



Dear Transfer Student:

Thank you for the interest you have shown in Rose State College. I hope that this letter and the enclosed material will answer some of your questions. Please read all the information in this packet carefully.

In order to transfer to Rose State College, the International Student Office must receive each of the documents listed below: **(Certified English translations are required for those items so indicated).**

1. A completed and signed Rose State College application for admission and a signed immunization verification form.
2. Official high school transcript(s) and/or documents indicating the date that all secondary school requirements were met. **A certified English translation must be attached if the transcript is not printed in English.**
3. All official transcripts from all colleges or universities you have attended in the United States.
4. The completed "Certificate of Support" form and a bank statement for the sponsor certified by a bank official showing available funds in U.S. dollars. The United States Department of Homeland Security requires all international students to have sufficient funds to cover all expenses they might incur during their attendance in college. NOTE: **A sponsor cannot be another international student.**
5. Proof of English language proficiency: If you have earned less than 24 college-level credit hours in an approved U.S. college, you must present an official International Test of English as a Foreign Language (TOEFL) score of 61 or higher on the Internet based exam (173 or higher on the computerized based or a 500 or higher on the paper based). IELTS Exam score reports are accepted with a 5.5 or higher. The Rose State College school code is 6559 when ordering score reports from TOEFL.
6. A letter of "good standing" from the last college/university you attended or the enclosed transfer form, completed and certified by the International Student Office of the school you are now attending.

If, after review of your documents, you are eligible for admission to Rose State College, an I-20 form will be issued. You must report to the Office of Admissions and Records at Rose State College as soon as possible after entering the United States. Your enrollment will be considered for the semester following the date of issue on your I-20. In addition, you must present proof of health and repatriation insurance prior to completion of formal admission. We also ask for copies of your Visa, Passport, I-94, previous I-20s, and will need to know what major you plan to study here at Rose State College.

Should you have questions or need additional information, please contact this office.

Respectfully,

Dustin Orrell
Assistant Registrar/Assistant Director of Admissions and Records

Enclosure

ROSE STATE COLLEGE

Application for Admission

Office of Admissions and Records
6420 SE 15th Street
Midwest City, OK 73110

1. Please Print or Type
 2. Use Black or Blue Pen
 3. Do not write in Shaded Areas
 4. Abbreviate Where Necessary
- ALL INFORMATION MUST BE COMPLETED

The following official documents are required for Admission. Any exceptions must have the registrar's Approval.

1. Completed Application for Admission Form
2. High School and/or College Transcript(s), or High School Equivalent Scores
3. Results from ONE of the following: ACT, SAT, or RSC Assessment Battery may be required.
4. Birth Certificate, Social Security, or State/Federal Identification card

Rose State College

Student ID Number (7 digits)

--	--	--	--

First Name

Middle Name

Last Name

Other Name(s) under which your records may appear

--

Social Security Number

Former RSC Student? ☐ Yes ☐ No

Gender ☐ Male ☐ Female

Supplying your Social Security Number enables a more expedient match of your test scores, transcripts, and financial aid benefits. You cannot receive Federal Financial Aid without providing your Social Security Number.

Date of Birth

Place of Birth

--

Month Day Year

--

City

State

Country (if not U.S.)

--

Home Telephone

--

Cell Phone

May we text you? ☐ Yes ☐ No

--

Student's Email Address

Resident Status: Resident of Oklahoma? ☐ Yes ☐ No

How long? Years _____ Months _____

Citizenship Status:

- ☐ Born in the United States
☐ Born Abroad on Military Base
☐ Naturalized Citizen
☐ Permanent Resident
☐ F-1 Student Visa
☐ Other Visa Type or Status

If other status, please explain: _____

To Be Answered by U.S. and Foreign Students:

English is my second language? ☐ Yes ☐ No

*Official documents required by the U.S. Citizenship and Immigration Service, Oklahoma State Regents, and Rose State College must be received and evaluated before an I-20 will be issued.

