



Application for International Admission

Please return this form and all admissions documents to:

Tougaloo College
Office of Admissions
500 W. County Line Rd.
Tougaloo, MS 39174 USA
(601) 977-7768 1-888-42GALOO
www.tougaloo.edu

Please submit completed applications at least four months prior to the preferred term.

Family Name _____
Last First Middle

Date and Place of Birth _____ / _____ / _____
Day Month Year City Country

Social Security Number, if available _____ Gender _____ / _____
Male Female

Permanent Address of Country of Citizenship _____ Present Mailing Address _____

Country of Citizenship _____ Phone number (U.S.) _____

E-mail Address _____ Non-immigrant status _____

Date you wish to enroll: Year _____ August _____ January _____ June _____ July _____

What subject do you intend to study at Tougaloo College? _____

Have you taken the (SAT) Scholastic Aptitude Test / ACT (American College Test)? Yes ___ No ___ Test Date _____ Score _____

IELTS (International English Language Testing System)? Yes ___ No ___ Test Date _____ Score _____

TOEFL (Test of English as a Foreign Language)? Yes ___ No ___ Test Date _____ Score _____

STEP (Society for Testing English Proficiency)? Yes ___ No ___ Test Date _____ Score _____

Do you intend to take ESL classes? Yes ___ No ___

Secondary School Attended _____ Graduation Date _____

Colleges Attended	Dates of Attendance

Are you currently enrolled in college? Yes ___ No ___ If yes, when is your expected date of graduation? _____

Have you ever applied to Tougaloo College? Yes ___ No ___ If yes, when? _____
Year month date

Did either of your parents attend Tougaloo College? Yes ___ No ___

If you wish to authorize someone to act on your behalf in this admission application, to have access to your admission file, and to know whether you have been admitted, print the person's name here: _____

CERTIFICATION: I certify that the information submitted on this form is true to the best of my knowledge. I understand that failure to give complete and accurate information in this application could result in revocation of admission to Tougaloo College and cancellation of any subsequent enrollment.

Signature of Applicant _____ Date _____

Tougaloo College does not discriminate on the basis of race, color, national and ethnic origin, in administration of its educational policies, admissions and recruiting policies, scholarship and loan policies, and athletic and other school-administrated programs.



APPLICATION FOR INTERNATIONAL STUDENTS CONTRACT

“Where History Meets the Future”

Section I (Student Agreement)

In order to receive a Form I-20 or Form DS-2019 I agree to submit:

- Completed International Student’s Contract
- Certified copies of all transcripts, marks sheets and diplomas (Translated in English)
- Certification of English Language Proficiency (TOEFL or accepted equivalent Test scores)
- Signed copy of Tougaloo College’s Affidavit of Support and Estimated Expenses Form with current bank statement from parents or sponsors
- 2 current passport size photographs
- A photocopy of the biographic information page from your **passport**

Section II (Medical Insurance and Immunization Records)

It is mandatory that the Health Center at Tougaloo College has a complete and current medical record on file for all students (domestic and international) attending Tougaloo College. A complete medical record consists of the following:

You are required to have a physical examination prior to each academic year if a change occurs in your health status or if you plan to participate in any athletics at Tougaloo College. Athletic physicals cannot be substituted for the mandatory medical examination and will not be accepted.

You may have your doctor’s office, school nurse, public health clinic or military agency complete this portion of the form, or if you desire you may submit copies of official immunization records.

Date of Last Immunization or Test

Measles (within last year) _____

Mumps (within last year) _____

Rubella (within last year) _____

Tuberculin Skin Test (within last year) _____

Result of TB Test _____

Chest x-ray (if TB Test was above 10 cm) _____

Results of x-ray _____

Physician’s Name (Please Print) _____

Physician’s Signature _____

All **medical record contents** should be submitted to the Student Health Center before you register for classes.

