

# Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street

Peoria, Illinois 61603

(309) 624-8980

## International Student Application for Admission

1. International students must meet the same College of Nursing admission requirements as students who are educated in the United States of America.
2. A College of Nursing Application for International Admission and nonrefundable \$75.00 application fee must be submitted to the College by the deadlines shown below. Late applications will be deferred to the next semester. Deadlines:

Entry Term:	Application Deadline:	Selection Date:
Fall (August)	September 15th of the previous year	October 30 <sup>th</sup> of the previous year
Spring (January)	February 15th of the previous year	March 30 <sup>th</sup> of the previous year

3. The College of Nursing will only accept international students with F-1 Student Visas as full time students into its Bachelor of Science in Nursing (BSN) program. Full time enrollment is not available in the College of Nursing's RN to BSN or graduate programs.
4. The prospective student must submit high school and official college transcripts, or its equivalent, in English (or a certified translation). The transcripts must be mailed directly to the College of Nursing from the institutions that were attended and must include the school's seal.
5. Official transcripts that are not in English must be evaluated by an official credentialing center and a copy of the evaluation must be sent by the Center directly to the College. **A Course-by-Course Evaluation is required.** The prospective student assumes the responsibility for providing transcript evaluation and must pay for the evaluation.
6. The Test of English as a Foreign Language (TOEFL) is required of all applicants whose native language is **not** English. **If the Bachelor or Master Degree was earned from a school in the United States of America, the TOEFL requirement is waived.** To satisfy this requirement, the prospective student must take the TOEFL with a minimum score of 550 for paper/pencil or 79 for the Internet based exam. Students who do not pass the TOEFL must confer with a representative of the Admissions Office and be considered by the Admission and Progression Committee. Test scores cannot be more than two years old.
7. An interview is optional at the request of either the College or the applicant.
8. Prospective students are required to show assured support for the two years at the College. Bank certification is required to assure that the student has the amount required for cost of attendance. If funds are from a source other than the applicant, i.e., a sponsor, the sponsor must sign the form and note amount of funding pledged. The sponsor must also provide Bank Certification which must also have original seal of the financial institution. No photocopies or fax copies will be accepted.

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**Application for International Student Admission**

*Please print or type information.*

Date: \_\_\_\_\_, 20\_\_\_\_\_

When do you plan to enter program? \_\_\_\_\_ Fall \_\_\_\_\_ Spring Year \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial Maiden Name

\_\_\_\_\_  
Mailing Address: Number and Street City State Zip Code County

\_\_\_\_\_  
Area Code + Telephone Number (Cell Phone) Area Code + FAX Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth (Month/Day/Year) Country of Birth Country of Citizenship

Your current occupation: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No  
Are you a Permanent Resident?  Yes  No If yes, present copy of card.  
Are you a Conditional Resident?  Yes  No If yes, present copy of card.  
Do you currently hold a U.S. Visa?  Yes  No Visa Type:\_\_\_\_\_ Visa Expiration Date:\_\_\_\_\_

If you are in the process of becoming a permanent resident, attach a statement of action taken thus far:\_\_\_\_\_

\_\_\_\_\_  
Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

First letter of your mother's maiden name: \_\_\_\_\_

\_\_\_\_\_  
Father's Address: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_  
Guardian (if other than parents) \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship Telephone/Cell Phone Number

\_\_\_\_\_  
Address of Guardian: \_\_\_\_\_

\_\_\_\_\_  
Number and Street City, State, Zip Code, Country

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Person to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Check all appropriate boxes:

Gender:  Male  Female                      Marital Status:  Married  Single

What is your primary spoken language? \_\_\_\_\_

Do you have a U.S. Social Security Number?  Yes  No    If yes, give number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Will you require on-campus housing?  Yes  No

Have you attended another nursing program? Yes \_\_\_\_ No \_\_\_\_    If "Yes", name of program and dates attended.

\_\_\_\_\_

*If attended, but did not complete another nursing program, then a reference letter from the Dean/Director of the nursing program is required.*

**EDUCATION:** Please list every school and college you have attended or are now attending. Give exact dates of attendance, as a well as the location for each school and the type of school, i.e., grammar, elementary, high school, college. Additional schools, colleges or universities must be listed on a separate sheet of paper.

