International Student Requirements

In addition to the requirements for beginning students and transfer students as outlined in the East Georgia State College catalog, students from countries other than the United States must meet the following requirements for admission to East Georgia State College:

- 1. Students who are non-native speakers of English, who transfer from an institution of higher education outside the U.S. where English was not the language of instruction, are required to submit an English language proficiency exam score from one of the approved providers below along with their foreign credentials. English language proficiency can be satisfied through one of the following ways:
 - TOEFL score report with a minimum score of 70 on the Internet-based test or 523 on the paper-based test
 - IELTS score report with a minimum score of 6.0
 - SAT score report with a minimum Reading score of 480
 - ACT score report with a minimum English score of 17
 - Waiver granted to students from countries where English is the native language and/or the official language for academic instruction.
 - MELAB (Michigan English Language Assessment Battery) score report with a minimum score of 77
- 2. Send an official National Association of Credential Evaluation Services, Inc. (NACES) or Association of International Credential Evaluators, Inc. (AICE) evaluated document-by-document, course by course analysis of high school transcript or Certificate of Education. A GPA calculation is required. The evaluation must be sent directly from the agency to the Admissions Office. Approved agencies include:
 - SpanTran (Recommended) access request form here.
 - Evaluation Services, Inc.
 - World Education Services (WES)
 - Josef Silny & Associates, Inc.

Find a full list of **NACES** or **AICE** members.

- 3. Submit a SEVIS Data Form. The information provided on form is used to create a SEVIS record to issue I-20 upon acceptance. If you are currently in the states already holding an I-20, please submit the SEVIS Transfer Data Form that your home institution will complete to transfer your SEVIS record to EGSC.
- 4. Submit an International Student Certificate of Financial Support form outlining student or guarantor's ability to pay all East Georgia State College tuition, fees, and expenses in full of *at least* \$20,000 for the first year of enrollment. International students are not eligible for financial assistance. The College reserves the right to request funds for one year from countries in which students experience unusual difficulty in sending money out of their country. If someone other than yourself will provide financial support, that person must complete and sign the Guarantor's Affidavit of Support form.
- 5. All new students attending in person classes will be required to submit a Certificate of Immunization prior to the first day of classes. The certificate will be kept on file and will be valid throughout the tenure of the student's enrollment.
- 6. It is the policy of East Georgia State College not to issue any Certificate of Eligibility for non-immigrant (F1) student status (Form I-20) until all international student admission requirements have been met.

Since no Form I-20 will be issued within thirty (30) days prior to the date of registration, international students are encouraged to have their admissions file completed at least 60 days in advance of the start of their semester of entrance.



SEVIS Data Form

(For students requiring an I-20)

Send completed form and East Georgia State Co 131 College Circle Swainsboro, GA 3040	ollege, Office of Admiss		inancial Docum	entation Req	uirements) to :	
Submit questions to admission	s@ega.edu or 478-289	-2169				
,		TUDENT INFORM				
(Name must match passport ex Last Name	cactly unless translation to E	English is required – subm	it a photocopy of you	our passport to h	elp us enter your	name correctly):
(Surname of Family Name)						
First Name						
(First Given Name)						
Middle Names						
(Other Given Names)						
Date of Birth	/	/		Gender	☐ Male	☐ Female
City and Country				•		
of Birth						
Country of Legal						
Permanent Residency						
Phone Number		(if outside the U.S.,	please provide the c	country and city	code)	
Email Address		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	,	
Home Address in your nativ	ve country (This canno	ot be a US address)				
Address Line 1						
Address Line 2						
11441 000 22110 2				Provin	ice/	
City				Territ		
Postal Code				Coun	trv	
You currently live					· • ·	
•	outside the US	☐ inside the US				
If you <u>currently</u> live inside th		ot Foot Coo	aia Ctata Calla		- - V	
 Will you leave the U (Note: You <u>must</u> ha 	ve your East Georgia					
2. What is your curren	t visa status? (Exam	ple: F-1, B-1, H-4, e	etc)			
	PR	ROGRAM INORM	IATION			
Term	☐ Fall 20	☐ Spring 20_	🗖 St	ımmer		
Degree	☐ Associate's Deg		☐ Bachelor'			
Campus	☐ Augusta	☐ Statesboro		wainsboro		
Major Requested						