The following information is optional but is requested for reporting purposes only in accordance with the 1964 Civil Rights Act, Title VI, as amended.

Do you consider yourself Hispanic or Latino? Yes _____ No _____

Select one or more of the following categories to describe you.

- | | |
|--|--|
| <input type="checkbox"/> Non Resident Alien | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |

Tribe _____ Bloodline: ☐ Mother
☐ Father
☐ Both

Are you the first person in your immediate family to attend college?
Yes _____ No _____

Year Entering _____

Term Entering

- ☐ Fall
☐ Spring
☐ Summer

Employer _____

Work Phone _____

Hours worked per week _____

STUDENT'S MAILING ADDRESS

--	--	--	--	--

Street Address

City

State

County

Zip Code

PARENT OR EMERGENCY CONTACT

--	--	--	--	--	--	--

First Name

Last Name

Street Address

City

State/County

Zip Code

Phone Number

1. Active Duty U.S. Military: ☐ Yes ☐ No Branch of Service _____
 2. National Guard or Reserves: ☐ Yes ☐ No Branch of Service _____
 3. U.S. Military Veteran: ☐ Yes ☐ No Branch of Service _____
 4. Dependent of National Guard or Reserve member: ☐ Yes ☐ No
 5. Dependent of Active Duty U.S. Military member: ☐ Yes ☐ No
- In what state is the active duty member stationed? _____

Were you (or are you the dependent of someone who was) discharged or released from Active Duty military service which lasted 90 days or longer within the past five years, currently residing in Oklahoma, and pursuing a course of education under Chapter 30 (Montgomery GI Bill) or 33 (Post 9-11 GI Bill) VA educational benefits?
☐ Yes ☐ No

Educational Objectives

Anticipated major (s) _____

Please select the option or options that best describe your current goals:

Degree or Certificate Seeking:

- ☐ I plan to earn an Associate degree at Rose State College.
- ☐ I plan to earn a Certificate at Rose State College.
- ☐ I plan to complete my basic coursework at Rose State College and earn a degree at a four-year university.

Non-Degree Seeking (Not Applying for Financial Aid)

- ☐ I am a student at another college and taking one or more courses to transfer back to that college.
- ☐ I am taking one or more courses for recreational or personal enrichment purposes.
- ☐ I am taking one or more specific courses to help build and improve my job skills.

Name of Last High School Attended

High School Graduate: ☐ Yes ☐ No

High School Equivalency Earned ☐ Yes ☐ No

Graduation Year _____

Year Earned _____

Have you attended any other colleges/universities? ☐ Yes ☐ No

What was your academic standing at your last school? ☐ Good ☐ Probation ☐ Suspension

Please list all colleges attended since graduation from high school, including current enrollment. List most recent college attended first.
Failure to list any colleges you have attended may result in loss of credit or dismissal from the College.

Name of Institution	City and State	Date Attended From / To	Hours Earned	PS Code (For Official Use Only)

I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that I shall not be considered for admission to Rose State College until I submit all required documents. If I am accepted at Rose State College, I agree to abide by the rules and regulations of the College. I also understand that student records are released only in accordance with institutional policy as provided by the Family Educational Rights and Privacy Act (as amended). As a student of Rose State College, I authorize all other previously attended educational institutions to release to this college all records pertaining to my academic/student history. I understand that this institution may release student directory information to other institutions, agencies or individuals unless I specifically, in writing, request otherwise.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

County Code

Resident Code

Admit Code

PS High School Code

PS Code
(Last college Attended)

Month

Day

Year

Admissions Use

Disclaimer Statement
Rose State College is accredited by The Higher Learning Commission: A Commission of the North Central Association of Colleges and Schools, 230 South LaSalle Street, Suite 7-500, Chicago, IL 60604-1411, Telephone: 1-800-621-7440. Rose State College does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, genetic information, sexual orientation, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, and educational programs, activities, or services. If discrimination, including harassment or retaliation, occurs, the College will take prompt and appropriate corrective and remedial action. The person designated to handle inquiries regarding the nondiscrimination policies, including issues of noncompliance, is the Senior Director, Human Resources/Affirmative Action Officer, 6420 SE 15th Street, ADM Room 104, Midwest City, OK 73110, (405) 733-7979. This publication is issued by Rose State College, as authorized by the Board of Regents. 10,000 copies have been printed by Impressions Printing and distributed at a cost of \$928.43.



