

APPLICATION CHECKLIST FOR INTERNATIONAL VISITING/EXCHANGE STUDENTS



International Admissions
Office of International Education and Services
Southeast Missouri State University
One University Plaza, MS 2000 Cape
Girardeau, MO 63701

Phone: +1 (573) 986-6863
Fax: +1 (573) 986-6866
Email: international@semo.edu
Website: <http://www.semo.edu/ies>

All applicants who are not citizens or permanent residents of the USA intending to pursue a short term, non-degree program are required to submit the following to the address above.

1. Application for International Visiting/Exchange Student Admission (please be sure to complete all sections)

2. Non-refundable application fee of \$40.00 (USD)

- Check or Dollar Draft payable to “Southeast Missouri State University” with applicant name in memo area OR
- Online credit card payment at <https://app.semo.edu/sfs/pymt/intlappfee/> (submit confirmation with application)
(This item may be waived per existing agreements with certain partner institutions)

3. Complete transcripts (mark sheets)

- Official Transcripts or certified/attested copies of the original documents.
- If your documents are not in English, you must also provide certified English translations.
- **Please do NOT send your only originals; all documents submitted become property of the University**

4. Affidavit of support AND Financial verification (Item no. 11 on application)

- Financial documents must be dated within 12 months of the date of application.

Please note: You are personally responsible for all expenses while studying at Southeast, even if you are sponsored by another person or agency. You will be required to prove your financial ability to the U.S. Consulate in order to be approved for your visa. Southeast Missouri State University has no federal or state funds which are available to foreign students as mandated by law.

5. Verification of English proficiency (not required for Intensive English Program)

- Proficiency verified by School Official (**Item no. 13 on application**) OR
- Submit an official proficiency score appropriate to your level: (TOEFL school code: 6655)

	TOEFL (IBT)	TOEFL (PBT)	IELTS	PTE Academic	iTEP
Intensive English Program	Not Required	Not Required	Not Required	Not Required	Not Required
Undergraduate	61	500	5.5	45	3.7
Graduate	79	550	6.0	53	3.9

6. If you are currently in the US on a F or J visa, please submit a photocopy of your current I-20 or DS-2019.

7. Copy of your passport to ensure an accurate I-20 or DS-2019.

Priority Deadlines: Fall Term - June 1, Spring Term - October 1, Summer Term (IEP only) - April 1

Acceptance and/or I-20s are not guaranteed after these dates. Check website for possible deadline extensions.

All fees are subject to change by the Board of Regents without prior written notice

Thank you for considering Southeast Missouri State University!



APPLICATION FOR INTERNATIONAL VISITING/EXCHANGE STUDENT ADMISSION

All items must be completed. Please TYPE in the spaces provided then print.

1. Subject of study at Southeast Missouri State University: _____

2. Name of home institution/university: _____

3. Arrival Term: Spring (January) Fall (August) Year: _____ Duration: 1 term 2 terms

4. _____
Last (Family) Name First (Given) Name Middle Name (if any)

5. Gender: Male Female 6. Date of Birth: _____ (Month/Day/Year)

7. _____
City & Country of Birth Country of Citizenship Country of Legal Residence

8. _____ 9. _____
Email Address Phone number (with Country Code & City Code)

10. _____
Permanent (Foreign) Home Address (Street and Number)

City Province/Prefecture/State Postal Code Country

11. I certify that I have the following funds (in U.S. Dollars) available for this exchange period:

Southeast MO State: \$ _____ International Organization: \$ _____

Home University: \$ _____ Personal Funds: \$ _____

Home Government: \$ _____ Other: _____ \$ _____

Verified bank documents or scholarship letters are required to substantiate the above.

Expected Tuition Costs	Expected Living Expenses
Varies by program – contact exchange coordinator	\$5000 per semester

12. I certify that the above information is complete and accurate.

Signature of Applicant Date

The section below is to be completed by your school official(s):

13. I, _____, certify that the above applicant is proficient in speaking, listening, reading & writing English, sufficient to participate in this exchange program.

Signature of School Official Official Title Date

14. I, _____, certify that the above applicant is in good academic standing at my institution and is of the following status: Graduate (master's level) 1st year (freshman) 2nd year (sophomore) 3rd year (junior) 4th year (senior)

Signature of School Official Official Title Date

15. Please provide contact information of immediate family member, in case of emergency _____
Name

Address Phone Number Relationship to You