

Requested Course Selection

Please select up to eight courses from the VCU Schedule of Classes (<http://www.pubapps.vcu.edu/scheduleofclasses/>). Some courses require prerequisites. Ensure that you have completed the prerequisites for the courses that you select. List courses in order of preference. Not all courses are offered each semester; therefore, it is recommended that you select alternates. Example: Course number: FASH 202, Course name: Draping would be listed as FASH 202 Draping.

Please type all requested information:

Course Number (i.e. FASH 202)

Course Name (Draping would be listed as FASH 202 Draping)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

TOEFL

An official TOEFL score report is required (for students whose native language is not English) prior to admission to VCU. When you take your TOEFL exam, please list institutional code 5570 for reporting to VCU. The required TOEFL score for undergraduate applicants is 80 iBT, 550 PBT, or IELTS of 6.0 (academic band score), and for graduate applicants the required score is either 100 iBT, 600 PBT or IELTS scores of 6.5 (academic band score).

Date Test Taken (month/year) _____ Unofficial Score _____

Signatures

I certify that all the information on this form and all credentials submitted in support of my application are complete and accurate. I understand that withholding or giving false information will make me ineligible to participate in an exchange.

Applicant Signature (Required) _____ Date _____

I certify that I have reviewed the above student's application to participate in an exchange between VCU and my university. I certify that the student is academically suitable, and has met the criteria of the home institution to participate in the exchange.

Exchange Coordinator Signature (Required) _____ Date _____

Financial Statement

Provide your sources of support. Bank statements must be attached.

Personal Savings

Required Verification: Bank statement and completion of financial verification statement B on this form.

Family/Relative/Sponsor who will support you

Required Verification: Bank statement and completion of financial verification statements A and B on this form.

Name/Relationship _____ Name/Relationship _____

Scholarship/Loan

Required Verification: official award letter, loan approval letter or completion of financial statement B on this form:

Awarded by _____

Government/Employer/Other

Required Verification: Official letter of support; bank statements, affidavits, or sworn statements of officer making award decision; or completion of financial verification statement C on this form.

Name of Sponsor (specify source and type of support): _____

List the amounts of support beside the appropriate source in U.S. dollars

Personal Savings	\$ _____
Family/Relative/Sponsor	\$ _____
Scholarship/Loan	\$ _____
Government/Employer/Other	\$ _____
Total Amount of Support	\$ _____

Financial Verification Statements

A. This is to certify that I/we the undersigned have agreed to provide the funds indicated on this form to the applicant for the purpose of study at Virginia Commonwealth University and that I/we are submitting bank statements indicating the availability of these funds.

Sponsor Signature _____ Date _____

Relationship to applicant _____

Sponsor Signature _____ Date _____

Relationship to applicant _____

B. I (print name) _____ certify that the total amount of money available for my program at Virginia Commonwealth University is \$ _____. I certify that I have adequate funds for travel to and from the United States and that I shall not require additional financial assistance from Virginia Commonwealth University.

I further certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in the automatic denial of admission to exchange.

VCU procedures and the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended, prohibit the unauthorized release of confidential information about individual students under most conditions. Realizing this, I have elected, nevertheless, for my advisors and the Global Education Office to be able to communicate verbally or in writing on my academic progress as well as any concerns regarding my general well-being (including disciplinary issues) while abroad with my exchange coordinator at my home institution.

Applicant Signature _____ Date _____

(Your signature is required regardless of your source of support.)

Please return all forms and documents to:

By Mail: Sarah Carrier
VCU Global Education Office
Virginia Commonwealth University
912 W. Grace Street
Box 843043
Richmond, Virginia 23284-3043
United States of America

By email: issp@vcu.edu

Questions?

Contact Sarah Young Carrier
syoung8@vcu.edu

**Deadline for Spring Exchange:
November 1**

**Deadline for Fall/Academic Year
Exchange: April 15**

Medical Information: Student Self Assessment Medical Form

Please note: This information will not be used to determine your acceptance. It remains on file in the VCU Education Abroad Office in case of a medical emergency. Please be honest. This information will be used for your safety and to accommodate you medically. It will be kept confidential. Only VCU staff and medical personnel have access to this form.

Exchange Student Name: _____

Home Institution: _____

Please read and answer the questions below:

- 1. Do you have any pre-existing conditions? [] Yes [] No
2. Do you currently receive any treatments or medication on a regular basis? [] Yes [] No
3. Do you have any dietary restrictions? [] Yes [] No
4. Do you have any allergies to medication, plants, food, animals, insect stings, etc...? [] Yes [] No
5. Do you have any physical limitations or disabilities? [] Yes [] No
6. Have you ever had a major illness? [] Yes [] No
7. Have you ever had a major surgical operation or been advised to have one? [] Yes [] No
8. Have you ever been hospitalized? [] Yes [] No
9. Have you ever received treatment for drug or alcohol addiction? [] Yes [] No
10. Have you every been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional or nervous disorder? [] Yes [] No
11. Have you ever had treatment in a mental institution? [] Yes [] No

If you have answered yes to any of questions 1 through 11, please explain below, continuing on the reverse side if necessary:

- 12. Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the VCU Education Abroad staff before you depart? [] Yes [] No

Your Daytime Phone Number: _____ Best time to call: _____

- 13. Please provide the name and a daytime telephone number of a parent or guardian who may be contacted in case of an emergency.

14. Name: _____ Daytime Phone Number _____

By signing below, I certify that the above information is true to the best of my knowledge, I also acknowledge the following:

I represent and certify that I am not a minor (under 18 years of age)

Print Name

Exchange Student Signature

Date (Month/Date/Year)