

CHICAGO STATE UNIVERSITY

**College of Pharmacy
Supplemental Packet
for
International Applicants**

9501 S. King Drive
Douglas Hall, Room 206
Chicago, IL 60628-1598
Tel: 773. 821.2500
Fax: 773. 821.2595
Email: pharmacy@csu.edu
[www.csu.edu/college of pharmacy](http://www.csu.edu/college%20of%20pharmacy)



FALL 2016

Chicago State University
College of Pharmacy
9501 S. King Drive
Douglas Hall, Room 206
Chicago, IL 60628-1598

CERTIFICATE OF SPONSORSHIP

Name of Student _____
Family Name _____ Given Name _____ Middle _____

Do not sign this certificate **until** you have an authorized notary public ready to witness your signature.

I, _____ of _____
Street Address _____

(City/Town) _____ (Province) _____ (Country) _____

hereby declare my intentions to undertake full financial responsibility and all other liabilities for
_____ during his/her education and stay in the United States.

Print Name (Sponsor) _____ Date _____

Signature of Sponsor _____ Date _____

To be completed by Notary Public:

I, _____, a notary public appointed in _____,

do hereby certify that _____ is the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that he/she signed and delivered the said instrument as his/her free and voluntary act for the uses and purposes therein set forth.

Given under my hand and official seal,

this _____ day of _____ (month) in the year _____

Signature of Notary _____ SEAL _____

Financial Statement for International Students

Each student must be prepared to accept full responsibility for the expenses incurred while studying in the United States. The following figures indicate the minimum amount for one academic year of study and twelve months of living expenses. **(Yearly costs are subject to change.)**

ESTIMATE OF YEARLY COSTS

Tuition & Fees	\$38,991.00	Transportation	\$900.00	Housing & Food	\$10,951.00
Miscellaneous	\$3,000.00	Health Insurance	\$1326.00	Books & Supplies	\$1,800.00

Estimated Total Costs = \$56,968

Indicate Source of Funds Assured (*Amounts in US dollars*) Student

Name _____
Family Name
Given Name
Middle Name

Personal Savings \$ _____
 Name and address of Bank _____

Enclose with the form a statement from an officer of the bank certifying that the funds indicated are available.

Employment (if applicable) Salary \$ _____
 Name and address of Employer _____

Enclose with the form a statement from your employer indicating the nature, duration of employment and salary paid.

Personal Sponsor Amount \$ _____
 Name and address of sponsor _____

Relationship of Sponsor to student _____
 Enclose with this form a notarized statement from sponsor indicating the accuracy of this entry and documented evidence that the sponsor has the funds available.

Governmental Sponsor (if applicable) Amount and duration of award \$ _____
 Name and address of Agency _____

Enclose a signed copy of your award letter.

CERTIFICATION

I certify that the financial information provided on this form is a true and accurate statement of resources available to me. For my first academic term at Chicago State University College of Pharmacy, I have a total amount of \$ _____ available to me and a total of \$ _____ available for each subsequent year. Evidence of these resources is attached in the form of an affidavit of sponsor support, bank, employer, and/or award letter.

Signature

Date

Signature of Notary

SEAL

ILLINOIS RESIDENCY

The university shall determine the residency status of each student enrolled in the university for the purpose of determining whether the student is assessed in-state or out-of-state tuition. Each applicant for admission to the university shall submit, at the time of application, evidence for determination of residency. The office responsible for admissions shall make a determination of residency status. To be considered a resident, an adult student must have been a bona fide resident of Illinois for a period of at least six consecutive months immediately preceding the beginning of any term for which the individual registers at the university and must continue to maintain a bona fide residence in Illinois.

Residency Appeal Procedure

Students who take exception to their residency status classification shall pay the tuition assessed, but may file a claim in writing to the Registrar's Office for reconsideration of residency status. The written claim must be filed within thirty (30) calendar days from the date of the tuition bill or the student loses all rights to a change of residency status for the term in question. If the student is dissatisfied with the ruling in response to the written claim made within said period, the student may file a written appeal within ten (10) calendar days of receipt of the decision to the Registrar's Office. Such written appeals shall be forwarded to the Provost, who shall consider all evidence submitted in connection with the case and render a decision which shall be final.

Please TYPE or PRINT legibly.

International Data Sheet

PLEASE READ ALL THE INSTRUCTIONS BEFORE FILLING OUT THIS FORM. Complete ALL sections of the application.

STUDENT'S NAME

Family (Last) Name _____ First (Given) Name _____ Middle _____

SPOUSE'S NAME (If applicable)

Family (Last) Name _____ First (Given) Name _____ Middle _____

PERMANENT ADDRESS

Town/City _____ Province _____ Country _____

E-MAIL ADDRESS _____ @ _____ **POSTAL** _____

NAMES OF DEPENDENT CHILDREN (If applicable)

1st Child's Name _____ Age _____ 3rd Child's Name _____ Age _____

2nd Child's Name _____ Age _____ 4th Child's Name _____ Age _____

COUNTRY OF BIRTH _____ **Country of Citizenship** _____ **Date of Marriage** (If applicable) _____

GENDER Male ___ Female ___ **DATE OF BIRTH** Month _____ Day _____ Year _____ **INTENDED MAJOR** _____

TOEFL Score (If taken) _____ Date _____ **SEMESTER for which you are applying** (Check one) FALL (August) ___ SPRING (January) ___

If you are ALREADY IN THE UNITED STATES, please answer the following questions

When did you enter? Month _____ Day _____ Year _____ If you currently have an "F1" Visa, which school issued it? _____

SECONDARY SCHOOLS and COLLEGES/UNIVERSITIES ATTENDED, list all in chronological order.

Name of School/College/University	Location	Attended (from/to)	Certificate/Degree	Date Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN US DOLLARS, what amount of money is available to you to cover your tuition and other educational expenses each year? \$ _____

Who/What is the source of these funds? _____

STUDENT'S SIGNATURE

I certify that the above statements are true and complete to the best of my knowledge.

Student's Signature _____ Date _____

International Transfer Verification Form

Please complete the top portion of this form. The remainder of the form must be completed by your International Advisor, or a designated school official at the institution you are presently attending or previously attended.

Name	Student ID
Country of Citizenship	Date of Birth

I, hereby give my permission for _____
Present school
to release the following information to Chicago State University.

Student's signature	Date
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To the International Student Advisor:

Please complete the following for the above student and return to:
Chicago State University, 9501 South King Drive, DH 206 Chicago, Illinois 60628-1598
773-821-2570/ Fax 773-995-3965

Student's Status: _____ F-1 () Other ()
Please explain other: _____

Please check the appropriate answer:

To your knowledge is the student in compliance with all immigration regulations?	YES ()	NO ()
Is the student in good academic standing?	YES ()	NO ()
Has the student pursued a full time course of study?	YES ()	NO ()
Has the student met all financial obligations at your institution?	YES ()	NO ()
Is the student currently enrolled?	YES ()	NO ()

Please indicate the date and semester of the student's last attendance: _____ / _____

Please list any periods of practical training: _____
Date From: _____ Semester To: _____

Did your institution issue the I-20? YES () NO ()
Is the student eligible to continue at your institution? YES () NO ()
Please indicate the release date of student in SEVIS: Month _____ Day _____ Year _____

Any additional comments would be greatly appreciated. _____

Signature of School Official	Date
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Name of School	Phone Number
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