges, universities, and United States consuls. By completing and returning the form to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or IAP-66). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the Foreign Student Financial Aid Application to the family for completion. The institution should attach a copy of the *Certification* to the Certificate of Eligibility. United States consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. The *Certification* will help such officials make their decisions and expedite visa issuance.

Return this form directly to the McMurry University, 1 McMurry University #278, Abilene, TX 79697. Do not send it to the College Scholarship Service® or International Education at the College Board.

Estimated Annual Full-Time New Student Direct Cost for 2016-2017*

Full-Time Tuition	\$26,100.00
Fees	\$ 175.00
Room and Board	\$ 7984.00
Books and Supplies	\$ 1,200.00

TOTAL \$35,459.00
(Annual Direct Cost)

*Tuition and Fees have not been finalized for 2017-2018.

**INTERNATIONAL STUDENT
CERTIFICATION OF FINANCES**

Return directly to the college providing
or requesting this statement.

CONFIDENTIAL

<p>1. YOUR NAME</p> <p>Mr. _____ Ms. _____ Mrs. _____ Miss _____</p> <p>2. PERMANENT ADDRESS</p> <p>_____</p> <p>3. MAILING ADDRESS (if different from above)</p> <p>_____</p>	<p>FAMILY (Surname) _____ GIVEN (First) _____ MIDDLE _____</p>	<p>4. DATE OF BIRTH</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH _____</td> <td style="width:33%;">DAY _____</td> <td style="width:33%;">YEAR _____</td> </tr> </table> <p>5. PLACE OF BIRTH (country)</p> <p>_____</p> <p>6. COUNTRY OF CITIZENSHIP</p> <p>_____</p>	MONTH _____	DAY _____	YEAR _____	<p>7. EXPECTED VISA TYPE</p> <p><input type="checkbox"/> Academic or language training (F)</p> <p><input type="checkbox"/> Non-academic vocational (M)</p> <p><input type="checkbox"/> Exchange visitor (J)</p> <p><input type="checkbox"/> Immigrant (PR)</p> <p><input type="checkbox"/> Diplomatic or official (A or G)</p> <p><input type="checkbox"/> Other (Specify) _____</p>																																																														
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<p>8. Enter the expected amount of annual support from the sources listed below. Enter amounts in US dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:25%;">STUDENT'S SOURCES OF FUNDS</th> <th style="width:10%;">ASSURED SUPPORT</th> <th colspan="4" style="width:65%;">PROJECTED SUPPORT</th> </tr> <tr> <th></th> <th style="width:12.5%;">FIRST YEAR</th> <th style="width:12.5%;">SECOND YEAR</th> <th style="width:12.5%;">THIRD YEAR</th> <th style="width:12.5%;">FOURTH YEAR</th> </tr> </thead> <tbody> <tr> <td style="background-color: #e0e0e0;">8a. PERSONAL OR FAMILY SAVINGS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> <p>NAME OF BANK _____</p> <p>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</p> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8b. PARENTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> <p>Money available from sources other than savings.</p> <p>FATHER'S NAME _____</p> <p>MOTHER'S NAME _____</p> <p>Please describe the source: _____</p> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8c. SPONSORS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> <p>Money available from sources other than parents.</p> <p>SPONSOR'S NAME _____</p> <p>SPONSOR'S NAME _____</p> <p>Please describe the source: _____</p> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #e0e0e0;">8d. YOUR GOVERNMENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> <p>NAME OF AGENCY _____</p> <p>Enclose with this form a signed copy of your letter of award.</p> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL ▶</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td></td> </tr> </tbody> </table>		STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT					FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	8a. PERSONAL OR FAMILY SAVINGS						<p>NAME OF BANK _____</p> <p>A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.</p>						8b. PARENTS						<p>Money available from sources other than savings.</p> <p>FATHER'S NAME _____</p> <p>MOTHER'S NAME _____</p> <p>Please describe the source: _____</p>						8c. SPONSORS						<p>Money available from sources other than parents.</p> <p>SPONSOR'S NAME _____</p> <p>SPONSOR'S NAME _____</p> <p>Please describe the source: _____</p>						8d. YOUR GOVERNMENT						<p>NAME OF AGENCY _____</p> <p>Enclose with this form a signed copy of your letter of award.</p>						TOTAL ▶	\$ _____	\$ _____	\$ _____	\$ _____		<p>9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.</p> <p>SIGNATURE OF BANK OFFICIAL _____</p> <p>TITLE _____</p> <p>NAME OF BANK _____</p> <p>ADDRESS OF BANK _____</p> <p style="text-align: right;">DATE _____</p> <p>Parent's signature is required (see certification statement above).</p> <p>SIGNATURE OF PARENT _____</p> <p>ADDRESS _____</p> <p style="text-align: right;">DATE _____</p> <p>Sponsor's signature is required (see certification statement above).</p> <p>SIGNATURE OF SPONSOR _____</p> <p>ADDRESS _____</p> <p>RELATIONSHIP OF SPONSOR TO STUDENT _____</p> <p style="text-align: right;">DATE _____</p> <p>13. How will you pay for your transportation to the U.S.? _____</p> <p>14. What is the total amount of money you expect to have when you arrive at this institution? US \$ _____</p> <p>15. Do you plan to remain in the U.S. during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. If remaining in the U.S., do you plan to attend summer school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. What are the sources and amounts of support available to you during the summer? AMOUNT</p> <p>SOURCES: _____ US \$ _____</p> <p>_____ US \$ _____</p> <p>_____ US \$ _____</p> <p>_____ US \$ _____</p>	
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<p>10. What is the present exchange rate of your country's currency to the US dollar (for example, 3100 pesos = \$1)? = \$1</p> <p>11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, describe restrictions. _____</p> <p>12. Do you have a source for emergency funds once you arrive in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, name source. _____ Amount available _____</p> <p style="text-align: right;">in US dollars \$ _____</p>		<p>18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or IAP-66) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa.</p> <p>I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.</p> <p>SIGNATURE OF STUDENT _____ DATE _____</p>																																																																		

