## Capital University Application for Student Exchange

## **Personal Information**

Full Name		
Last/Family Name	First/Given Name	Middle Name
Student Mailing Address:		Home Country (required)
Phone	<del></del>	
Sex: Male □ Female □ Date of I	Birth Place	of Birth
Country of Citizenship Religion		
Country of Permanent Residence:		(optional)
Marital Status: Single ☐ Married ☐ Dependent(s) who will accompany stude Last Name First Name Date of Bir 1.  2.	th Country of Birth Coun	try of Citizenship Relationshi
3		
Application for (please indicate y		rm Spring Term Dec.) (Jan. – May)
Nursing Exchange Program Social Work/Care Program		
Music Conservatory Program  Dates of Proposed Study (if not for a form)	full semester)	
Please give the name of the educational		attending:
List below the languages that you hav English	e studied:	Years of study
Have you taken the TOEFL or IELTS	S Yes □ No □ Score	Date
Applicant's Signature		Date
Home university official approving yo	our program:	
Name of university official		Title
Signature of university official		Date

In order for Capital University to issue a DS-2019 (the document needed for a student exchange visa), you will need to document living expenses for your term of study. Please provide a bank statement in English, which demonstrates you have

sufficient funds for living expenses. Please refer to the reverse side for budget information.

Cost estimates for the 2014-2015 academic term are:

## **On-campus:**

On-campus double room and meal plan \$4530 per semester Renter's Insurance \$15 per month Medical Insurance \$122 per month Local Transportation costs \$300 per month Additional Expenses \$120 per month

If you are planning to bring dependents, please contact the Office of International Education to determine additional required funding.

If you are not providing your own money to fund your study, please have your financial sponsor complete the "Affidavit of Support" form and supply a bank statement to go with the form.

Please send all documents to:

Capital University
Office of International Education
1 College and Main Street
Columbus, OH 43209-2394
U.S.A.

Or scan them to jadams@capital.edu

For questions or additional information:

Phone: (614) 236-6170 Fax: (614) 236-66290

E-mail: <u>jadams@capital.edu</u>
Web site: http://www.capital.edu

<sup>\*</sup>If you are coming for a short-term program, the estimated cost breaks down to about \$422 per week. plus the cost of books and transportation to the U.S.\* Room and Meal costs are paid at the beginning of the program unless other arrangements with the Finance Office are made.