To apply you will need to submit the following:

- A complete Application for Exchange Students form
- A one-page personal statement describing why you want to study at Felician College
- A copy of your transcripts, in English, from your current university
- A qualifying test of English. We accept one of the following:
  - TOEFL IBT score of at least 61
  - TOEFL Paper-based score of 500
  - IELTS score of 5.5
- Copy of passport information page

To apply for SEVIS I-20, you will need to submit the following:

- A complete Application for Form I-20
- A bank statement in English showing the minimum amount of funds to cover living costs and tuition fees. (Will change each year. Please confirm with OIP or your advisor for correct amount.)
- Affidavit of Support of Annual Cash Support (page 7 in the Application for Sevis Form I-20 packet, completed and signed by your sponsor.

IMPORTANT NOTES:

- All exchange students must live on campus for the entire time they are studying at Felician.
- Students will be assigned a double room.* Every attempt will be made to assign a student a roommate from a different country. *Based on availability. Students may be assigned a single or triple room if a double is not available.
- All exchange students will be tested for English upon arrival. If a student tests into English Composition 001, they will be required to enroll in the class.
- Living costs, fees and tuition generally increase every fall semester (September). For those students who study at Felician from January – December, please be aware that your costs most likely will increase for the fall semester.
- Students may bring their own health insurance. It must show at least $10,000 for both Repatriation and Medical Evacuation. Students will be required to waive Felician’s health insurance upon arrival if they choose to bring their own. If they fail to do so by the deadline, they will be charged for Felician’s insurance. Instructions will be given upon registration for classes. Students who arrive in January will need to waive their health insurance again in September.
- Health forms should be submitted with your application or directly upon arrival for clearance to live in the dormitory.

GENERAL INFORMATION

Personal Information:

Student’s Name – Last (Family) | First | Middle
--- | --- | ---
Street Address | City/State | CountryPostal Code
Country of Citizenship | Date of Birth (MM/DD/YYYY)
Country of Birth

Gender: ☐ Female ☐ Male

Phone Number | E-mail Address
--- | ---

(Continued on page 2)
GENERAL INFORMATION (Continued)

Program Information:

Current University

Current Year at University (check one): □ Freshman (1st year) □ Sophomore (2nd year) □ Junior (3rd year) □ Senior (final year)

Current program of study Anticipated graduation date

When do you plan to start at Felician: Fall (September) 20______ Spring (January) 20______

How long do you plan to be at Felician: □ One semester □ One year □ Other __________________________

UNDERGRADUATE PROGRAMS: Please check below to indicate your academic program of interest:

SCHOOL OF ARTS & SCIENCES
□ Allied Health Technologies*
    ◦ Respiratory Care
□ Art
    ◦ Fine Art
    ◦ Graphic Design
    ◦ Photography & New Media
□ Biology
    ◦ Biochemistry Concentration
    ◦ Chemistry Concentration
□ Biology "Pre-Professional Programs"**
    ◦ Pre-Audiology Program
    ◦ Pre-Chiropractic Program
    ◦ Pre-Medical Track
    ◦ Pre-Occupational Therapy Program
    ◦ Pre-Optometry Program
    ◦ Pre-Physical Therapy Program
    ◦ Pre-Physician Assistant Program
    ◦ Pre-Podiatry Program
□ Clinical Laboratory Sciences*
    ◦ Cytotechnology
    ◦ Medical Technology
□ Communications
    ◦ Journalism
    ◦ Video Production Specialization
□ Computer Information Systems
    ◦ Information Assurance and Computer Security
    ◦ Health Information Management*
□ Criminal Justice
□ English
□ History
□ Humanities
    ◦ Liberal Studies
    ◦ Global Peace and Justice
□ Mathematics
□ Medical Imaging Sciences*
    ◦ Diagnostic Medical Sonography
    ◦ Nuclear Medicine
    ◦ Cardiac Sonography
    ◦ Vascular Sonography
□ Music
□ Natural Science & Mathematics
    ◦ General Science
□ Philosophy
    ◦ Pre-Law Track
□ Psychology
□ Pre-Psychiatric Rehabilitation and Psychology*
□ Religious Studies
□ Social Sciences
    ◦ International Education and Foreign Language
    ◦ Political Science
□ Sociology

SCHOOL OF BUSINESS
□ Accounting
□ Business Administration
□ Healthcare Administration
□ International Business (concentration)
□ Management
□ Marketing
□ 5-Year BS/MBA

SCHOOL OF TEACHER EDUCATION
□ Elementary Education (K-5)
□ Elementary Education (K-5) and Early Childhood Education (P-3)
□ Elementary Education (K-5) with Specialization (S-8)
   (Math, Social Studies, Language Arts/Literary, Science)
□ Secondary Education (K-12)
   (Art, English, Social Studies, Math, Music, Science)
□ Teacher of Students with Disabilities
   Endorsement for individuals with content and/or grade level certification

SCHOOL OF NURSING & HEALTH MANAGEMENT
□ Nursing (BSN)

TEST OF ENGLISH INFORMATION:

Have you taken the TOEFL/IELTS? □ Yes □ NO If Yes, date taken and score: __________________________

Do you plan to enroll in our ACES ESL program prior to your arrival? __________________________

ESL start date: __________________________
EMERGENCY CONTACT
In case of an emergency, whom should we contact?

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Relationship to the Student

<table>
<thead>
<tr>
<th>Address in Home Country</th>
<th>City/State</th>
<th>Country</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone Number          E-mail Address

MEDICAL CONDITION
Do you have any allergies and/or medical restriction? □ YES □ NO

If YES, please explain: ________________________________________________

Please list below any medical or psychological conditions (asthma, depression, anxiety, etc.) Felician College should be aware of:

Please list below any medication you will be taking while at Felician College and the dosage:

SIGNATURE
I, the applicant, declare that the information provided on this application is true and complete to the best of my knowledge. I understand that failure to answer all required questions and submit required documents may delay the processing of my application. If I am admitted to Felician College, I agree to comply with all regulations stated in the College catalogue, student handbook and other policy documents provided by the College.

I agree to the release of my image used for college promotional materials. I also, as an applicant, give permission to Felician College to obtain my official transcripts for evaluation.

I understand that all materials submitted as part of this application are the property of Felician College and cannot be returned to me.

Signature of Applicant ___________________________________________ Date _______________________

Felician College does not discriminate on the basis of race, color, gender, age, religion, national origin, or any physical, mental or educational disability.