Please mail all medical records to:

Student Health Center
Tougaloo College

Section III (Medical Consent)

In case of an accident or serious illness, I give Tougaloo College or its representative (s) permission to secure medical and /or surgical care to include: transportation to a doctor or hospital of their choice, injections, examinations, medication and surgery that is considered necessary for my good health. I agree to pay all off campus medical costs. In the event of a condition requiring minor care, I approve of care under a physician.

I understand that I must provide proof of health insurance with a coverage of a minimum of \$50,000.00 or purchase health insurance through Tougaloo College. I grant Tougaloo College permission to communicate at any time with my parents and or sponsor concerning my academic performance and issues related to my health. I understand that if admission is granted I will accept the responsibility of knowing and abiding by all the rules and regulations of the university as published in the university catalog and the student's handbook.

I certify that the above information given is true to the best of my knowledge.

Student's Signature _____ Date _____

Parent /Guardian's Signature _____ Date _____
(if student is under 18)

Section IV (Guarantor's Agreement)

I _____ guarantee that funds will be available to pay all expenses for the above name student. My annual income is \$ _____ U.S. and I have attached a copy of my current bank statement.

Signature _____ Date _____

Mail this completed form and all requested documents to:

**Admission Office
Tougaloo College
500 W. County Line Rd.
Tougaloo, MS 39175
PH: 601-977-7765
FX: 601-977-4501**



Return this form and all admissions credentials to:
 Tougaloo College
 Office of Admissions
 500 W. County Line Rd.
 Tougaloo, MS 39174

Affidavit of Financial Support

Government regulations require Tougaloo College to verify the financial resources of each international applicant prior to issuance of either the Form I-20 or the DS-2019. Therefore, Tougaloo College requires evidence of a minimum of \$ 18,297.00 to meet expenses for each calendar year. Students bringing dependents (wife/husband and children) must show proof of having an additional \$3,800 per year for the first dependent and \$3,800 for each additional dependent.

ESTIMATED EXPENSES FOR INTERNATIONAL STUDENTS NINE MONTH STUDY 2008-09 ACADEMIC YEAR	
Tuition	\$9,240.00
Housing Deposit / Pay on Arrival	\$100.00
Campus Housing / Room	\$3,050.00
Campus Meal Service / Board	\$2,330.00
Medical Insurance (Required)	\$390.00
General Fees	\$470.00
Residential Service Fees	\$485.00
Personal Expenses	\$2,000.00
Books & Supplies	\$1,300.00
International Program Fees	\$50.00
Commuter Service Fees / Parking Fees	\$95.00
Total Tuition Less Parking Fees	\$19,415.00
Total Tuition Less Parking Fees & Lest Expensive Dorm	\$18,575.00
This estimate does not include travel to and from the home country or other travels while in the U.S. The student's choices of living accommodation or other expenses could cost more than the amounts listed above. This is an estimate of minimal expenses and fees are subject to change without notice.	

This document is only for the students who are sponsored by self, family member or personal friends. Those students who have official government or agency sponsors should submit their sponsorship documents. This Affidavit of Financial Support Form must have attached a bank statement less than six months old showing funding of \$18,297.00 per year, or a letter from the employer of the sponsor stating the position which the sponsor holds, the annual salary in U.S. currency, and the belief of the employer that the sponsor is capable of supporting the student in the annual amount stated above.

PLEASE PRINT OR TYPE:

Name of Student: _____

Name of Sponsor: _____

Address of Sponsor: _____

Relationship to student: _____

Sponsor's Agreement: I have read the estimated expense for international students above. I agree to support the student named above for a period of _____ year(s) in the amount of \$ _____ (U.S.) per year.

Signature of Sponsor

Date

Student's Agreement: I have read the estimated expense for international students above. I understand that my admission to Tougaloo College is contingent upon my ability to pay all my expenses during my attendance. I also understand that if I cannot meet my financial obligation, or if it becomes evident that I have acted in bad faith in making this Affidavit of Financial Support, I may be withdrawn from school. I certify that the information submitted in this application is complete and accurate, and I understand that submission of inaccurate information can be considered sufficient cause for terminating my application or enrollment at Tougaloo College.

Signature of Applicant

Date