

Incoming Exchange Student Procedures

These procedures are for the UC department that receives the Exchange Student

1. Refer to the Exchange Visitor Handbook published by ISSO for information regarding the rules and regulations J-1 exchange visitors must follow (http://www.isso.uc.edu/forms/J1/J1_Handbook.pdf).
2. Your partners at the international university select students and recommend them to your program to participate in the exchange. Because of the time it takes to process the visa application and assure on-campus housing, you should set a deadline 5-6 months in advance of the starting date to receive the Exchange Student Application (**Sample A**).
3. Use the information from the Application to complete the **Information About the Exchange Visitor** form. (http://www.isso.uc.edu/forms/j1/j1_generalinfo.pdf **Sample B**).
4. Send "Welcome letter" (**Sample C**) to student. Remind student s/he must arrive in time to attend the quarterly orientation program for new students sponsored by the ISSO. With your Welcome Letter, include the ISSO packet of information with forms to complete in order to apply for the J-1 visa. Send copies to Melissa Kelley at ML 0640 to assure exchange student's tuition, General Fee and Technology Fee at UC will be paid, and to ISSO.
5. The student must return to you the Financial Certification form with Sponsor affidavit on back along with **original bank documentation**.
6. Take the **Information About Exchange Visitor Form** (**Sample B**), a copy of the Activity Agreement and the Financial Certification, including bank documentation to ISSO (3134 Edwards One, ML 0640).
7. After receipt of properly completed forms, ISSO issues a **DS2019** which allows the student to schedule an interview at a U.S. Consulate to obtain a **J-1 Exchange Visitor Visa**. You should pick the forms up from ISSO in Edwards One, Room 3134 and express mail them to the incoming exchange student. **All exchange students must pay a \$100 SEVIS fee before applying for the visa. The ISSO will provide instructions to the students on how to pay the fee.**
8. ISSO also issues a **temporary student number** and communicates it to you to record it on the **Basic Data Form** (**Sample D**). Since the student is not matriculated, code the student as **Adult Learning Center**.
9. Send the **Basic Data Form** to Gail Fredensborg at Registration (ML 0060) to get the student on UNIVERSIS.
10. If the student has expressed intention to live on campus, use their housing preference to reserve a room with Andrew Naylor, Residence Life. He has agreed that incoming exchange students can pay their deposit when they arrive. If the student is arriving early, check when s/he can get into the dorm, whether there are extra night charges to pay for early arrival. If the student is not arriving early, let Residence Life know exactly when s/he is arriving.

11. If the student wishes to live off-campus, you may have to help him/her find a suitable apartment. Refer to **Apartmentfrog.com** for local housing options. <http://www.apartmentfrog.com>
12. Arrange for transportation to campus from the airport for arriving exchange students.
13. Make sure the student reports to the International Student Services Office with his/her **passport, visa, I-94 Arrival/Departure card, and DS 2019** upon arrival. ALL students should arrive in time to attend the quarterly orientation program for new students sponsored by the ISSO. Large groups can make special arrangements for a separate orientation with the ISSO.
14. ISSO will give students a letter that they can take downtown to get their Social Security number. At the orientation, they will give information regarding the medical exam and required student insurance.
15. As soon as the student reports to you his/her permanent SS#, send it on to ISSO.
16. Help students register on a quarterly basis. Students who have co-ops or internships as part of their program must have the work authorized by ISSO.
17. Keep in touch with exchange students to make sure that they are adjusting well and benefiting from their experience.

Refer ALL immigration questions to the ISSO.

Finally, we realize this is much to do and not easy the first time you try it. Although IGSA cannot take over all of the details for you, we are happy to give advice along the way. Feel free to consult with us as necessary.