FOR OFFICE USE ONLY

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____

NAME OF INSTITUTION _____

ADDRESS _____ DATE _____

McMurry University

Office of International Student Services

STATEMENT OF RESPONSIBILITY FOR INTERNATIONAL STUDENTS

I, the undersigned, acknowledge that as a non-immigrant student in the USA, I am responsible for and legally liable for the following:

- I must adhere to all US laws and US Department of Homeland Security (DHS) regulations pertaining to my stay in the USA and am legally liable for such adherence, including school transfers, change of program or major, work laws and extensions.
- It is my responsibility to maintain my legal status.
- I understand that the Office of International Student Services (OISS) is the only University Office designated to handle immigration and visa issues.
- I must maintain a valid passport at all times, unless exempt from passport requirements.
- I understand that McMurry University is required by law to submit my class registration and address information to the Department of Homeland Security (DHS) on an ongoing process. This includes dropping or withdrawing from classes. This reporting is done through a computer system called **SEVIS**.
- I am legal to study only until the date specified on my I-20 or DS-2019.
- I must apply for an extension of study time **prior to the end on the I-20 or DS-2019** if an extension is necessary to complete the degree or program.
- I must notify the Service Center of any change of address within 10 days of moving.
- I understand that I must maintain a full course load each academic term (with the exception of summer) during my academic program:

Undergraduate: 12 hours
- I must receive permission from the International Student Advisor for any exceptions from the full course of study requirements **prior to registering for less than a full course load or dropping below a full load.**
- **I am not allowed to work off campus in the United States without special government authorization.**
- I must notify the OISS **in advance** if I intend to transfer universities.
- I must obtain a new I-20 or DS-2019 before changing my academic program from one major to another.
- I must notify the OISS prior to traveling outside the US in order that the form I-20 or DS-2019 can be endorsed for travel.
- I must notify the OISS of any accompanying dependents in F-2 or J-2 status including required immigration and biographical information.

(Continued on back)

- It is my responsibility to keep my parents or sponsors informed of my grades and academic progress.
- I **must** fulfill all financial obligations to McMurry University or I understand that I will not be allowed to register for future academic terms and face **termination** of my SEVIS record.
- **I understand that various visa issues (e.g. F, J, H etc.) have different rules and regulations. I also understand that the immigration laws are changed often and it is my responsibility to check with the OISS regarding legal concerns.**

I have read the information above about maintaining my legal status in the United States and understand that I must comply fully with these regulations in order to remain in legal status. I further understand that this information is not exhaustive and that I should direct any additional questions or concerns about my legal status to the Office of International Student Services.

Print Name: _____

Signature: _____ Date: _____