	FINANCIAL DATA oney that will be available to you for your first year of sion, complete statement below and/or provide a separate letter.)	study from each source. (Must include bank
☐ Personal Funds \$ _		
☐ Scholarship/Loan \$	Name of organization:	
☐ Guarantor \$	(Guarantor must complete statement be	low or provide a separate letter.)
	GUARANTOR'S STATEMEN	NT
Guarantor's last name (surname or family name)		
Guarantor's first name		
(surname or family name		
Address Line 1		
Address Line 2		Province/
City		Territory
Postal Code		Country
Relationship to student	☐ Spouse ☐ Parent ☐ Grandparent	☐ Uncle ☐ Aunt
	☐ Brother ☐ Sister ☐ Cousin ☐	Friend
College. I understand that the	have sufficient funds to pay all educational and living he estimated expenses shown on the SEVIS Financia guaranteeing funds for years.	
Guarantor's signature	(required):	Date:
MAILING/SHIPPING INSTI Provide the address to which	RUCTIONS: you would like your I-20/DS-2019 sent. No P.O. Box if s	selecting the shipping option.
Attention		Phone Number
Address Line 1		
Address Line 2		
City		State/Province/ Territory
Postal Code		Country
unless all admission and fi	sent by first class or air mail unless you pay a shi nancial documentation is sent at least 3 months b	efore classes begin.
, ,	drawn on a U.S. bank or U.S. postal money orde	r payable to East Georgia State College is
enclosed.		
_	\$75 shipping fee to my credit/debit card (Visa or M	• •
Card number:	Expiration	on Date:
Signature:	Date	e:
☐ If you want to make	other arrangements, provide instructions here.	
STUDENT CERTIFICATION	ONI.	
is not financially responsible 20 or DS-2019 will be issue	ny guarantor have enough money to cover my expenses while for students. I understand that I must be officially admitted and I lalso understand that I may need to provide additional fir er semester. I promise that the information provided on this for	d provide acceptable financial documents before an I- nancial documents while I am in the U.S. or if I must
Student's Signature:	Date	:



SEVIS Transfer In Request Form

TRANSFER IN TO EAST GEORGIA STATE COLLEGE

Instructions to Student: Once you have been admitted to East Georgia State College, complete the top portion of this form and give it to your Designated School Official (DSO/international student advisor) at the school you are currently attending or most recently attended. Provide them with a copy of your official acceptance letter. Your DSO will complete the bottom of the form. **Important Notes**:

- You have 60 days from the end of classes for your SEVIS record to be transferred to another school.
- We cannot issue an I-20 until after the SEVIS release date set by your current school.
- You will receive a "transfer pending" I-20 from East Georgia. To maintain F-1 status, you must report to a DSO at East Georgia within 15 days of the start date on your I-20.
- You must receive a "continued attendance" I-20 to complete the transfer process.

	STUDENT I	NFORMAT	ΓΙΟΝ		
Student Name					
Personal Email			EGSC Student ID #		
Primary Campus	☐ Swainsboro ☐ Statesboro ☐ Augus	Reque	sted transfer release date		
, ,	ation and authorize release of the i	information red		o the Desi	gnated School Officials
at East Georgia State Colleg		,	1		3,3
Signature				Date	
	DSO/INTERNATION	AL ADVIS	OR SECTIO	ON	
	d to East Georgia State College. Pleas	se do not releas	e the student's S	EVIS reco	ord without evidence of
admission to East Georgia Star	te College.				
East Georgia State College August	a campus code: ATL214F01224002	East Ge	orgia State College	Swainsbore	o campus code: ATL214F01224000
	East Georgia State College States	sboro campus cod	e: ATL214F01224	1001	
SEVIS Number			Tran Relea	sfer ase Date	
Is the student currently in status?	□ Yes □ No	Is the stude	ent currently e	nrolled?	□ Yes □ No
Has the student previously been granted a Reduced Course Load at this level?	□ Yes □ No		it medical or fo lemic difficulty		☐ Medical ☐ Academic
Are you aware of the student school in a timely manner	dent having issues paying the r?	□ Yes □ No)		
Other information you wish to share					
DSO Name & Signature			 		
DSO Email				DSO Phone	
Name & Address of School					
Reminder to student: You m	ust have your DSO complete this f	form and subn	nit to document	ts@ega.ed	'u



OF FINANCIAL SUPPORT

This is a two-page form. Be sure to read all information before completing this form.

