

BALL STATE UNIVERSITY

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION
RINKER CENTER FOR INTERNATIONAL PROGRAMS



Please complete by printing in ink. Incomplete information will delay the processing of your application. We cannot consider you for admission until we receive all requested materials. For assistance or information, contact the Rinker Center for International Programs admissions staff via e-mail at intadmit@bsu.edu, or visit our Web site at www.bsu.edu/internationaladmit.

PERSONAL INFORMATION

Your full legal name as it appears or will appear on your passport:

Family or last name _____ Suffix (Jr., etc.) _____

First given name _____ Second given or middle name _____

Date of birth _____ Place of birth _____
Month / Day / Year City and Country

Sex: Male Female Marital Status: Single Married

Permanent or home address _____
Number Street

City State/Province Postal Code Country

Current mailing address (if different than permanent address) _____
Number Street

City State/Province Postal Code Country

Telephone number _____ Fax number _____

E-mail address _____

IMMIGRATION STATUS

Citizenship _____ Place of legal residence _____
City and Country City and Country

If you are currently in the United States, indicate the date you entered the country _____
Month / Day / Year

Indicate your current visa type _____ I-94 Admission Number _____
(F-1 or F-2, J-1 or J-2, H-1 or H-4; B-2; Other-specify)

ADMISSION INFORMATION

Term for which you are applying:

- Fall (August)
- Spring (January)
- Summer (mid-May)

Year for which you are applying: 20____

INTENDED LEVEL OF STUDY

(check one box only):

- Current Ball State student pursuing a new or different degree or changing major
- Bachelor's degree/beginning freshman (never attended university)
- Transfer undergraduate (attended university but did not earn a degree)
- Teacher certification
- Master's degree (first degree after completion of bachelor's degree)
- Doctoral degree (AuD, DA, DNP, EdD, or PhD)
- Non-degree (select: enrolling for one or two semesters)

INTENDED MAJOR/SPECIALIZATION/AREA OF STUDY

Please visit www.bsu.edu/academics to find the area of study you wish to pursue.

- 1) _____
- 2) _____

GRADUATE STUDENT APPLICANTS ONLY:

Do you wish to be considered for a graduate assistantship? Yes No

If yes, name the graduate or university department you intend to apply to for an assistantship _____

To receive full consideration for graduate assistantships, you must meet the following application deadlines:

Fall Semester, January 1; Spring Semester, September 1.

EDUCATIONAL BACKGROUND

List all institutions you have attended from the time you entered secondary school or your 13th year of age, and attach to this application certified copies of academic certificates and transcripts in English and the native language for each school you list. Failure to list all institutions could result in dismissal. If needed, provide complete details on a separate sheet of paper.

Official name of institution	City/State/Country	Years attended (e.g. 9/2000–6/2002)	Degree earned (e.g. bachelor's)
Secondary 1) _____			
Secondary 2) _____			
University 1) _____			
University 2) _____			

FAMILY INFORMATION

Do you have a family member who is Ball State graduate?

- No Yes (specify name and relationship to applicant) _____

Who is/are your legal guardian(s), or with whom do you reside?

- Father and mother Mother Spouse
- Father Independent Other guardian (specify) _____

The information presented here, correct at the time of publication, is subject to change. Ball State University practices equal opportunity in education and employment and is strongly and actively committed to diversity within its community. Ball State University wants its programs and services (including provision of alternative media) to be accessible to people with disabilities. For information on access, adaptations, or accommodations, please contact us in person, mail, or call the Office of Disabled Student Development at 765-285-5293 or TTY users only 765-285-2206. 4978-09 umc

FATHER/LEGAL GUARDIAN/SPOUSE

Relationship to applicant _____ Family or last name _____

First given name _____ Second given or middle name _____

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

City State/Province Postal Code Country

Telephone number _____ Fax number _____

E-mail address _____

MOTHER/LEGAL GUARDIAN

Relationship to applicant _____ Family or last name _____

First given name _____ Second given or middle name _____

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

City State/Province Postal Code Country

Telephone number _____ Fax number _____

E-mail address _____

ACCOMPANYING FAMILY

If members of your family will accompany you, please complete the following information for each person (please attach an additional sheet with this information, if needed):

Relationship to applicant: Spouse Child Other (specify) _____

Gender: Male Female

Family or last name _____ Suffix (Jr., etc.) _____

First given name _____ Second given or middle name _____

Date of birth _____ Place of birth _____
Month / Day / Year City and Country

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

City State/Province Postal Code Country

Telephone number: _____ Fax number: _____

E-mail address: _____

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION (continued)

TEST SCORES

TOEFL _____ Date taken/to be taken _____ Paper-based test Internet-based test
IELTS _____ Date taken/to be taken _____
SAT/ACT _____ Date taken/to be taken _____ (Optional)
GRE _____ Date taken/to be taken _____
GMAT _____ Date taken/to be taken _____

REFERRAL

How did you learn about Ball State? Friend or family member Advertisement Web site Athletic coach
 Alumnus/Alumna Other _____

Do you know a Ball State current student or graduate? Yes No If yes, please share his, her, or their name(s) _____

Would you like a current Ball State student to contact you? Yes No If yes, what method do you prefer (provided appropriate contact information)?

E-mail _____

Instant messaging _____

Telephone _____

Have you applied to other universities in the United States? Yes No If yes, which one(s)? _____

FINANCIAL

You must provide official evidence of financial support (such as a bank statement from your sponsor) for your educational and living expenses for a 12-month period. Specific financial information is available at www.bsu.edu/internationaladmit.

SPONSORSHIP

Indicate the source of financial support for your education and attach an original letter from your sponsor's bank verifying the amount and availability of funds.

Name of sponsor _____ Relationship to you _____

Address of sponsor _____

SIGNATURE OF APPLICANT

I certify that the information I have provided on this application form is true and accurate. I understand that falsified information may result in denial of my admission, withdrawal of admission, or termination of my enrollment at Ball State University.

Signature of Applicant _____ Date _____

Return this completed application, all requested supporting academic and financial documents, and the nonrefundable application fee of \$40 (check payable to Ball State University) to: Rinker Center for International Programs, Ball State University, Muncie, IN 47306-0175 USA.

AFFIDAVIT OF SUPPORT

I certify my ability and willingness to provide financial support to _____ while he/she is enrolled at Ball State University.
Applicant's Name

Signature of Parent or Sponsor _____ Date _____