



WILLIAM JESSUP UNIVERSITY

International Undergraduate Student Admission Information

Admission Process

- STEP 1** Submit completed application, \$50 (US) non-refundable application fee, and other required documents (See “Application Checklist” for complete list) to the International Programs Office (IPO).
- STEP 2** You will be contacted within approximately 1 week confirming whether your application has been accepted. If the application is incomplete, you will be requested to submit the missing/incomplete documents.
- STEP 3** If you are admitted, you must prepare to submit the tuition, fees and optional housing payment for the first semester prior to the start of the semester.
- STEP 4** A letter of acceptance and all necessary immigration documents will then be issued to you.

Application Checklist

- Application Form with \$50 non-refundable application fee** (completed with applicant signature)
- Copy of Valid Passport**
- Official Transcripts** (from all colleges and universities attended) May need to be evaluated
- Copy of Diploma** (from secondary school)
- TOEFL Score (IBT 70+ or PBT 523+), IELTS Academic Score of 6.0**
*Waived if English Language: Medium of Instruction/Certificate
- Personal Essay** (500 words)
- Financial Documents:**
 - Financial Support Declaration**
 - Bank Statement**
- Health Documents:**
 - Student Statement of Health**
 - Medical Examination** (with Physician’s signature)
- International Student Agreement Form**

Please mail all application materials to:

International Programs Office (IPO)
William Jessup University
2121 University Ave
Rocklin, CA 95765 (USA)
Email: internationaladmissions@jessup.edu
Phone: (866) 202-9750

Application Deadlines

Semester	Application Deadline
Spring 2018	November 15, 2017
Summer 2018	January 31, 2018
Fall 2018	January 31, 2018

You are encouraged to apply early to ensure class enrollment.

WILLIAM JESSUP UNIVERSITY

International Undergraduate Student Application

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

Term for which application is being made: Spring Summer Fall 20_____

Personal Data

Full Name: _____ Sex: Male Female
(Family Name) (First Name) (Middle Name)

Date of Birth: _____ Home Country Phone Number: _____
(Month/Day/Year)

Country of Birth: _____ Country of Citizenship: _____

Permanent Address (in home country):

_____ (City) (District or Province) (Country)

Marital Status: Single Married Are you planning to be? _____

Email Address: _____

Ethnicity, Race, and Religious Affiliation (Optional-if supplied, this information will be used for statistical information only.)

Asian _____ Black or African American _____ Hispanic//Latino _____ Two or More Races _____

Native Hawaiian or Other Pacific Islander _____ White _____ American Indian or Alaska Native _____

Name of Church you attend _____ Denomination _____

Immigration and Visa Information

Visa Type: _____ No Visa F-1 F-2 F-3

Other (Please explain): _____

How did you hear about William Jessup University? _____

Family Information

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address:

EMERGENCY CARE

Who may we contact in case of emergency? Please print name and phone number of a contact person in your home country and or in the U.S.

U.S. Contact (optional): _____ (Name) _____ (Phone)

Home Country Contact: _____ (Name) _____ (Phone)

If you are under 18 years of age, and not married, when you are a student at this college, your parent or legal guardian must sign below next to **Signature of Parent/Guardian**. Otherwise, you should sign next to **Signature of Applicant**.

Name (parent or legal guardian):

Address:

In case of illness and /or injury, permission is granted to this college to provide emergency treatment to the above named student:

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

Educational Background

Are you a high (secondary) school graduate? Yes No If "Yes," list date of graduation: _____

In chronological order, list any secondary schools and colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page. You must provide a diploma or other proof of graduation from a secondary school as well as transcripts (with an English translation) from any college or university that you have attended.

Institution #1

Institution #2

	Institution #1	Institution #2
Name		
Location		
Dates Attended		
Major		
Diploma/Degree Received		

Program of Study

Bachelor of Science: (check one)

- Business
- Accounting
 - Finance
 - Management
 - Marketing
- Biology
- Pre-Med
 - Allied Health
- Computer Science
- Web Systems & Applications
- Environmental Science
- Ecology
 - Agriculture
 - Geographic Science
- Kinesiology
- Sports Management

California Teaching Credentials

- Single Subject
- Multiple Subject

Bachelor of Arts: (check one)

- Bible & Theology
- Creative Arts
- Education
- English
- Family & Children's Ministry
- History
- Intercultural Studies
- Mathematics
- Music
- Pastoral Ministry
- Psychology
- Public Policy
- Communications & Media
 - Criminal Justice
 - Economics & Management
 - Government & Politics
 - Law & Policy
- Youth Ministry

Academic Plans

What is your intended field of study/major? _____

(Note: If you are uncertain of your major, you should declare General Studies.)

What are your educational plans after completing your educational program at this University?

Do you plan to complete a degree in the US? Yes No

English Proficiency

Is English your native language? Yes No If "No," what is your native language?

What is your TOEFL or IELTS score? _____ Date taken: _____

How many years have you studied English? _____

****Submit TOEFL or IELTS score report with application****

Personal Essay

Mission & Vision: In partnership with the Church, the purpose of William Jessup University is to educate transformational leaders for the glory of God. The William Jessup University vision is that our graduates will be transformed and will help redeem world culture by providing notable servant leadership; by enriching family, church and community life; and by serving with distinction in their chosen career.

Optional: If you would like to enhance our understanding of you, please feel free to tell us more about yourself. For example, previous applicants have written about the benefits that they expect to gain from attending a Christian university, particularly William Jessup University, and how those benefits fit into their personal goals in life. Thank you!