International students must document their ability to meet all educational and living expenses for the first year of their intended study before the College can issue a Certificate of Visa Eligibility (form I-20 or DS-2019) per immigration regulations. Although you must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students are NOT eligible for financial aid and U.S. Federal immigration regulations severely restrict international student employment so students should not expect to subsidize their studies by earning income in the United States.

INSTRUCTIONS:

Part I: Answer all questions in Part I completely.

Part II: In the first column, indicate the source(s) of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All documentation must be dated within six (6) months of the date of initial enrollment at the EGSC campus to which you are applying. EGSC has provided you with an estimate of their annual education and living costs for international students. You must document financial support equal to or greater than this amount. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

SOURCE OF FUNDS - REQUIRED DOCUMENTATION: **Please provide in English and in US dollars.

Personal/Family: Signatures of sponsors on this form. Bank verification on both this form and in a separate bank statement.

Scholarship: Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the student, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for the award, and the name of the EGSC campus to which the award is applicable.

Government or Employer: Official letter indicating amount of support and containing the same information as for "Scholarship" described above.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

East Georgia State College reserves the right to require additional financial documentation and/or pre-payment from students whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Students from such countries will be notified of specific requirements when they have submitted a completed application.

PART I. (Type directly	into the form or print ar	nd write clearly in ink)				
NAME OF STUDENT:	FAMILY/LAST NAME		F	IRST/GIVEN		MIDDLE
PERMANENT ADDRESS	STREET					
IN HOME COUNTRY:	STREET					
CITY	F	PROVINCE, IF APPLICABLE	OR STATE		COUNTRY	POSTAL CODE
EMAIL					TELEPHONE NUMBER	
COUNTRY OF CITIZENSHIP		COUNTRY OF BIRTH			DATE OF BIRTH (MONTH	I/DAY/YEAR)
CAMPUS TO WHICH YOU A	RE APPLYING	DEGREE FOR WHICH YO	OU ARE APPLYING		MAJOR FIELD/DEPARTM	MENT
		l .	FUNDING:			
			Does your o	country restr	rict dollar exchange?	☐ Yes ☐ No
			What is the	maximum do	llar amount permitted for	a student? \$
					vithin the U.S. for emera in this country?	gency Yes No
			If YES, nam	e source		
			Amount ava	ailable in U.S	S.:	\$