Institute for Global Studies & Affairs

PO Box 210640
Cincinnati, OH 45221-0640

Phone 513 556-4402
Fax 513 556-2990
e-mail global@uc.edu

Exchange Student Application

Please type of print clearly:

Name: _____
Last Name(s) First/Given Name Middle Initial

Home Address: _____
Street Address

_____ City / Province Country Postal Code

Telephone Number: _(_____) _____ Fax: _____
Country code

Email Address: _____

Date of Birth: _____ Country and city of birth: _____/_____
mm/dd/yyyy country city Male: Female

Visa Type: _____ Country of citizenship: _____

Please check one of the following: (Note: this information is confidential and optional)

- American Indian Black, non-hispanic origin Asian
- Hispanic White, non-hispanic origin Other

Do you have a disability that may require special services or facilities? ___ yes ___ no
(If yes, you will receive additional information.)

In the space provided, please briefly state your interest in the University of Cincinnati, your goals and aspirations:

MY ACADEMIC HISTORY

TOEFL Test Date : _____
(dd/mm/yyyy)

TOEFL Score: _____ Check one: Computer Paper

Secondary School from which you graduated: _____
Name of school

City Country Year of graduation

Universities or Colleges you have attended:

Name of College/University Dates Attended Degree Earned

Name of College/University Dates Attended Degree Earned

MY ACADEMIC PLANS

I wish to study: _____ (your field of interest/major)

I wish to attend (check one):

	<u>Application Deadline</u>	<u>Quarter begins</u>
<input type="checkbox"/> Fall Quarter	July 31 st	September
<input type="checkbox"/> Winter Quarter	November 1 st	January
<input type="checkbox"/> Spring Quarter	February 1 st	March
<input type="checkbox"/> Summer Quarter	May 1 st	June

UC is on a quarter academic calendar (1 semester credit = 1.5 quarter credits)

Courses you wish to take at UC: (see <http://www.onestop.uc.edu/learningopp/qtr.asp>)

Name and contact information of academic advisor at home institution:

Name Title

Telephone E-mail

I certify that the information given in this application is true and correct to the best of my knowledge.

Signature Date

For internal use only: Name of outgoing student _____ Term: _____



INFORMATION ABOUT THE EXCHANGE VISITOR

1. Personal Information:

Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Sex: ____ Male ____ Female Marital Status: ____ Single ____ Married
Month Day Year

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Position/Occupation in Home Country: _____

Address in home country: _____

Email Address: _____

2. Program Information: Proposed dates of program: ____/____/____ to ____/____/____
Month Day Year Month Day Year

Activities/Duties: _____

Funding Amount: _____ per _____ Source Funds*: _____

*If the exchange visitor will be employed by UC or CHMC an original offer letter must be attached indicating duties and salary. All other sources of support (sponsorship letters, bank statements, etc.) must be attached in original form. **Faxed copies will not be accepted.**

Insurance coverage for Exchange Visitor and dependents provided by: ____ UC Benefits ____ Exchange Visitor

The Exchange Visitor has sufficient English Language Skills to participate in his/her program? ____Yes____No

3. Category of Visitor (Check One):

____ **Student:** If not admitted for full-time degree study, documentation of an agreement pertaining to the students activities at UC and the applicability of those activities to his/her degree requirements at the home school must be attached. If an Exchange Visitor in the student category will be enrolled for courses, he/she will automatically be charged for the UC student health insurance plan. The plan meets U.S. Department of State requirements and can only be waived if the student has insurance that is equal to or greater than the UC plan and it comes from an American based insurance company.

____ **Professor:** Cannot be a tenure track position.

____ **Research Scholar:** Please indicate what degree the prospective research scholar holds
____Doctorate ____M.D. ____Master's ____Bachelor's. If bachelor's degree is checked, documentation of extensive research experience must be attached.

____ **Short-term Scholar:** An individual coming to the U.S. short-term for the purpose of lecturing, observing, consulting, training and demonstrating special skills. Maximum stay is 6 months. Please indicate degree held. ____Doctorate ____M.D. ____Master=s ____Bachelor=s. If bachelor=s degree is checked, documentation of extensive experience must be attached.

____ **Specialist:** An expert in a field of specialized knowledge or skill coming to the U.S. to observe, consult or

demonstrate special skills.

