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 65+ or PBT 547+), IELTS Academic Score of 5.5+
  *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: (888) 326-0918

Application Deadlines

<table>
<thead>
<tr>
<th>Semester</th>
<th>Application Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td>June 15, 2016</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>November 15, 2016</td>
</tr>
</tbody>
</table>

You are encouraged to apply early to ensure class enrollment.
Term for which application is being made:  
☒ Spring  
☐ Fall 20________

**Personal Data**

Full Name: _____________________________________________  
(Family Name)  (First Name)  (Middle Name)  
Sex:  ☒ Male  ☐ Female

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

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.

<table>
<thead>
<tr>
<th>Institution #1</th>
<th>Institution #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Dates Attended</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td></td>
</tr>
<tr>
<td>Diploma/Degree Received</td>
<td></td>
</tr>
</tbody>
</table>
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**
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.

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

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: ___________________________
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](http://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.