



WILLIAM JESSUP UNIVERSITY

International Graduate Student Admission Application

Admission Process

- STEP 1** Submit completed International Graduate Student Admission Application packet with \$50 (US) non-refundable application fee, and other required documents (See “Application Checklist” for complete list) to the International Programs Office (IPO).
- STEP 2** You will be contacted within approximately 1 week confirming whether your application has been accepted. If the application is incomplete, you will be requested to submit the missing/incomplete documents.
- STEP 3** If you are admitted, you must prepare to submit the tuition, fees and optional housing payment for the first semester prior to the start of the semester.
- STEP 4** A letter of acceptance and all necessary immigration documents will then be issued to you.

Application Checklist

- International Graduate Student Admission Information Form with \$50 non- refundable application fee** (completed with applicant signature)
- Copy of Valid Passport**
- Official Transcripts** (from all colleges and universities attended) May need to be evaluated.
- Personal Essay** (500 words)
- MBA students must include a resume or curriculum vitae**
- Suggested TOEFL Score IBT 70+ or IELTS Academic Score of 6.0***
*Other proof of English Proficiency may substitute for TOEFL or IELTS score.
- Financial Documents:**
 - **Financial Support Declaration**
 - **Bank Statement**
- Health Documents:**
 - **Student Statement of Health**
 - **Medical Examination** (with Physician’s signature)
- International Student Agreement Form**

Please mail all application materials to:

International Graduate Programs Office (IPO)

William Jessup University

2121 University Ave

Rocklin, CA 95765 (USA)

Email: internationaladmissions@jessup.edu

Phone: (866) 202-9750

Application Deadlines

Semester	Application Deadline
Summer 2018	March 15 2018
Fall 2018	May 15 2018
Spring 2019	November 15 2018

You are encouraged to apply early to ensure class enrollment.



WILLIAM JESSUP
UNIVERSITY

WILLIAM JESSUP UNIVERSITY

International Graduate Student Admission Application

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

Term for which application is being made: Spring Summer Fall 20_____

How did you hear about William Jessup University? _____

Personal Data

Full Name: _____
(Family Name) (First Name) (Middle Name)

Sex: Male Female

Date of Birth: _____ **Home Country Phone Number:** _____
(Month/Day/Year)

Country of Birth: _____ **Country of Citizenship:** _____

Permanent Address (in home country):

(City) (District or Province) (Country)

Marital Status: Single Married **If married, is a F-2 required:** Yes No

Email Address: _____

Ethnicity, Race, and Religious Affiliation (Optional-if supplied, this information will be used for statistical information only.)

Asian _____ Black or African American _____ Hispanic//Latino _____ Two or More Races _____

Native Hawaiian or Other Pacific Islander _____ White _____ American Indian or Alaska Native _____

Name of Church you attend _____ Denomination _____

Immigration and Visa Information

Visa Type: No Visa F-1 F-2 F-3

Other (Please explain): _____



Family Information

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

EMERGENCY CARE

Who may we contact in case of emergency? Please print name and phone number of a contact person in your home country and or in the U.S.

U.S. Contact : _____ (Name) _____ (Phone)

Home Country Contact: _____ (Name) _____ (Phone)

Educational Background

In chronological order, list any colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page. You must provide transcripts (with an English translation) from any college or university that you have attended.

	Institution #1	Institution #2
Name		
Location		
Dates Attended		
Major		
Degree Received		



Program of Study

Pre-MBA Program: Check here (_____)

Master of Arts in Business Administration:
Check here (_____)

Optional Concentration: (Check if applicable)

____ Information Systems & Technology

____ Finance

____ Project management

Master of Arts in Education

Check here (_____)

Master of Arts in Teaching

Check here (_____)

English Proficiency

Is English your native language? Yes No If "No," what is your native language?

What is your TOEFL or IELTS score? _____ Date taken: _____

How many years have you studied English? _____

*****Submit official TOEFL or IELTS score report with application*****

Personal Essay

Mission & Vision: In partnership with the Church, the purpose of William Jessup University is to educate transformational leaders for the glory of God. The William Jessup University vision is that our graduates will be transformed and will help redeem world culture by providing notable servant leadership; by enriching family, church and community life; and by serving with distinction in their chosen career.

Optional: If you would like to enhance our understanding of you, please feel free to tell us more about yourself. For example, previous applicants have written about the benefits that they expect to gain from attending a Christian university, particularly William Jessup University, and how those benefits fit into their personal goals in life. Thank you!