4. Additional Information:

Is the Exchange Visitor currently in the United States? ___ Yes ___ No If yes, type of visa held: _____
If yes, social security number: _____ - _____ - _____

Has the Exchange Visitor been physically present in the United States as a J-1 or J-2 visa holder for all or part of the twelve months immediately proceeding the date of program commencement set forth on this form?

___ Yes ___ No. If Yes, dates present: ___/___/___ to ___/___/___ . Attach copies of all DS-2019's (or IAP-66's) and the I-94 card.
Month Day Year Month Day Year

Check One:

___ **New Exchange Visitor:** The exchange is not yet in another non-immigration visa status other than J-1.

___ **Transfer:** The exchange visitor is the U.S. under the sponsorship of another J-1 exchange visitor program. For transfer applications please attach copies of all forms DS-2019 and the I-94 card. The supervisor must also write a letter to the ISSO explaining how the project at UC is related to the project the exchange visitor is working on for the current institution. In addition, the exchange visitor must have his/her SEVIS record released to the University of Cincinnati before a DS-2019 can be issued. The ISSO will get the record released upon receipt of this request. We will need the email address of the exchange visitor to do this.

___ **Extension of Stay:** The exchange visitor is currently at UC and is seeking an extension of stay. Please attach a letter addressed to the exchange visitor indicating the length of time requested, title, duties and salary if applicable. If funding is not coming from UC, please include proof of financial for the remainder of the program. Also, include proof that the exchange visitor has purchased the required health insurance. To obtain an extension of stay, the exchange visitor must call the ISSO at 556-2879 to schedule an appointment to meet with an advisor.

5. Dependent Information:

Will spouse accompany the Exchange Visitor? ___ Yes ___ No Will children ? : ___ Yes ___ No

Spouse:

Children:

Children

Name: _____
Date of Birth: _____
City of Birth: _____
Country of Birth: _____

Name: _____
Date of Birth: _____
City of Birth: _____
Country of Birth: _____

Name: _____
Date of Birth: _____
City of Birth: _____
Country of Birth: _____

Citizen of: _____

Citizen of: _____

Citizen of: _____

Permanet Resident of: _____

Permanet Resident of _____

Permanent Resident of: _____

Gender: ___ Male ___ Female

Gender: ___ Male ___ Female

Gender: ___ Male ___ Female

CHILDREN (Continued)

Name: _____
Date of Birth: _____
City of Birth: _____

Name: _____
Date of Birth: _____
City of Birth: _____

Name: _____
Date of Birth: _____
City of Birth: _____

Country of Birth: _____

Country of Birth: _____

Country of Birth: _____

Citizen of: _____

Citizen of: _____

Citizen of: _____

Permanet Resident of: _____

Permanet Resident of _____

Permanent Resident of: _____

Gender: ___ Male ___ Female

Gender: ___ Male ___ Female

Gender: ___ Male ___ Female

6. Method of Delivery:

Due to problems with the delivery of overseas mail, the ISSO recommends that all DS-2019's be sent by express mail. If you would like to have the DS-2019 sent by express mail, please supply the ISSO with a pre-completed express mail envelop that includes your departmental account number. If your department would like to pick up the DS-2019, please indicate this. If there is no indication as to your preference the document will be sent by ordinary airmail.

Please send the DS-2019 by (check one):

___ Exchange Visitor is currently at UC applying for an extension of stay. Exchange Visitor must call 556-2879 to schedule an appointment with an advisor for the extension. The extension must be completed prior to the expiration of the current DS-2019.

___ Department will pick up documents from the ISSO. Please provide the name and phone number of the person to call: _____

___ Send by express mail. A pre-completed express mail envelop that includes your departmental account number must be attached.

___ Send by ordinary airmail (sent by ISSO)

Mailing address: _____

7. Departmental Certification:

Supervisor for the Exchange Visitor:

_____ Email _____

Name of Department

Mail Location

Phone Number

I certify that the exchange visitor meets all qualifications necessary for participation in the program indicated.

