

International Student Agreement Form



School House Lane and Henry Avenue
Philadelphia, PA 19144-5497

Office of Graduate Admissions
215.951.2943

Required information for an F-1 Student Visa:

1. In what country were you born? _____
2. Of what country are you a citizen? _____
3. Of what country are you a permanent resident? _____
4. Your date of birth _____
5. Permanent home address _____

If I am admitted as a student to Philadelphia University:

1. I understand I must attend Philadelphia University for a minimum of one full semester (nine graduate credits) if I travel to the United States on an F-1 visa granted through a SEVIS I-20 issued by Philadelphia University.
2. I will enroll in the required courses as determined by the graduate studies advisor for international students.
3. I will enroll in and attend at least nine credits of classes each semester.
4. I will not add or drop classes without the approval of the graduate studies advisor for international students.
5. I will accept employment only when approved by Philadelphia University and when authorized in writing by the United States Bureau of Citizenship and Immigration Services.
6. I agree to take an English language placement test before registering for any classes.
7. If necessary, I will enroll in any classes suggested by the University to improve my English ability.

I understand that if I fail to meet the above conditions or if I fail to maintain at least a "B" scholastic average, Philadelphia University will immediately notify the United States Bureau of Citizenship and Immigration Services that my approval has been cancelled and that I will not be permitted to continue my studies at Philadelphia University.

Having read and understood all of the above, I agree without qualification to these conditions.

Student's Name

Student's Signature

Date

Please return this form to:

Office of Graduate Admissions
Philadelphia University
School House Lane and Henry Avenue
Philadelphia, PA 19144-5497 USA



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INTERNATIONAL STUDENT TRANSFER RECOMMENDATION FORM

Please submit this form to the international student advisor of the institution you currently attend or most recently attended.

Name _____
Last First Middle

Admission (I-94 card number) _____ Student ID # _____

Address _____

I grant permission for the information requested below to be released to Philadelphia University.

Student's Signature Date

TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL

The above named student has applied for admission to Philadelphia University. We request confirmation of his/her status before completing a transfer.

Current immigration status:

___ F-1 ___ J-1 ___ Other ___ I-94 card expiration date _____

Degree level being pursued at your institution _____

Date of last attendance at your school _____

Has the student been maintaining full-time status at your institution? ___ YES ___ NO

To the best of your knowledge, is the student currently in status? ___ YES ___ NO

Date student will be released from SEVIS _____

Please indicate the dates of any practical training in which the student has participated:

Curricular _____ Optional _____ J-1 Academic _____

Comments _____

Name and title of DSO completing this form Signature

Name of Institution Date

Address

Telephone Number Email Address

Please return completed form to:



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STATEMENT OF FINANCIAL SUPPORT

Student's Name _____

Sponsor's Name _____

Sponsor's Address _____

Sponsor's Occupation _____ Annual Salary \$US _____

Relationship to Applicant _____

I certify that I will provide financial support for _____
(Name of Student)

who resides at _____
(Student's Foreign Address)

to come to the United States and study at Philadelphia University. I am willing and able to maintain and support the prospective student. I am ready and willing to deposit a bond, if necessary, to guarantee that such prospective student will not become a public charge during his/her stay in the United States. I also assure the University that the prospective student whom I am willing to support will not find it necessary to appeal to Philadelphia University for scholarship or other material aid.

*** It is only necessary to show one year of financial support.**

	* 1 st Year	2 nd Year
Total \$ available from sponsor in US \$.		
Total \$ available from parent (if not sponsor) in US \$.		
Available \$ from scholarships/sponsoring organizations.		
TOTAL available from all sources.		

Signature of the Sponsor _____

Sworn to and subscribed this _____ day of _____, _____.
(Month) (Year)

Signature of notary _____

Place notary's seal here.

NOTE: Attach official Bank Statements and Documentation