*****Submit Personal Essay with application*****

Health & Medical

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Student Services office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? Yes No If "Yes," what is the name of the insurance company? _____

_____. What is the policy number? _____

What are dates of coverage? (start & end dates) _____

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: _____ Male Female

Address: _____
(Number) (Street) (City/Town) (Country)

Date of Birth: ____/____/____
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? Yes No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

(b) To the best of your knowledge, are you now in good physical and mental health? Yes No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form. The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)

*****Submit completed Medical Examination form with application*****

Housing

Where do you plan to live during the school year?

Home Stay

Off-campus

On-campus

Medical Examination

To be completed and signed by a **Physician**. Otherwise, applicant must provide an official Immunization Record. Dates must include month and year.

DESCRIPTION	YES	NO	ACTION	DATE <small>(month/year)</small>
1. Tetanus-Diphtheria			(a) Completed primary series of tetanus-diphtheria immunizations.	
			(b) Received tetanus-diphtheria booster within the last 10 years.	
2. M.M.R. <small>(Measles, Mumps, Rubella)</small>			(a) Dose 1-Immunized at 12 months or after and before 5 years.	
			(b) Dose 2-Immunized at 5 years or later.	
3. Measles (Rubella) if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Born before 1957 and therefore considered immune.	
			(c) Had report of immune titer. Specify date of titer.	
			(d) Immunized with vaccine at 12 months after birth or later.	
4. Rubella, if given instead of M.M.R.			(a) Has report of immune titer. Specify date of titer.	
			(b) Immunized at 12 months after birth or later.	
5. Mumps, if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Immunized with vaccine at 12 months after birth or later.	

6. **Tuberculosis:** Check appropriate boxes. Give date and test results.

(a) PPD (Mantoux) test within the past year: Yes No **Test Result:** Positive Negative **Date:** _____
(Note: Tine or monovac not acceptable)

(b) Positive PPD-Chest X-ray required: Yes No **Test Result:** Positive Negative **Date:** _____

(c) Had BCG vaccine: Yes No **Test Result:** Positive Negative **Date:** _____
(Note: Chest X-ray required if PPD not done)

7. **Polio**

(a) Completed primary series of polio immunizations: Yes No

(b) Type of vaccine: Oral Inactivated E-IPV Date of last booster: _____

-----PHYSICIAN INFORMATION AND SIGNATURE-----

Name: _____ **Phone:** _____

Address: _____

Signature: _____ **Date:** _____



WILLIAM JESSUP UNIVERSITY

International Student Agreement Form

1. I understand that I am required to attend the **International Student Orientation** held at the beginning of each semester
2. I understand that I must enroll in and **complete a minimum of 12 units** at the university **each term** with satisfactory grades or be subject to dismissal.
3. I understand that I must obtain **prior** permission from the International Student Counselor and Director of International Programs Office (IPO) to enroll for less than 12 units or take a Leave of Absence and must provide documentation for any compelling reasons.
4. I understand that there is mandatory attendance to chapel services and spiritual formation group meetings for all undergraduate students.
5. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
6. I understand that I must maintain a cumulative grade point average of 2.0 (C) for the Bachelor of Arts or Science, or better to remain in good standing. I am subject to academic dismissal if I remain on probation for two consecutive semesters.
7. I understand that unmarried cohabitation, and/or any form of sexual misconduct, is considered unacceptable behavior for students enrolled at Jessup.
8. I understand that students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants, firearms, explosives or weapons (real or replicas) on Jessup premises or at University-sponsored activities will be subject to judicial action. William Jessup University reserves the right to confront behavior that is detrimental to the student, the community, the University, and/or others.
9. I understand that smoking or chewing tobacco is not permissible while in residence at the University.
10. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition if I add courses after registration.
11. I understand that I must **notify the International Programs Office (IPO) of any changes in my status** including, but not limited to, **changing my address or phone number, transferring to another college, or returning to my home country permanently. Failure to do so will threaten my student status.**

Your signature indicates that you have read and agree to all of the requirements listed above and that all information provided is complete and accurate to the best of your knowledge:

Student Signature: _____

Date: _____

Student Name (Please print): _____

Important Information

INTERNATIONAL STUDENT ORIENTATION

All international students are **required** to attend the International Student Orientation. At the Orientation you will receive important information relating to maintaining your student status, academics, health insurance and safety, and will receive your International Student Handbook. The Orientation is held at the beginning of each semester.

MAINTAINING STUDENT STATUS

Any changes in your address and any changes related to your status must be immediately reported to the International Student Services Office. **Failure to do so may endanger your status as an international (F-1) student.**

FULL-TIME ENROLLMENT

International students must enroll in and **complete** at least **12 units** each semester in order to maintain their status. Do **not** drop below 12 units before meeting with an **International Student Counselor** at the International Programs Office (IPO).

INTERNATIONAL STUDENT COUNSELORS

Any problems regarding full-time enrollment **must** be discussed with an **International Student Counselor** at the International Programs Office (IPO).

FINANCIAL AID and SCHOLARSHIP INFORMATION

Financial aid is generally **not** available to international students. Scholarship information for international students is available on our website at www.jessup.edu. Part-time work on-campus is limited. Please do not include anticipated on-campus earnings in your Financial Support Declaration.

HEALTH INSURANCE

Health (medical) insurance is **required** for all international (F-1) students. Medical treatment is **very** expensive in the U.S. You must purchase medical insurance to cover you while attending William Jessup University.

HOUSING

William Jessup University offers on-campus housing. Host family and rental apartments may also be available. The International Programs Office (IPO) will be glad to assist you with your housing needs.

IMMIGRATION FORMS

All related immigration and visa information will be provided after you have been accepted.