Department Head (Print Name)

(Signature of Department Head)

E:\Information About the Exchange Visitor

(Note: Revise areas in BLUE to meet your departmental exchange needs.)

DATE

Student
Address
City Country Postal Code

Dear _____

We are pleased that you have been selected to participate in the program of academic cooperation between the University of Cincinnati and _____. We look forward to your arrival in Cincinnati in _____ and we are confident that your time of study with us will be enjoyable and academically rewarding.

We have prepared this letter to assist you in completing the documents necessary for the issuance of a Certificate of Eligibility for a student visa (DS-2019), and to offer some choices for housing.

The attached Estimated Annual Expenses Form details the expenses you will have during your stay at the University of Cincinnati. Before your certificate of eligibility can be issued, you must prove that you have the resources available to meet those expenses for **each** quarter that is required for the duration of your stay. Per our exchange student agreement with your university, some of your expenses have already been paid. Therefore, you must only prove that you have sufficient financial resources to cover the rest of your expenses. Here is a summary of the funds that have already been paid:

Tuition and fees (x number of qtrs.) _____
Housing (x number of qtrs.): _____
Other (x number of qtrs.): _____
Funds required (x number of qtrs.): _____
Total funds you must provide: _____

You must complete the Financial Certification Form indicating your sources of support and **return it to our office. Make sure both sides of the form are completed and properly certified.** You must attach any documents that show your sources of support including bank statements, letters of employment for sponsors, investments, etc. Please make sure any supporting documentation is provided in English and that dollar amounts include the U.S. dollar equivalency. Sponsors must have their signature certified by a notary (or equivalent) on the form, including a notary stamp or seal. Further instructions on completing the Financial Certification Form are on the back of this letter.

We must receive all original financial forms prior to issuing the certificate of eligibility. Faxed copies will not be accepted. The Department of _____ will return the financial forms to you for your visa application. We will send your certificate of eligibility via express mail after it is issued.

Housing:

Most of our international exchange students stay in campus housing because of the convenience to classes and events. If you wish to live on campus, refer to <http://www.uc.edu/housing/> for the kind of housing available. Once you inform us of your choice, we will make a reservation for you. You must pay the \$150 deposit, as well as the rent upon your arrival. Because there is usually a waiting list for on-campus housing, you should inform us your choices as soon as possible.

If you wish to live off-campus, our expertise is more limited. You may refer to <http://www.uc.edu/gradfamilyhousing/och.asp> or www.apartmentfrog.com. Please note that you should see apartments in person before committing to a lease. Some housing will require you to walk quite far, which will limit you being able to go back and forth during the day, and even more so at night. We regret that we can not inspect off-campus housing for you.

Insurance

According to the Board of Trustees, "All students must prove that they have health insurance from a U.S. admitted insurance company with a U.S. based claims administrator." In the past some students have tried to use non-UC policies, only to discover that they had to pay again after they arrived here. Our advice is to take out the UC policy from the beginning. However, you may wish to read the rules on the Health Insurance page: <http://www.med.uc.edu/uhs/studenthealthinsurance/InsuranceRule.html>

Arrival

You must plan to arrive in time for the required International Student Orientation program date. Please inform the Department of _____ (email or phone number) regarding the date and time of your arrival along with your flight information so that we can meet you at the airport and transport you to your temporary or permanent housing. Also enclosed is a map of the campus for your information.

We look forward to your participation in our academic program and welcome you to the University of Cincinnati.

Sincerely,

Name
Exchange Student Coordinator

cc: IGSA (ML 0640)
ISSO (ML 0640)



Office of Vice President for Research and
 University Dean for Advanced Studies
 International Student Services Office
 University of Cincinnati
 PO box 210640
 Cincinnati OH 45221-0640

Room 3144, Edwards One
 Phone (513) 556-4278
 Fax (513) 556-2990

**UNIVERSITY OF CINCINNATI
 INTERNATIONAL STUDENT SERVICES OFFICE**

Estimated Annual Expenses for International Undergraduate Students
 2005-2006 Academic Year

