## Capital University Application for Student Exchange

## **Personal Information**

Full Name				
Last/Family Name			lle Name	
Student Mailing Address:	Permanent Address in Home Country (required)			
Phone	E-mail			
Sex: Male □ Female □ Date of Birtl	nPl	ace of Birth		
Country of Citizenship Religion				
Country of Permanent Residence:		(optional)		
Marital Status: Single ☐ Married ☐ Dependent(s) who will accompany student of Last Name First Name Date of Birth  1. 2.	Country of Birth Co	ountry of Citizer	nship Relationshi	
3.				
Application for (please indicate year)  Nursing Exchange Program  Social Work/Care Program  Music Conservatory Program  Dates of Proposed Study (if not for a full Please give the name of the educational inst	(Aug semester)	Term g. – Dec.)  htly attending:	Spring Term (Jan. – May)	
List below the languages that you have st <b>English</b>	udied:	Year	rs of study	
Have you taken the TOEFL or IELTS Yes □ No □ Score Applicant's Signature			Date Date	
Home university official approving your	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.