

Application for INTO Oregon State University programs 1 of 4

Please complete all relevant sections of this form in BLOCK Capitals and in BLACK INK and return it to your local representative or direct to INTO Oregon State University at least one month before your intended start date. This application should only be used for INTO Oregon State University programs. To apply directly to OSU, please use the online applications.

Please send to:

INTO Oregon State University
Oregon State University
2900 SW Jefferson Way
Corvallis, OR 97331
USA

Tel: +1 541 737 2464

Fax: +1 541 737 4220

Email: into@oregonstate.edu

www.into.us.com/oregonstate

Representative's stamp

Representative's URN number: _____

IMPORTANT PLEASE READ

Authorization for release of information

For the purpose of allowing others to assist me with my education, I authorize Oregon State University and INTO Oregon State University, Inc. to release information regarding my immigration status or academic program to the individual(s) listed below upon request. This form will remain valid until I revoke it in writing. I have indicated below which individual(s) may receive information pursuant to this release [choose one or more]:

My Agent (Agent name): _____

My sponsor (sponsor name): _____

My parent(s) or other relative: _____

Student's Name (please print): _____

Other (please print): _____

Student's signature: _____

Date ____/____/____ mm/dd/yy

Citizenship Non U.S. Citizen Resident alien U.S. U.S. citizen

Applicant email _____

Contact details (or sponsor/agent details)
(For all correspondence before arrival, including I-20)

Contact address _____

Street _____

City _____

Country _____

ZIP code _____

Telephone _____

Contact email _____

Section 2

Parent/guardian (or sponsor details)
(For financial information – invoices, statements, academic reports)

Title (Mr/Mrs/Ms) _____

Family name _____

First/given name _____

Relationship to student _____

Home address _____

Street _____

City _____

Country _____

ZIP code _____

Telephone _____

Fax _____

Mobile _____

Contact email _____

IMPORTANT: STUDENTS UNDER 18

All students under the age of 18 must have all applications and contracts signed by a parent and/or sponsor.

SIGNED _____ Date ____/____/____ mm/dd/yy
(Parent/guardian – if student is under 18)

Section 1

Student details

Please enter all names exactly as they appear on your passport.

Title (Mr/Ms) _____

Family name _____

First/given name _____

Gender M F

Date of birth ____/____/____ mm/dd/yy

Country of birth _____

Nationality _____

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Section 3

INTO course selection

Intensive English program (IEP) (check only one program per term)

Academic English (check all that apply)

June 21, 2010 September 20, 2010 December 28, 2010 March 28, 2011

See chart on page 53 for details

General English (check all that apply)

January 25, 2010 February 22, 2010 March 29, 2010
 April 26, 2010 May 24, 2010 June 21, 2010
 July 19, 2010 August 16, 2010 September 20, 2010
 October 18, 2010 November 15, 2010 December 28, 2010
 January 24, 2011 February 21, 2011 March 28, 2011
 April 25, 2011 May 23, 2011

Please specify number of lessons per week

15 21 27

Please specify total number of weeks

Campus Year Abroad

March 29, 2010 June 21, 2010
 September 20, 2010 December 28, 2010

Please specify number of lessons per week

21 27

Please specify total number of weeks

24 36

Academic programs

Undergraduate Pathways

Business September 20, 2010 December 28, 2010
 General September 20, 2010 December 28, 2010
 Engineering September 20, 2010
 Science September 20, 2010

Graduate Pathways

Business September 20, 2010 December 28, 2010
 Engineering September 20, 2010

Proposed undergraduate or graduate program

Do you intend to study in an undergraduate or graduate program after completing your INTO course(s)? Yes No

Proposed undergraduate or graduate program

Other applications

Have you applied to other INTO center(s) Yes No

If yes, which center(s)

If yes, which program(s)

Section 4

Student education history

Please give details of your current or most recent school, college or university. Please ensure official institution transcripts, latest available results or forecast results are attached in English. You must submit copies of transcripts from all institutions attended. Students entering a Graduate Pathways program only need to submit details of their undergraduate and/or postgraduate degree – no high school transcripts are needed. Failure to supply all relevant documents may result in you being asked to leave Oregon State University.

Note: If you have attended more than one institution, please include the information on a separate sheet of paper.

Institution name

Dates of study from _____ to _____ mm/dd/yy

Graduation date _____ mm/dd/yy

Highest educational qualification name

Country

If you have taken either the Graduate Record Examination (GRE) or the Graduate Management Aptitude Test (GMAT) examinations please provide your details of your most recent examination

GRE overall score/grade _____ Date _____ mm/dd/yy

GRE verbal score/grade _____

GRE quantitative score/grade _____

GRE analytical writing score/grade _____

GMAT overall score/grade _____ Date _____ mm/dd/yy

GMAT verbal score/grade _____

GMAT quantitative score/grade _____

GMAT analytical writing score/grade _____

Section 5

Current English language proficiency

Please enter details of your most recent English language test. Official results must be submitted before admission can be confirmed.