	<u>Main Campus</u>	<u>Raymond Walters</u>	<u>Clermont</u>
Tuition (subject to change)	\$19,977	\$11,433	\$ 9,531
Living Expenses	11,067	11,067	11,067
Other Fees	<u>2,471</u>	<u>1,737</u>	<u>1,737</u>
TOTAL	\$33,515	\$24,237	\$22,335

NOTE

1. The tuition is assessed for full-time students for three quarters of an academic year.
2. Living expenses are estimated on a 12 month basis. While enrollment during the Summer may be optional, food, rent and expenses other are necessities.
3. Other fees include a general fee of \$234. per quarter (\$702. per year) for Main Campus or \$139.per quarter (\$417. per year) for Branch Campuses. All students are required to pay this fee unless otherwise indicated in an award letter.
4. Other fees include an Information Technology and Instructional Equipment Fee (ITIE). All students are required to pay this fee for costs associated with labs, instructional equipment and supplies, and information technology. The fee will be \$93. per quarter (\$279. per year) for main campus and \$75. per quarter (\$225. per year) for branch campuses.
5. Other fees also include a Campus Life Fee. Main campus students are required to pay the \$131. per quarter (\$393. per year) fee. Branch campus students (Raymond Walters and Clermont Colleges) are not required to pay this fee.
6. Other fees also include Health and Accident Insurance. All international students are required to carry the University Student Health Insurance policy unless they can prove coverage equal to or greater than the University policy. Such insurance must be provided by a United States based company. Foreign based policies **WILL NOT BE ACCEPTED**. Insurance fees will be included on your bill. The fee is \$365. per quarter (\$1,095.per year). Students are responsible for paying this fee each quarter. Students who qualify for a waiver of the policy must follow the guidelines established by the Student Health Insurance

-over-

Estimated Annual Expenses for International Undergraduate Students
2005-2006 Academic Year

Office for obtaining a waiver. Summer coverage is free for students who pay during Spring quarter. Family coverage is available at an additional charge. *Students who begin a 12 month program during the Summer Quarter will have to pay the insurance premium 4 times (\$1,460.).

7. The first month in the United States demands more financial outlay than any other single period. An additional \$1,000 should be available to meet these expenses.
8. Summer school tuition is not included in the estimate because enrollment is optional.
9. A student with a family should budget approximately \$4,000 per year for a spouse and \$2,000 per year for each child. If your spouse and children will be accompanying you to the U.S. please let us know. We will need to know name(s), date(s) of birth and country of birth for all dependents.
10. Travel to and from the student's country and buying an automobile are not included in the estimate of personal expenses.
11. Undergraduate dormitory charges are due at the beginning of each quarter.
12. Tuition and fees must be paid at the time of registration for courses. No exceptions are made for this requirement.
13. It is important for the student to know his/her government's regulations on currency exchange and bank procedures for the transfer of needed funds.
14. Students must have adequate finances to cover all expenses for the entire time that is required to earn the degree.
15. Tuition and other fees are subject to change.

E:\Undergrad Estimated Expenses



INSTRUCTIONS FOR COMPLETING THE FINANCIAL CERTIFICATION FORM

Name : Print your name as it should appear on the I-20 or IAP-66 (Should be consistent with spelling in passport).

Country of Birth: Country in which you were born.

Date of Birth: Month/day/year you were born.

Country of Citizenship: Country in which you are a citizen.

Visa Status: If you are currently in the United States, please list your current visa status. If you are not in the U.S., leave it blank.

Email Address: Electronic mail address.

Address: Put the address to which you want the I-20 or IAP-66 mailed.

Funding: The amount of funding must be equal to or greater than the amount indicated on the estimated annual expense sheet or no I-20 or IAP-66 will be issued. Funds can come from a combination of sources (University, personal funds, sponsors, etc.).

Personal Funds: Your own money in a personal bank account(s). If personal funds are being used as support, enough funds for all years of study must be available.

Sponsor(s): Any person (family member or friend) who will be providing you with financial support.

University: Any scholarship, assistantship, fellowship or another form of support being given by the University of Cincinnati to you. Make sure you understand how much you have actually been awarded.