*****Submit Personal Essay with application*****

Signature of Applicant: _____ Date: _____

Health & Medical

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Student Services office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? Yes No

If "Yes," what is the name of the insurance company? _____

What is the policy number? _____

What are dates of coverage? (start & end dates) _____

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: _____ Male Female

Address: _____
(Number) (Street) (City/Town) (Country)

Date of Birth: ____/____/____
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? Yes No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

(b) To the best of your knowledge, are you now in good physical and mental health? Yes No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form. The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)

****Submit completed Medical Examination form with application****



Medical Examination

To be completed and signed by a **Physician**. Otherwise, applicant must provide an official Immunization Record. Dates must include month and year.

DESCRIPTION	YES	NO	ACTION	DATE (month/
1. Tetanus-Diphtheria			(a) Completed primary series of tetanus-diphtheria immunizations.	
			(b) Received tetanus-diphtheria booster within the last 10 years.	
2. M.M.R. (Measles, Mumps, Rubella)			(a) Dose 1-Immunized at 12 months or after and before 5 years.	
			(b) Dose 2-Immunized at 5 years or later.	
3. Measles (Rubella) if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Born before 1957 and therefore considered immune.	
			(c) Had report of immune titer. Specify date of titer.	
			(d) Immunized with vaccine at 12 months after birth or later.	
4. Rubella, if given instead of M.M.R.			(a) Has report of immune titer. Specify date of titer.	
			(b) Immunized at 12 months after birth or later.	
5. Mumps, if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Immunized with vaccine at 12 months after birth or later.	
6. Tuberculosis: Check appropriate boxes. Give date and test results.				
(a) PPD (Mantoux) test within the past year: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ _ (Note: Tine or monovac not acceptable)				
(b) Positive PPD-Chest X-ray required: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____				
(c) Had BCG vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ _ (Note: Chest X-ray required if PPD not done)				
7. Polio				
(a) Completed primary series of polio immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No				
(b) Type of vaccine: <input type="checkbox"/> Oral <input type="checkbox"/> Inactivated <input type="checkbox"/> E-IPV Date of last booster: _____				

-----PHYSICIAN INFORMATION AND SIGNATURE-----

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____



WILLIAM JESSUP UNIVERSITY

Supplemental International Graduate Student Admission Information

1. I understand that I am required to attend the **International Student Orientation** held at the beginning of each semester.
2. I understand that I must enroll in and **complete a minimum of 9 units** at the university **each term** with satisfactory grades or be subject to dismissal. Graduate students may enroll in a minimum of 6 credits/units, 3 semesters per academic year in the MBA program in San Jose which requires a concurrent internship. Graduate students must maintain a minimum of 18 credits/units each academic year to be considered as a full-time student.
3. I understand that I must obtain **prior** permission from the Registrar or International Student Counselor and the Director of International Programs Office (IPO) to enroll for less than 9 units or take a Leave of Absence and must provide documentation for any compelling reasons.
4. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
5. I understand that, to remain in good standing, I must maintain a cumulative grade point average of 3.0 (B) or better for the Master's programs. I am subject to academic dismissal if I remain on probation for two consecutive semesters.
6. I understand that unmarried cohabitation, and/or any form of sexual misconduct, is considered unacceptable behavior for students enrolled at Jessup.
7. I understand that students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants, firearms, explosives or weapons (real or replicas) on Jessup premises or at University-sponsored activities will be subject to judicial action. William Jessup University reserves the right to confront behavior that is detrimental to the student, the community, the University, and/or others.
8. I understand that smoking or chewing tobacco is not permissible while on campus at the University.
9. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition and fees if I add courses after registration.
10. I understand that I must **notify the International Programs Office (IPO) of any changes in my status** including, but not limited to, changing my address or phone number, transferring to another college, or returning to my home country permanently. **Failure to do so will threaten my student status.**

Your signature indicates that you have read and agree to all of the requirements listed above and that all information provided is complete and accurate to the best of your knowledge:

Student Signature: _____

Date: _____

Student Name (Please print): _____



WILLIAM JESSUP UNIVERSITY

Declaration of Financial Support

Congratulations on taking the first steps to enrolling at WJU! We look forward to welcoming you into our community!