Note: Students will also be assessed upon arrival and study plans WILL be altered if there is any discrepancy.

IELTS overall score/grade _____ Date _____ mm/dd/yy

IELTS writing score/grade _____ Date _____ mm/dd/yy

IELTS TRF number _____

TOEFL overall score/grade _____ Date _____ mm/dd/yy

TOEFL writing score/grade _____ Date _____ mm/dd/yy

INTO overall score/grade _____ Date _____ mm/dd/yy

INTO writing score/grade _____ Date _____ mm/dd/yy

Have you arranged to take any other English language test(s) before starting your INTO course? Yes No

Name of exam

Date due to be taken _____ mm/dd/yy

Section 6

Sponsorship

How do you intend to fund your studies?

Self Family Employer* Sponsor*

*Name of employer / sponsor: _____

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Section 7

Student goals

Please select which one(s) of the following best describe your reason for wishing to study at INTO Oregon State University.

- I have applied for an INTO pathway program and need to meet the English language entry requirement.
- I need to improve my IELTS/TOEFL score
- I plan to attend university in the U.S.
- I want to experience life in a U.S. university
- I need to improve my English for my current job or future employment
- I want to experience American culture
- I am studying for my own personal development
- Other reason

If 'Other' please specify:

Section 8

Accommodations and student services

Application for accommodations

Accommodations will be reserved and confirmed when full payment of tuition and accommodations fees has been received. Please note that once you have paid your deposit you have committed to take accommodation. Penalties may be assessed should you wish to change or leave your accommodations.

All students enrolled in a Undergraduate Pathways program are required to live in the residential halls on campus during their first academic year of studies. Academic English and General English students can request on-campus housing and will be placed according to availability.

Please select one option and complete as appropriate:

- University residence – shared
- University residence – single (based on availability)
- Homestay (based on availability)
- I do not require any accommodations

If enrolled in Academic English or General English please indicate the number of terms you would like to request housing:

- 1 term
- 2 term
- 3 term
- 4 term
- Other

If 'other' please specify:

Meal plan selections can be changed up until 4 weeks prior to the start of the program. After that time, you will be able to add dining funds when you arrive but cannot decrease your plan. Homestay students will automatically be placed on the basic meal plan. Please see chart on page 70.

Meal plans

Please select one option and complete as appropriate:

- Basic (2 – 4 meals per week)
- Preferred (8 – 10 meals per week)
- Premium (11 – 14 meals per week)
- Ultimate (15 – 19 meals per week)

Lifestyle preferences

Do you smoke?

- Yes
- No

Medical information

Do you have any medical conditions? Yes No

Please give details of any medical conditions or allergies that require attention or notification and any prescribed medicine taken on a regular basis

Please note: completion of this form gives INTO Oregon State University permission to administer first aid by trained staff first aiders if required.

If you have a physical or learning disability and need reasonable accommodation or information about services available, please contact:

Director of Disability Access Services, Oregon State University, 202 Kerr Administration Building, Corvallis, OR 97331-2133 Phone +1 541 737 4098

Travel and Medical insurance

The full cost of the International Student Health Plan will be added to the invoice unless proof of adequate alternative coverage, as approved by the Student Health Center, is attached. For further details visit: <http://studenthealth.oregonstate.edu/insurance-billing>

Do you require insurance?

- Yes
- I have my own insurance and enclose a copy

All students must provide proof of immunity to measles, mumps and rubella. According to Oregon law (OAR 333-050-0130), beginning September 1, 2007, international students who are attending the institution pursuant to a non-immigrant visa, must provide their official documentation of measles vaccination prior to attending classes. If your first dose of measles vaccine was received less than 30 days prior to attendance, you will have until the beginning of the second term to receive and provide documentation of your second dose. These vaccinations can be administered by the Student Health Services upon arrival. Additionally, all international students are required to have TB screening by the Student Health Services regardless of previous TB screening in their home countries.

Airport pick-up

Students MUST arrive on the day before the start date of their course as published on page 64. Flight details including arrival dates and flight number should be sent to the INTO Oregon State University Center with at least 72 hours notice to allow for arrangements to be made. Details will be provided in our pre-arrival handbook on how to submit your information via our online application. Full payment must be received for an airport pick-up to be confirmed.

