

Dear Transfer Student:

Thank you for the interest you have shown in Rose State College. I hope that this letter and the enclosed material will answer some of your questions. Please read all the information in this packet carefully.

In order to transfer to Rose State College, the International Student Office must receive each of the documents listed below: **(Certified English translations are required for those items so indicated).**

1. A completed Rose State College application for admission and immunization verification.
2. Official high school transcript(s) and/or documents indicating the date that all secondary school requirements were met. **A certified English translation must be attached if the transcript is not printed in English.**
3. All official transcripts from all colleges or universities you have attended in the United States.
4. A current "Certificate of Support" form and a current certified letter from a bank that shows available funds in U.S. dollars. The United States Immigration and Naturalization Service requires all international students to have sufficient funds to cover all expenses they might incur during their attendance in college. ***NOTE:* Self-sponsorship is NOT acceptable. A sponsor cannot be another international student.**
5. Proof of English language proficiency: If you have earned less than 24 credit hours in an approved U.S. college, you must present an official International Test of English as a Foreign Language (TOEFL) score of 61 on the Internet based exam (173 on the computerized based or a 500 on the paper based). IELTS Exam score reports are accepted with a 5.0 or higher. The Rose State College school code is 6559 when ordering score reports from TOEFL.
6. A letter of "good standing" from the last college/university you attended or the enclosed transfer form, completed and certified by the International Student Office of the school you are now attending.

If, after review of your documents, you are eligible for admission to Rose State College, an I-20 form will be issued. You must report to the Office of Admissions and Records at Rose State College as soon as possible after entering the United States. Your enrollment will be considered for the semester following the date of issue on your I-20. In addition, you must present proof of health and repatriation insurance prior to completion of formal admission.

Should you have questions or need additional information, please contact this office.

Respectfully,



Dustin S. Orrell
Assistant Director of Admissions and Records

Enclosure

1. Please Print or Type
 2. Use Black or Blue Pen
 3. Do not Write in Shaded Areas
 4. Abbreviate Where Necessary
- ALL INFORMATION MUST BE COMPLETED

We Believe in You!



ROSE STATE COLLEGE
 Office of Admissions and Records
 6420 S.E. 15th Street
 Midwest City, OK 73110

- THE FOLLOWING **OFFICIAL** DOCUMENTS ARE REQUIRED FOR ADMISSION. ANY EXCEPTIONS MUST HAVE THE REGISTRAR'S APPROVAL.
1. Completed Application for Admission Form
 2. High School and/or College Transcript(s), or G.E.D. Certificate and Scores.
 3. Results from ONE of the following: ACT, SAT, or RSC Assessment Battery may be required.

APPLICATION FOR ADMISSION

Admissions Use Only

Student ID Number

First Name

Middle Name

Last Name

Other Name(s) under which your records may appear

Prefix: Mr.
 Ms.

Social Security Number

Former RSC Student? Yes No

Sex Male Female

Date of Birth

 MO DAY YEAR

Place of Birth

 City State Country (if not U.S.)

Resident Status:

1. Resident of Oklahoma? Yes No
 How Long? _____ Years _____ Mos.
 2. U.S. Resident? Yes No
 Visa Type: F-1 J H Other _____
 3. Resident Alien? Yes No
 A# _____

To Be answered by U.S. and Foreign Students:

4. English is my **second** language? Yes No

* Official documents required by the U.S. Citizenship and Immigration Service, Oklahoma State Regents, and Rose State College must be received and evaluated before an I-20 will be issued.

AC Telephone

STUDENT'S E-MAIL ADDRESS

The following information is optional but is requested for reporting purposes only in accordance with the 1964 Civil Rights Act, Title VI, as amended.

Do you consider yourself Hispanic or Latino? Yes No

Select one or more of the following categories to describe you.

1. <input type="checkbox"/> Non-Resident Alien	4. <input type="checkbox"/> Asian
2. <input type="checkbox"/> Black or African American	5. <input type="checkbox"/> White
3. <input type="checkbox"/> American Indian or Alaskan Native	6. <input type="checkbox"/> Native Hawaiian or Pacific Islander

Tribes _____ Blood Line: Mother Father Both

Term Entering:

FALL _____
 SPRING _____
 SUMMER _____

Classification:

