Application Instructions

Please prepare and submit the following documents to the Office of International Programs (OIP). International exchange students will be issued a Form DS-2019 and enter the U.S. with a J-1 (Exchange Visitor) visa.

- Completed and Signed Application Form
- Official Transcripts must be sent to OIP. Please include an English translation if necessary. If you are applying at the master’s degree level, proof of bachelor’s degree is required.
- Letter of Approval: Please provide a statement from your home university indicating that you have approval to study at Roosevelt University.
- Proof of English Proficiency: Please provide proof of your English proficiency. Roosevelt requires that international students show a minimum TOEFL score of 80 iBT with a minimum of 22 on the writing section or IELTS score of 6.5 with a minimum of 6.5 on the writing band.
- Photocopy of Passport: Due to immigration requirements, we request a copy of the information/picture page of your passport to ensure that your immigration documents match the name as listed in the passport.
- Funding Requirement: All international exchange students must show proof of living expenses for the full period of study. Please complete and sign the enclosed form. Submit the form with an official bank letter or account statement (certified in English) from you or your sponsor showing sufficient funds for the duration of your exchange program. Bank documents must be no older than six months.

Application Deadline

- Academic Year (August – May) ......................................................June 1
- Fall Semester (August – December) ............................................June 1
- Spring Semester (January – May) .......................................November 1

Applications received after this date will be considered if there is sufficient time for visa and application processing.

Health insurance coverage: J-1 exchange visitors are required to have health insurance. You must purchase health insurance and provide proof of coverage to the Office of International Programs within two weeks of your arrival at Roosevelt University. Your insurance must provide the following minimum coverage:

- $100,000 for each illness or accident with a deductible not to exceed $500 per illness or accident
- $50,000 for medical evacuation
- $25,000 for repatriation of remains
Office of International Programs
Non-Degree International Student Application

Part 1 — Personal Information (Please type or print clearly in blue or black ink)

1. Last (Family) Name: ________________________________________________________________________________________________________________
   (As it appears on your passport)

2. First (Given) Name: ________________________________________________________________________________________________________________
   (As it appears on your passport)

3. Preferred Name: ___________________________________________________________________________________________________________________
   (If different from above)

4. Date of Birth: __________________________________________________________________ (Month/Day/Year)

5. Gender: □ Male □ Female

   Country of Legal Permanent Residence: __________________________________________________________
   City of Birth: ____________________________________________________________

7. Home Country Permanent Street Address: ____________________________________________________________
   City: __________________________________________________ State/Region:  ____________________________________________
   Country: __________________________________________________ Postal Code/Zip: ________________________________
   Home Phone Number: __________________________________ Work or Mobile Number: __________________________

8. Email Address: _________________________________________________________________

9. Mailing Street Address (if different from above): ____________________________________________________________
   City: __________________________________________________ State/Region:  ____________________________________________
   Country: __________________________________________________ Postal Code/Zip: ________________________________

10. Emergency Contact Name: ___________________________________________________________
    Relationship to Applicant: _____________________________________________________________
    Phone: __________________________ Email: __________________________

11. Are financial support documents enclosed with this application? □ Yes □ No
    The Form DS-2019 cannot be issued until these documents are received: □ Affidavit of Support Form □ Bank Letter/Statement

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Office of International Programs
Non-Degree International Student Application

Part 2 — Education Information

1. What is your current field of study? ___________________________________________

2. How many years have you completed at your current institution? ________________________

3. Please attach official transcripts.

4. Period of Study at Roosevelt University:
   - Academic Year (August – May)
   - Fall Semester (August – December)
   - Spring Semester (January – May)

5. Please attach list of courses you would like to take at Roosevelt University.

6. Level of Study:
   - Undergraduate (Bachelor's)
   - Graduate (Master's)

7. Please indicate your home institution: ___________________________________________

8. Home university advisor or exchange coordinator:
   Title: ___________________________ Email: ___________________________

The information I present in this entire application is complete and accurate to the best of my knowledge. I understand that this application is not valid if information is withheld or misinformation is given. I understand registration may be provisional, pending receipt of my final records if I am currently enrolled in another institution. The University reserves the right to cancel my registration if my official final records are found to be unsatisfactory. All information is completely confidential and will be released only in compliance with federal and state laws. By signing, I agree to abide by the policies and regulations of Roosevelt University.

Signature of applicant is required:

__________________________________________________________________________

Signature   Month/Day/Year

Please return the application and supporting materials to:

Roosevelt University
Office of International Programs
430 South Michigan Avenue, AUD124
Chicago, IL 60605-1394 USA
Telephone: (312) 341-3531
Fax: (312) 341-6377
Email: international@roosevelt.edu

www.roosevelt.edu
Office of International Programs
Affidavit of Support for International Exchange Students

Student’s Name: ________________________________________________________________

Statement of Cost:
All Roosevelt international students, including international exchange students, must provide financial documentation to prove that they have sufficient funding for the entire duration of their studies in the Chicago area. The amount of funding (in U.S. dollars) must include tuition and fees, room and board, books and supplies, medical insurance, and other miscellaneous expenses. For current tuition, fees, and estimated costs of living, please go to our homepage: roosevelt.edu/Admission/International/Financial.aspx.

International exchange students from Roosevelt-approved exchange programs are not required to pay Roosevelt tuition. In most cases, they will be required to demonstrate proof of funding for Roosevelt fees and living expenses only. It is the responsibility of the student to find out the total amount of funding for which they must provide financial documentation. Students should contact their home school advisor and the Roosevelt international admission advisor for detailed information.

Sponsors:
As an international student applicant, you can have more than one financial sponsor. You can be your own sponsor as well. However, your sponsor cannot be someone who is holding an F-1 or J-1 non-immigrant student status in the U.S. Each of your sponsors must complete and sign the Affidavit of Support (if you have more than one sponsor, please make a copy of this form for each one). This Affidavit of Support must be accompanied by original bank letter(s) or account statement(s) issued by your bank or your sponsor(s)’ bank, showing that sufficient funds are available to support your study and living expenses for the period of your study at Roosevelt University. Keep copies of all financial documentation for your visa application.

Student Certification:
I have read the above information regarding the funding of my study at Roosevelt University. I understand that I must secure funding for all expenses while attending the University. The person/agency listed above will provide adequate financial support to guarantee payment of my expenses.

__________________________________________________________________________  ___________________________________
Student’s signature   Month/Day/Year

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