Do you require an airport pick-up? (\$100 fee applicable)

- Yes
- No

Do you a private transfer option? (\$350 fee applicable)

- Yes
- No

Depending on arrival schedules a waiting period of up to 45 minutes may apply. Waiting period will not apply to private transfer (\$350) service.

Section 9

How did you hear of INTO Oregon State University?

- Education exhibition
- Website*
- Friend or relative
- Education agent
- Other*

*Please state which website or other source

If education agent or exhibition, which agent/organization/event

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Section 10

Form of indemnity

i) Background

This indemnity is to be signed by the student and also by his/her parent or legal guardian if the student is under eighteen years of age. Until this indemnity has been signed and returned to INTO Oregon State University the student may not take part in an excursion organized by INTO.

ii) Indemnity

In consideration of the instructors and/or director and/or any employee of INTO Oregon State University (which expression for the purposes of this indemnity means INTO Oregon State University and any relevant associated or connected organization) agreeing to make arrangements for and to authorize INTO Oregon State University personnel to take me/my son/daughter/ward from time to time on expeditions outside the usual premises of INTO Oregon State University, I hereby fully and effectively indemnify the said principal and/or head teacher and/or director and/or any employee (as the case may be) of INTO Oregon State University against:

- any and all claims, losses, damages or costs incurred directly or indirectly which they or any of them may be or become liable to pay in consequence of any injury or damage to or illness of me/my said son/daughter/ward occurring during or as a result of any of the said expeditions.
- any and all claims, losses, damages or costs paid to or payable to or claimed by any third party which may be made against them or any of them in consequence of any act or default of me/my said son/ daughter/ward during or as a result of any of the said expeditions.
- any and all other costs, claims, losses and expenses incurred directly or indirectly by them or any of them on behalf of me/my said son/daughter/ ward during or as a result of any such expedition.

Provided that this indemnity does not extend to any claims, damages, costs or expenses in respect of and to the extent to which INTO Oregon State University and member(s) of the staff or any of them are indemnified and recover under any policy of insurance. I authorize INTO Oregon State University to supply any relevant records to educational institutions, government bodies, parents, sponsors and educational agents if requested without notification.

SIGNED _____ Date ____/____/____ mm/dd/yy

(Parent/guardian)

SIGNED _____ Date ____/____/____ mm/dd/yy

(Student)

Section 11

Payment details

Once an offer of a place has been accepted we require a deposit as specified in Step 3 on page 62. You will also be required to pay in advance the Aetna insurance fee unless you have provided proof of adequate alternative coverage.

Payment can be made by wire transfer, VISA or Mastercard (a \$35 transaction fee will apply to all credit card payments). Our bank details are as follows:

Bank name: U.S. Bank
Address: 615 NE Liberty Street, Salem
Oregon 97301
Account name: Oregon State Treasury
Account number: 153695031051
SWIFT code: USBKUS44IMT

Section 12

Declaration

To be signed by the student and parent, sponsor or legal guardian

I have read and understood this brochure and agree to abide by the Terms and Conditions on page 69

I agree to abide by the Cancellation and Refund Policy

I agree to pay all tuition and accommodation fees incurred by the student as they become due

I agree that my records and achievements may be used for promotional purposes, without further notification

I have been advised of all the educational options at INTO Oregon State University and Oregon State University and have chosen to participate in the programs listed in this application

SIGNED _____ Date ____/____/____ mm/dd/yy

(Parent/guardian)

SIGNED _____ Date ____/____/____ mm/dd/yy

(Student)

Section 13

Application check list

I confirm that I have:

Completed the application form in full and checked for accuracy Yes

Enclosed proof of an adequate alternative insurance policy, if appropriate Yes

Enclosed full transcripts of all my relevant qualifications (including English language level) translated into English as well as in native language Yes

Enclosed completed Certification of Finances Form 2010-11 Yes

Section 14

Release authorizations

I authorize the Office of Admissions to release application, academic and test score information to Oregon State University academic departments for scholarship consideration for the term applied.

SIGNED _____ Date ____/____/____ mm/dd/yy

(Student)

I authorize the Office of Admissions to release to my parents or legal guardians information regarding application, test scores, transcripts and other supporting documents as they relate to my admission status.

SIGNED _____ Date ____/____/____ mm/dd/yy

(Student)

Nondiscrimination and diversity statement

Oregon State University, in compliance with state and federal law and regulation, does not discriminate on the basis of race, color, national origin, sex, sexual orientation, marital status, age, disability or veteran's status in any of its policies, procedures or practices. This non-discrimination policy covers admission and access to and treatment and employment in, university programs and activities, including but not limited to academic admissions, financial aid, educational services and employment.