As required by federal law, this form is designed to verify your ability to pay for one year's estimated costs for your studies, and related expenses, at WJU. This form, along with all required documentation, must be received by WJU

Please note: The student acknowledges that the deadline to request a partial or full refund for the semester must include a notification to the registrar office no later than 24 hours prior to the start of the first class of the semester. Any refunds due to the student will be issued based following the refund procedures stated in the university catalog.

Please keep the following points in mind when submitting financial documentation with this form:

- All supporting financial documents/bank statements must be dated from within six months of the start of your academic program, and must contain the logo and/or seal of the bank, your (or your sponsor's) full name, and the amount of funds available.
- All bank statements and documents must be in English, or be officially translated into English. However, the amount of funds listed on statements may be in the currency of your home country, and does not need to be listed in U.S. Dollars.
- Electronic versions of bank statements are acceptable, as long as they contain the issue date, the logo and/or seal of the issuing bank, your (or your sponsor's) full name, and the amount of funds available. While electronic bank statements are acceptable, "screen shots" of online banking sessions will not be accepted. Original documents are preferred, but high quality color scans sent via email may be accepted at the discretion of the Designated School Official reviewing your documents.
- In lieu of bank statements, you may submit a letter from your bank (on official bank letterhead) containing the issue date, your (or your sponsor's) full name, the length of the relationship with the financial institution, and the amount of funds available. Such letters must bear an official bank signature and bank seal.
- Scholarship letters/financial guarantees must contain an issue date, your full name, and the date the scholarship goes into effect.

Real estate titles, investments/stocks, lines of credit, salary statements, and loans are not acceptable for the purposes of this form.



Declaration of Financial Support

SECTION ONE: Personal Information

Name: _____

Date of Birth: _____

Passport Number: _____

Passport Expiration Date: _____

Permanent Home Country: _____

Address: _____

Country of Citizenship: _____

Intended Major: _____

Starting Semester: _____

SECTION TWO: Estimated Expenses & Sources of Funding

*Estimated Expenses per Semester for the 2018-2019 Academic Year (in \$US):
Pre-MBA Program*

	<u>Per Semester</u>
Tuition	\$ 16,475
Student Fees	\$ 795*
Room and Board	\$ 5,475**
Health Insurance	\$ Provided by student
Books and	\$ 959
Personal	\$ Up to student
Total	\$ 23,889

*Estimated Housing based on academic year. May be higher based on personal choice.

Your financial support can come from your personal funds, the funds of a sponsoring friend or family member, from government and or institutional scholarships, or from a combination of these sources. Your financial resources must meet or exceed the estimated totals listed above.

Declaration of Financial Support



Please check/complete each section that applies to your sources of funding:

- Personal funds (Amount in \$US Dollars)\$ _____
I shall have sufficient funds available to pay all my necessary annual expenses in the amount indicated above this statement, and I shall further be able to pay for travel to and from my home country. I certify that the statements made on this form are true. Also, I understand that I shall not receive any need based financial aid from William Jessup University.

Signature: _____ **Date:** _____

- Funds from a Sponsor (Amount in \$US Dollars): \$ _____
Sponsor's Full Name: _____
Relationship: _____
Address: _____
Phone: _____
Email: _____

Please have sponsor read and affirm:

I hereby certify that I am able to provide the amount indicated above this statement annually to (student's name): _____ to meet all direct and related expenses incurred during his/her studies in the United States, should that person require access to those funds. I authorize the release of supporting financial documents and certify that the information contained within the supporting documents is accurate.

Sponsor signature: _____

Date: _____

- Government/Institutional Sponsorships (Amount in \$US Dollars): \$ _____
Name of Sponsoring Institution: _____

Please provide a copy of your scholarship letter from the government agency or institution sponsoring your studies.

Declaration of Financial Support



SECTION THREE: Required documents to send in with this form:

- Proof of Financial Support from your (or your sponsor's) bank, or government/scholarship letter.
- If you are currently enrolled at another institution within the United States, please also include:
 - Photocopy of your current visa (stamped in your passport)
 - Photocopy of both sides of your I-94 (stapled in your passport)
 - Photocopy of Employment Authorization Document (if you are currently on CPT/OPT)
 - Photocopy of all I-20s issued to you at your previous institution

Please return this form and required documentation to:

**William Jessup University
International Graduate Programs Office
2121 University Avenue
Rocklin, CA 95765**

If you have any questions, please feel free to call the International Programs Office at 866-202-9750, or email at internationaladmissions@jessup.edu