Freshman
 Sophomore
 Special

Employer _____
 Work Phone _____

STUDENT'S CURRENT ADDRESS

Number and Street City State County Zip Code

PARENT OR EMERGENCY CONTACT

First Name Last Name Number and Street City State/Country Zip Code AC Telephone

1. Active Military: Yes No ; Branch of Service _____
 2. Veteran: Yes No ; Branch of Service _____
 3. Military Dependent: Yes No ; Is Service Member Active? Yes No
 4. In what state is the active duty member stationed? _____

5. Are you on academic probation at another school? Yes No
 6. Are you on academic suspension at another school? Yes No

Name of Last High School Attended

City

State

HIGH SCHOOL GRADUATE :

Yes

YEAR

GED:

Yes

YEAR

No

TRANSFER STUDENT INFORMATION

Please list all colleges attended since graduation from high school, including current enrollment. List most recent college attended first. Failure to list any colleges you have attended may result in loss of credit or dismissal from the College.

Name of Institution	City & State	Date Attended		Hours Earned	PS CODE (For Official Use Only)
		From	To		
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that I shall not be considered for admission to Rose State College until I submit all required documents. If I am accepted at Rose State College, I agree to abide by the rules and regulations of the College. I also understand that student records are released only in accordance with institutional policy as provided by the Family Educational Rights and Privacy Act (as amended).

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

County Code

Resident Code

Admit Code

PS High School Code

PS CODE
(Last College Attended)

Month

Day

Year

Admissions Use

Disclaimer Statement

Rose State College, in compliance with Titles VI and VII of the Civil Rights Act of 1964, as amended, Title XI of the Education Amendments of 1972, Americans with Disabilities Act (ADA) of 1990 and other federal laws and regulations, does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, sexual orientation or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services. Issues of noncompliance should be referred to the Affirmative Action officer, Administration Building, Room 104; telephone (405) 733-7979 or TDD (405) 733-7355. Rose State College is accredited by The Higher Learning Commission: A Commission of the North Central Association of Colleges and Schools.



DOCUMENTATION OF STUDENT VACCINATION STATUS



Rose State College is committed to protecting the health of its students. Therefore, the submission of the following information is being required of all new students who will be attending classes on-campus.

Please check one of the following:

- I hereby certify that I have received the vaccinations for measles, mumps, rubella and hepatitis B.
- I hereby certify that I have received vaccinations for measles, mumps and rubella and will complete vaccinations for hepatitis B within 6 months.
- I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B conflict with my moral or religious tenets. (In the case of a minor, this must be certified by a parent or legal guardian.)
- I am submitting below a physician's statement indicating it is medically inadvisable for me to take these vaccinations.
- I belong to one of the groups of students listed under the Exemptions portion of this form, and have identified the group to which I belong.

The information provided in this document is true and accurate to the best of my ability. I understand that falsification of this document is a violation of the Student Conduct code and such conduct could result in suspension or expulsion from Rose State College.

_____	_____
Student Name	Student ID#
_____	_____
Signature of Student, parent, or legal guardian	Date

PHYSICIAN'S STATEMENT

I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B are medically inadvisable for the above named student.

_____	_____
Signature of Licensed Physician	Date

EXEMPTIONS

Certain groups of students will not be asked to provide vaccination information. Please indicate if you belong to any of the following groups.

- I am a high school graduate and that I graduated from an Oklahoma high school since 1996.
- I am transferring from another college located in the State of Oklahoma.
- I am only enrolling in off campus or distance education courses.
- I am active military.
- I am enrolling in Training Center classes only.
- I graduated from a high school that required these vaccinations. State of high school graduation: _____ Year of Graduation _____

I have been provisionally admitted and will take no more that 9 credit hours at this institution until I have submitted the above information and been admitted as a regular student.

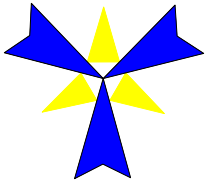
If my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional course.

Student Signature

Date

Return the completed form to:

Rose State College
Office of Admissions and Records
6420 S.E. 15th Street
Midwest City, OK 73110



ROSE STATE COLLEGE

Please return the completed form to:
Rose State College
Office of Admissions and Records
6420 S.E. 15th Street
Midwest city, OK 73110

TO THE PROSPECTIVE STUDENT: In order to complete the transfer to Rose State College, you must have this form completed by the last institution you were authorized by the United States Citizenship and Immigration Service (USCIS) to attend.

I, _____ give permission for my current institution to
(PRINT NAME CLEARLY: Last, First, Middle, Maiden)

release the following information. _____
Signature of Student

TO THE INTERNATIONAL ADVISOR: Please complete the following information for the above student and return to the above address.