Other: Typically reserved for funds being provided by an employer, home government, or an international organization.

Subsequent Years of Study: No I-20 or IAP-66 will be issued unless support for all years of study can be provided. The first year of funds must be documented and available. Funds for subsequent years of study must be indicated (unless personal funds are being used, then funds for all years must be available) and attainable. For example, if a sponsor promises to support you for a particular dollar amount for all years of study, the amount indicated must be documented and available for the first year of study and the sponsor willing and able to provide the same amount of support for all subsequent years of study as documented with income that will be earned or other investments.

Average time to degree is:	<u>Degree</u>	<u>Years of Study</u>
	Associates	2 years
	Bachelors	5 years
	Master's	2 years
	Doctorate	6 years

Affidavit of Sponsorship: If a sponsor is providing any financial support this section must be completed. The sponsor must indicate name, relationship to the applicant (i.e., father, uncle, etc.) and address. The sponsor must indicate all persons whom they are financially responsible for and sign the form. If multiple sponsors are being used, each sponsor must complete a Financial Certification Form.

Affidavit of Oath: The signature must be certified (stamped/sealed) by a designated official. In the U.S. they are called a Notary Public. In other countries a notary could be a bank official, a government employee, a lawyer, accountant, etc.

Official Certification of Support: Amounts of support must be documented and attached. Funds for the first year of study must be documented and available (unless personal funds are being used, then funds for all years of study must be available). A clear indication that support for subsequent years of study is reasonably attainable must be documented. This is best accomplished by using employment/salary letters, investments, tax returns or other assets.

Please make sure the Financial Certification Form is completed fully with proper notarizations/certifications and returned to the International Student Services Office with supporting documentation.



Office of Vice President for Research and University Dean for Advanced Studies International Student Services Office University of Cincinnati PO box 210627 Cincinnati OH 45221-0627

Suite 7148, Edwards One Phone (513) 556-4278 Fax (513) 556-0128

FINANCIAL CERTIFICATION FORM

Name in Full as Appears (last) (first) (middle) in Your Passport

Country of Birth Date of Birth Country of Citizenship month day year

Are you currently in the United States? YES NO If yes, list immigration status: (F1, H1B, etc.)

If Yes, and the immigration status is not F-1, the Form I-20 or DS-2019 will not be issued until you have made an appointment with us for assistance with a change of status application. If you are not eligible for a change of status, the form will only be issued for travel to your home country.

E-mail:

Address you want I-20 or DS-2019 mailed to:

Funding: Total amount necessary for first year of study must be documented and available. Support for subsequent years of study must be reasonably attainable and documented through bank statements, employment letters, tax returns, investments, etc.

The total amount of money that I have available for each academic year of study is \$ This amount includes the following:

\$ personal funds \$ sponsor(s) \$ funds from University of Cincinnati. Type: \$ other, please specify:

If any funds are being provided by a sponsor, the sponsor must complete the Affidavit of Sponsorship on the back of this form. Funds coming from a sponsor must be documented with bank statements, employment/ salary letters, investments, tax returns, investments, etc. Employment/salary letters and investments are the most reliable sources of support. At the very minimum, funds for the first year of study from a sponsor must be available and a clear indication that funds for subsequent years of study are reasonably attainable. If personal funds are being used, bank statements must be attached in the student's name and be sufficient for all years of study.

I certify that the above information provided is correct and complete and that I shall notify the University of Cincinnati of any change in my financial circumstances.

Student's Signature Date

AFFIDAVIT OF SPONSORSHIP

NOTE: Any form not completed and stamped/certified by the appropriate official and not accompanied by official documents will be considered incomplete and an I-20 or DS-2019 will not be issued. This form is valid for 6 months only for the purpose of issuing an I-20 or DS-2019.

I hereby attest that I am willing and able and will provide no less than US \$_____ in cash to the student named below for each year of study at the University of Cincinnati. I am attaching documents that prove the support is available/attainable, including bank statements, employment/salary letters, investments, tax returns and other assets (The amount indicated should agree with the amount on front of this form from the sponsor(s) line).