International student certification of finances form 2010-11 1 of 2

Section 1

Student details

Family name _____

First/given name _____

Middle name (if any) _____

Gender M F

Home country mailing address (PO BOX numbers are not acceptable) _____

Street _____

City _____

Country _____

ZIP code _____

Date of birth ____/____/____ mm/dd/yy

Country of birth _____

Country of citizenship _____

Country of legal residence _____

Section 2

Dependents (spouse and or children)

Will any of your dependents (spouse and/or children) come to the U.S. with you Yes No

Please provide information for each dependent (spouse and/or children):

Dependent 1
Please enter all names exactly as they appear on your passport

Family name _____

First/given name _____

Middle name (if any) _____

Relationship _____

Country of citizenship _____

Date of birth ____/____/____ mm/dd/yy

Dependent 2
Please enter all names exactly as they appear on your passport

Family name _____

First/given name _____

Middle name (if any) _____

Relationship _____

Country of citizenship _____

Date of birth ____/____/____ mm/dd/yy

Dependent 3
Please enter all names exactly as they appear on your passport

Family name _____

First/given name _____

Middle name (if any) _____

Relationship _____

Country of citizenship _____

Date of birth ____/____/____ mm/dd/yy

Dependent 4
Please enter all names exactly as they appear on your passport

Family name _____

First/given name _____

Middle name (if any) _____

Relationship _____

Country of citizenship _____

Date of birth ____/____/____ mm/dd/yy

Section 3

Visa details

Are you currently living or studying in the United States Yes No

If you answered YES, please complete parts A, B and C.

If you answered NO, please proceed to part D.

Part A

Visa classification

Student (F-1)
I-20 Expiration date: (Line 5) ____/____/____ mm/dd/yy

Exchange visitor/student (J-1)
DS-2019 Expiration date: (Box 3) ____/____/____ mm/dd/yy

Other (please specify including expiration date):
____/____/____ mm/dd/yy

Part B

Name of institution you are attending if you hold a student visa

Part C

If you currently have a visa, do you wish to remain in this type of visa status Yes No

In either case, please attach a copy of your current I-20 or DS-2019 to this form.

Part D

Please attach a photocopy of your passport identification page and the same for each dependent who will accompany you.

International student certification of finances form 2010-11 2 of 2

Section 4

Declaration of finances

If it is determined that you are admissible to INTO Oregon State University, we will provide you with an I-20 (F-1) certificate of eligibility document only after you submit satisfactory evidence that you have adequate funds for your proposed program of study. Acceptable financial documents must not have been issued more than nine (9) months before the term you intend to enroll at INTO Oregon State University and must accompany this form. Be sure to keep copies of these documents as you will need to present them to the U.S. Consular Official at your visa interview and to the U.S. Immigration Officers at the Port of Entry. Please note: U.S. visa regulations restrict student employment and therefore, it is important not to rely on employment for income to offset your educational expenses.

Estimated costs: For details of the estimated cost of study please refer to page 70 of the brochure.

Please list and document the amount of money and the resources of your financial support during your program of study at INTO Oregon State University

Personal savings

Amount of support \$

Documents required

Original bank letter with date account opened, average and current balance, not more than 9 months old before the term you intend to enroll at INTO Oregon State University

Parent or sponsor

Amount of support \$

Documents required

Same as above plus the Affidavit of Support section completed below

Salary while on leave

Amount of support \$

Documents required

Original, validated letter from employer (must include name of applicant, proposed program of study and start and end dates of sponsorship award).

Government or sponsoring agency

Amount of support \$

Documents required

Original or certified copy of award letter (must include name of applicant, proposed program of study and start and end dates of sponsorship award).

Oregon State University

Amount of support \$

Documents required

Copy of award letter or source of anticipated support

Section 5

Affidavit of support

To be completed by a parent, family member, or applicant even if support is personal funds.

I hereby certify that I am willing and able and that I do promise the amount of \$ per year payable in U.S. dollars for educational expenses of

(Students name)

who is my (relationship)

while at INTO Oregon State University. Documentation of my financial resources is attached to this affidavit of support.

SIGNED Date mm/dd/yy
(Parent/guardian)

Name of sponsor (printed)

Address of sponsor

Section 6

Certifications and signatures

I certify that all statements on the Certification of Finances form are true and accurate information and that the stated funds are available for my education expenses at INTO Oregon State University during the period specified. I will notify INTO Oregon State University of any changes in my financial circumstances. Furthermore, I understand that the information I have provided cannot be given to anyone except to me without my written permission.

SIGNED Date mm/dd/yy
(student signature, required)

Printed student name (required)