Student's Visa Type: _____ INS I-94 Number: _____

SEVIS Number: _____

First semester/quarter/session (circle one) in attendance at your school: _____

Last semester/quarter/session (circle one) in attendance at your school: _____

Currently or last enrolled in _____ semester/quarter (circle one) credit hours.

Is student in good academic standing? _____ Yes _____ No, Reason:

Is student in good financial standing? _____ Yes _____ No, Reason:

Has student ever applied for reinstatement of status? _____ No _____ Yes; When?

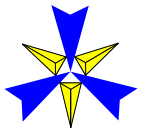
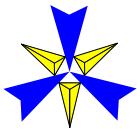
Has student been granted off-campus or practical training employment? _____ No _____ Yes
If yes, briefly explain:

Has the student been the subject of disciplinary action while in your school? _____ No _____ Yes
If yes, briefly explain:

Signature _____ Name and Title of Official _____ Date _____

Institution Name and Address _____ E-mail Address _____

(INSTITUTIONAL SEAL)



INTERNATIONAL STUDENT CERTIFICATE OF SUPPORT

Listed below are the estimated expenses for International Students attending the Fall and Spring semesters (based on 12 credit hours each semester). Costs for the summer are not included in this estimate. You should plan on having extra funds available for travel back to your country or to stay in the United States during the summer months. Please understand that tuition costs are estimated and subject to change by the Oklahoma State Regents for Higher Education.

Direct Educational Costs:

Tuition and Fees \$4,900.00
Books and Supplies..... 800.00

Other Living Costs

Housing and Utilities \$5,900.00
Personal Expenses 1,900.00
Transportation..... 1,000.00
Health and Repatriation Insurance..... 500.00
TOTAL COSTS \$15,000.00

*** Rose State College does not have on-campus housing. Students rent apartments within the Midwest City area or in nearby Oklahoma City. Location of a student’s housing may affect transportation costs.**

*** All international students are required to purchase and maintain Health and Repatriation Insurance. The cost will be determined by the insurance company and policy plan the student chooses. Information is available in the International Admissions Office.**

The next portion of this form **must be completed and returned** to Rose State College with your completed application for admission along with any other documents that may be required.

A CERTIFIED BANK STATEMENT OR LETTER FROM YOUR SPONSOR’S BANK SHOWING AVAILABLE FUNDS TO COVER EXPENSES FOR ONE YEAR FOR THIS STUDENT MUST BE ATTACHED AND MUST INCLUDE A TRANSLATION TO U. S. DOLLAR EQUIVALENCY. THE DOCUMENTATION MUST BE A CURRENT ORIGINAL NO MORE THAN 90 DAYS OLD. THE SPONSOR NAME ON THIS CERTIFICATE OF SUPPORT MUST MATCH THE SPONSOR NAME ON THE BANK STATEMENT OR LETTER .

NOTE: SELF-SPONSORSHIP IS NOT ACCEPTABLE. A SPONSOR CANNOT BE ANOTHER INTERNATIONAL STUDENT

SPONSOR’S VERIFICATION OF SUPPORT

This certifies that I, _____, will assume full responsibility for the
SPONSOR’S PRINTED NAME

Financial support of _____ during his/her studies at Rose State College.
STUDENT NAME

Sponsor’s Signature

Date

SEAL OR STAMP
CERTIFICATION

SPONSOR’S RELATIONSHIP TO STUDENT: _____

SPONSOR’S ADDRESS: _____

I certify that the above mentioned person is financially capable of providing the funds necessary for attendance at Rose State College. This does not include finances for the care of a spouse or children.

DATE

SIGNATURE & TITLE OF BANK OR GOVERNMENT OFFICIAL

Sample Bank Letter

(Must be printed on official bank letterhead paper, and have an original bank official's signature and the bank's official stamp or seal on the letter)

Date of letter
(Must have been printed within the past **90** days)

(Sponsor's name), **(relation to student)** of **(student's name)**, is an account holder in good standing at **(Name of Bank)**. According to our institution's records, he/she is capable of supplying funds to pay for all of **(student's name)**'s educational and living expenses while he/she is an enrolled student at Rose State College.

This letter should serve as verification from our institution that **(sponsor's name)** has a **(type of account)** containing available funds totaling **(local currency)**. This amount is equal to **(the equivalent amount in U.S. dollars)** in U.S. currency.

I certify that the information contained in this letter is true and correct.

Sincerely,

Signature of Bank Official
Name and Title of Bank Official

(Bank's Official Stamp or Seal here)