Name of student _____

My relationship to the student is _____

My full address is: _____

The following are all of the persons who are dependent upon me for their housing, food, or financial support. **DO NOT INCLUDE PERSONS WHO SUPPORT THEMSELVES. DO NOT INCLUDE THE STUDENT NAMED ABOVE.**

NAME	RELATIONSHIP TO ME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

=====

AFFIRMATION OR OATH OF SPONSOR

I hereby affirm or swear that the contents of the above statement are true and correct.

Signature of sponsor _____

Name of sponsor, printed _____

=====

NOTARIZATION/CERTIFICATION

SWORN AND SUBSCRIBED BEFORE ME THIS _____ OF _____, 20 ____.

Signature of Notary _____ (Seal)

My Commission Expires _____

=====

THIS FORM MUST BE RETURNED DIRECTLY TO : **International Student Services Office**
University of Cincinnati
7148 Edwards Center One
Cincinnati, Ohio 45221-0627



LAST NAME FIRST MIDDLE STUDENT ID NUMBER**

HOME ADDRESS STREET CITY STATE ZIP CODE COUNTY

DATE OF BIRTH* TELEPHONE NUMBER ()

BASIC DATA FORM (Rev 2/03)
 **Social Security Number is used as a student identification number at the University of Cincinnati. If a Social Security Number is not provided a unique identifying number will be assigned.

*IF MALE AND 18 YRS. OF AGE OR OLDER, ARE YOU REGISTERED WITH SELECTIVE SERVICE? __ YES __ NO IF YES, # _____

UC COLLEGE THROUGH WHICH YOU ARE ENROLLING <input type="checkbox"/> RAYMOND WALTERS <input type="checkbox"/> OMI COLLEGE OF APPLIED SCIENCE <input type="checkbox"/> ADULT LEARNING CENTER <input type="checkbox"/> CLERMONT COLLEGE <input type="checkbox"/> OTHER (Specify) _____ YEAR _____ QUARTER _____		ARE YOU A U.S. CITIZEN? __ YES __ NO IF NO, TYPE OF VISA _____ EX: PERM RES, A, H, L, TN, ETC..	
<input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED _____ SPOUSE'S NAME _____		ETHNIC BACKGROUND (OPTIONAL) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> BLACK - NON-HISPANIC ORIGIN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE - NON-HISPANIC ORIGIN <input type="checkbox"/> NON-RESIDENT ALIEN OR STUDENT ON TEMPORARY VISA <input type="checkbox"/> OTHER	
YEARS OF CONSECUTIVE RESIDENCE IN THE STATE OF OHIO PRIOR TO THIS DATE _____ YEARS _____ MONTHS		DO YOU HAVE A DISABILITY THAT MAY REQUIRE SPECIAL SERVICES OR FACILITIES? (If yes is checked, you will receive additional information from the Office of Disability Services.) _____ YES	

HIGH SCHOOL FROM WHICH YOU GRADUATED: _____ NAME _____ GRAD. DATE _____ STATE _____

HAVE YOU ATTENDED UC PREVIOUSLY? _____
 NAME AT TIME OF ENROLLMENT _____ DATES ATTENDED _____ DEGREE(S) EARNED _____

HAVE YOU ATTENDED ANY OTHER COLLEGE PREVIOUSLY? _____
 NAME OF INSTITUTION _____ DATES ATTENDED _____ DEGREE(S) EARNED _____

CURRENT EMPLOYMENT: _____
 NAME OF FIRM _____ CO. OR FIRM LOCATION (STATE) _____ BUSINESS PHONE _____ DATE OF EMPLOYMENT _____

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DEGREE OBJ	PGM	STATE	CTY
NONE	NMAT		

This form is being used by the Office of the Registrar to collect necessary information from our non-matriculated students.
FAILURE TO COMPLETE THIS FORM FULLY MAY RESULT IN THE ASSESSMENT OF NON-RESIDENT FEES.