**A. Secondary School (High School, Colegio, Liceo, Lycee, Gymnasium, higher secondary, etc.)**

Name and address of school	Date of Entrance		Date of Leaving		Grade	Name of diploma, certificate or degree and date awarded
	Month	Year	Month	Year	Completed	

**B. College and/or Universities (Complete name and location)**

Name and address of school	Date of Entrance		Date of Leaving		Grade	Name of diploma, certificate or degree and date awarded
	Month	Year	Month	Year	Completed	

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**ENGLISH PROFICIENCY**

If English proficiency is required of you (see instructions), indicate the date and place you will take or have taken the TOEFL exam. If you plan to enroll in an English Language School prior to arrival at the College, indicate school and expected date of completion.

TOEFL	Date (Month-Year) + Place	TOEFL Score	English Language School	
Taken			School & Location	
Expect to Take			Date you will start	
Retake			Date you expect to complete studies (Level 109 required)	

Have you requested English proficiency data to be forwarded to Saint Francis Medical Center College of Nursing?  
 Yes     No    If "No", please have data forwarded.

**COURSES IN PROGRESS:** If you are presently a student, list the courses you are studying which do not appear on the transcripts you have submitted or will submit.

Fall Term Course (year ____ )	Unit	Grades		Spring Term Course (year ____ )	Unit	Grades	
		Midterm	Final			Midterm	Final

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**FINANCIAL CERTIFICATION FORM**

You must complete Section 1 **OR** Section 2 **AND** the Applicant Certification section. **WITHOUT THIS INFORMATION WE CANNOT ISSUE THE FORM I-20 WHICH YOU WILL NEED IN ORDER TO APPLY FOR A STUDENT VISA.**

**SECTION 1. PERSONAL RESOURCES:** If you personally, or a member of your family, will provide the financial resources for educational and living expenses, you must (1) complete the section below and, (2) attach verification by means of a bank statement or other official evidence. You must indicate the amount of U.S. dollars available per calendar year and the number of years this amount will be available according to the expected length of time necessary to complete your program of study.

1st Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
2nd Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
3rd Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
4th Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_

I certify that, to the best of my knowledge, the above information is true and accurate.

SIGNATURE OF SPONSOR \_\_\_\_\_ Date \_\_\_\_\_

Name of Sponsor (printed) \_\_\_\_\_

Relationship of Sponsor to Applicant \_\_\_\_\_

Sponsor Address \_\_\_\_\_

Sponsor Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

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**SECTION 2. OTHER RESOURCES:** If you are sponsored by a government, business, agency, or private grant or scholarship, the sponsor must complete the section below. Please attach official contract or agreement when returning this form.

Authorization for billing should be included if your sponsor requests that the College bill them directly. This information must include the exact or minimum amount of U.S. dollars which will be provided each year and the length of time this money will be available.

1st Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
2nd Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
3rd Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_  
4th Year U.S.\$ \_\_\_\_\_ Source \_\_\_\_\_

I certify that, to the best of my knowledge, the above information is true and accurate.

SIGNATURE OF SPONSOR \_\_\_\_\_ Date \_\_\_\_\_

Name of Sponsor (printed) \_\_\_\_\_

Relationship of Sponsor to Applicant \_\_\_\_\_

Sponsor Address \_\_\_\_\_

Sponsor Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

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**APPLICATION CERTIFICATION:** I certify that the above information is true and complete to the best of my knowledge. I am fully aware that any false or misleading statement may result in an automatic denial of my admission request or eventual dismissal from the College.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant (printed) \_\_\_\_\_

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**THIS FORM MUST BE SUBMITTED WITH ALL VERIFICATIONS BEFORE YOUR APPLICATION CAN  
BE REVIEWED.**

In the space below, please write an account of:

- 1) How you first became interested in the College of Nursing,
  - 2) Your experiences since you last attended school (if more than six months have elapsed),
  - 3) The things you have accomplished that have given you the greatest satisfaction,
  - 4) Your reasons for selecting nursing as a career,
  - 5) Any special reason for desiring to enter this college,
  - 6) Your plans and aspirations for the future,
  - 7) Any additional information that you would like us to know.
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