INTERNATIONAL STUDENT CERTIFICATE OF FINANCIAL SUPPORT

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
PERSONAL SAVINGS:	ILANI	RESORED VERNIONION
TENSOIVAL SAVINGS.		Bank Statement/Letter from Bank on official bank
Name of Bank:	\$	letterhead.
Account Holder:		2. Complete (A) and (C).
FAMILY/RELATIVE/SPONSOR:		Bank Statement/Letter from Bank on official bank
	\$	letterhead with sponsor's full name and address.
Name:	Ψ	2. Complete (A), (B), and (C).
SCHOLARSHIP/LOAN:		Official award letter. See instructions on page 1.
Awarded by:	\$	Loan approval letter. See instructions on page 1. Complete (C).
<u> </u>		3. Complete (C).
GOVERNMENT/EMPLOYER/OTHER:		1. Official letter of support. See instructions on page 1.
Name of Sponsor:		2. Bank statements, affidavits, or sworn statements.
Other (specify source and type of support):	\$	3. Complete (C).
	Φ	
TOTAL:	\$	
VERIFICATION: A. This is to certify that the funds indicated above are on deposit or are	heing held in the n	ame of the account holder listed above family members
or sponsors (named above) at the savings institution named below.		
Attach separate statement of accounts on official bank letterhead or		•
Name of Bank:		
Bank Official's Name:		
Bank Official's Name:Bank Official's Title:	Email:	
Bank Official's Title:	Email: Bank Off	icial's Signature/Seal:
Bank Official's Title:	Email: Bank Off	icial's Signature/Seal:
Bank Official's Title:	Email:Bank Off	icial's Signature/Seal: the applicant for the purpose of full-time study at East
Bank Official's Title:B. This is certify that I the undersigned have agreed to provide the fund	Email: Bank Off s indicated above to cating the availabili	icial's Signature/Seal: o the applicant for the purpose of full-time study at East ty of these funds. I further understand that the College
Bank Official's Title:B. This is certify that I the undersigned have agreed to provide the fund Georgia State College and that I am submitting bank statements indi	Email: Bank Off s indicated above to cating the availabili ust provide these fu	icial's Signature/Seal: the applicant for the purpose of full-time study at East ty of these funds. I further understand that the College and so the duration of the applicant's course of study. If
Bank Official's Title: B. This is certify that I the undersigned have agreed to provide the fund Georgia State College and that I am submitting bank statements indicannot provide ANY financial assistance to the applicant and that I m	Email: Bank Off Is indicated above to cating the availability statement of the college for the colleg	icial's Signature/Seal: the applicant for the purpose of full-time study at East ty of these funds. I further understand that the College and so the duration of the applicant's course of study. If
Bank Official's Title: B. This is certify that I the undersigned have agreed to provide the fund Georgia State College and that I am submitting bank statements indicannot provide ANY financial assistance to the applicant and that I m the commitment is not met, the student may be subject to dismissal please provide the names, signatures and relationship information of Sponsor's Name:	Email: Bank Off Is indicated above to cating the availabili ust provide these further from the College form a separate page. Relations	icial's Signature/Seal: the applicant for the purpose of full-time study at East ty of these funds. I further understand that the College ands for the duration of the applicant's course of study. If r non-payment. If the student has more than one sponsor, thip to Applicant: Date
Bank Official's Title:	Email: Bank Off Is indicated above to cating the availabili ust provide these further from the College form a separate page. Relations	icial's Signature/Seal: the applicant for the purpose of full-time study at East ty of these funds. I further understand that the College ands for the duration of the applicant's course of study. If r non-payment. If the student has more than one sponsor, this to Applicant: Date
Bank Official's Title: B. This is certify that I the undersigned have agreed to provide the fund Georgia State College and that I am submitting bank statements indicannot provide ANY financial assistance to the applicant and that I m the commitment is not met, the student may be subject to dismissal please provide the names, signatures and relationship information of Sponsor's Name:	Email: Bank Off Is indicated above to cating the availabilioust provide these for the College forn a separate page Relations Email: Email:	icial's Signature/Seal:
Bank Official's Title:	Email: Bank Off Is indicated above to cating the availability st provide these further from the College form a separate page Relations Email: accurate to the best	icial's Signature/Seal:
Bank Official's Title: B. This is certify that I the undersigned have agreed to provide the fund Georgia State College and that I am submitting bank statements indicannot provide ANY financial assistance to the applicant and that I me the commitment is not met, the student may be subject to dismissal please provide the names, signatures and relationship information of Sponsor's Name: Sponsor Signature: C. This is to certify that the information given on this form is complete and	Email: Bank Off Is indicated above to cating the availability statement of these forms the College form a separate page Relations Email: accurate to the best cancellation of register.	icial's Signature/Seal:



Instructions to Student: If someone other than yourself will provide financial support, that person must complete and sign a Guarantor's Affidavit of Support.

Instructions to Guarantor: "The educational and living expenses for the first year of study is estimated to be" means the total estimated expenses for the guarantor to acknowledge the potential amount needed. Click on the links below to see the estimate of expenses.

GUA	RANTOR'S AFFIDAVIT OF SUPPORT							
Each guarantor must sign an	affidavit of support.							
The educational and livin	The educational and living expenses for the first year of study is estimated to be \$ 20,000							
I am guaranteeing this a	amount of funds \$							
I am guaranteeing funds	for $\Box 1 \Box 2 \Box 3 \Box 4$ years.							
C								
Guarantor's Surname								
Guarantor's Given Name(s)								
Relationship to Student	□ Parent □ Spouse □ Relative □ Friend □ Other:							
Supporting financial documentation	☐ Bank statement ☐ Bank letter ☐ Company letter ☐ Other:							
I acknowledge that:								
 My failure to pay to 	uition and fees on time will result in the student not being allowed to attend classes or live in							
a college residence								
	at attend classes during fall or spring semesters are in violation of the law. This will result in							
deportation).	tatus being terminated and the student being required to leave the U.S. (subject to							
3. Expenses usually in	ncrease each year.							
	tion of funds on deposit equal to or greater than the estimated expenses for the first year is							
required for the issu	nance of an I-20.							
	ation of funds must be provided to the student for visa issuance and/or admission to the U.S.							
	ented are from a business, a letter from the business stating that business funds will be used							
1 11	for the student's educational and living expenses will also be required. ST be handwritten, not typed.							
7. Why signature With	51 be handwritten, not typeu.							
Guarantor's signature	Date							

Sampleⁱ Financial Statement

(Your bank may write a letter similar to this sample letter.)



(The bank's professionally printed logo and address must appear on the page.)

(Month, day, year)

East Georgia State College 131 College Circle Swainsboro, GA 30401 United States of America

FINANCIAL STATEMENT FOR (account owner's name)

This statement verifies that (account owner's name)	has mainta	ained an
account in good standing with our bank since (month, year	and has a
current balance of (amount and type of currency) as of	f (current date	<u>)</u> with an
average daily balance of (amount and type of currency	over the	last three
months		

Sincerely,

Signature	of bank	k official

Typed name of bank official

Title of bank official

¹ This is an example of information needed -- not a form to be filled in. The information must be submitted on the bank's own professional letterhead stationery.

ii If the account is in **U.S. dollars** or if the amount on deposit has been converted to the U.S. dollar equivalency, put **USD**. Do not use \$ because this symbol is used by a lot of countries.

Mail to: East Georgia State College Office of Admissions 131 College Circle Swainsboro, GA, 30401

Student Signature:___



Fax: 478-289-2353 Email: documents@ega.edu

REQUIRED CERTIFICATE OF IMMUNIZATION

Student ID:				_Date of Birth:	<u> </u>
Name: (Last)		(First)		(Middle)	
Mailing Address:					
City:		State:_		Zip:	
	REG	QUIRED IMMUNIZA Please retain a copy		ON	
VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY	HISTORY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE
MMR 1	1 1	1 1			
Measles 1	1 1	1 1			1 1
Mumps 1	1 1	1 1			1 1
Rubella 1	1 1	1 1			1 1
Varicella 3	1 1	1 1		or history of Varicella / /	1 1
Tetanus-Diphtheria					
Pertussis (Whooping Cough) 4	1 1	1 1			
Hepatitis B ₂	1 1	1 1	1 1	Type Series: ☐ 2 Dose Series ☐ 3 Dose Series	1 1
1—Not required if born before 1 3—Required for all US born stud		y required of students who are a foreign born students regardles.		ime of expected matriculation. d booster only necessary if > 10 years.	ears since Tdap dose
CERTIFICATION OF HEAL	TH CARE PROVIDER (This information is requir	ed) Medical Office S	Stamn	
Name:			_	ota in p	
Signature:Address:					
Date of Issue:					
understand that I an Military - I confirm I Distance Learning for a course that is o	that Immunization as n subject to exclusion am currently or was p - I declare that I will boffered on-campus or	required by the Univer in the event of an outloreviously active militate enrolling in ONLY contents.	rsity System of Georgoreak of a disease for a disease for a within past 2 yrs (Fourses offered ONLING) and facility, this exemption	nent for one of the following ia is in conflict with my re which immunization is required to provide copy SE ONLY. I understand to becomes void and I was in the comes.	eligious beliefs. I equired. of DD214) hat if I register

Date: _

Tænjári kríðær o krón [¦* amálæm król[||^* ^ Á U-ama král - króla { a • a } • Á FHF król[||^* ^ Áða & | Ù, ænj • à [¦ Ekról Emile € F Á



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