DOCUMENTATION OF STUDENT VACCINATION STATUS



Rose State College is committed to protecting the health of its students. Therefore, the submission of the following information is being required of all new students who will be attending classes on-campus.

Please check one of the following:

- ☐ I hereby certify that I have received the vaccinations for measles, mumps, rubella and hepatitis B.
- ☐ I hereby certify that I have received vaccinations for measles, mumps and rubella and will complete vaccinations for hepatitis B within 6 months.
- ☐ I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B conflict with my moral or religious tenets. (In the case of a minor, this must be certified by a parent or legal guardian.)
- ☐ I am submitting below a physician's statement indicating it is medically inadvisable for me to take these vaccinations.
- ☐ I belong to one of the groups of students listed under the Exemptions portion of this form, and have identified the group to which I belong.

The information provided in this document is true and accurate to the best of my ability. I understand that falsification of this document is a violation of the Student Conduct code and such conduct could result in suspension or expulsion from Rose State College.

Student Name

Student ID#

Signature of Student, parent, or legal guardian

Date

PHYSICIAN'S STATEMENT

I hereby certify that the administration of the vaccines for measles, mumps, rubella and hepatitis B are medically inadvisable for the above named student.

Signature of Licensed Physician

Date

EXEMPTIONS

Certain groups of students will not be asked to provide vaccination information. Please indicate if you belong to any of the following groups.

- ☐ I am a high school graduate and that I graduated from an Oklahoma high school since 1996.
- ☐ I am transferring from another college located in the State of Oklahoma.
- ☐ I am only enrolling in off campus or distance education courses.
- ☐ I am active military.
- ☐ I am enrolling in Training Center classes only.
- ☐ I graduated from a high school that required these vaccinations. State of high school graduation: _____ Year of Graduation _____

I have been provisionally admitted and will take no more that 9 credit hours at this institution until I have submitted the above information and been admitted as a regular student.

If my status at this institution changes so that the above claimed exemption no longer exists, I understand it is my responsibility to notify the institution of these changes and to provide my vaccination information before I enroll in additional course.

Student Signature

Date

Return the completed form to:

Rose State College
Office of Admissions and Records
6420 S.E. 15th Street
Midwest City, OK 73110



INTERNATIONAL STUDENT TRANSFER FORM

Please return the completed form to:
Rose State College
Office of Admissions and Records
6420 S.E. 15th Street
Midwest City, OK 73110

TO THE PROSPECTIVE STUDENT: *In order to complete the transfer to Rose State College, you must have this form completed by the last institution you were authorized by the United States Department of Homeland Security (DHS) to attend.*

I, _____ give permission for my current institution to
(PRINT NAME CLEARLY: Last, First, Middle, Maiden)

release the following information.

Signature of Student

TO THE INTERNATIONAL ADVISOR: *Please complete the following information for the above student and return to the above address or email to Admissions@rose.edu or fax to (405)736-0203.*

Student's Visa Type: _____ INS I-94 Number: _____

SEVIS Number: _____

First semester ☐ quarter ☐ session (check one) in attendance at your school – Start Date: _____

Last semester ☐ quarter ☐ session (check one) in attendance at your school – End Date: _____

Currently or last enrolled in _____ ☐ semester / ☐ quarter (check one) credit hours.

Is student in good academic standing? Yes ☐ No ☐

If no, briefly explain:

Is student in Active SEVIS status and in good standing with DHS? Yes ☐ No ☐

If no, briefly explain:

Is student in good financial standing? Yes ☐ No ☐ If no, briefly explain:

Has student ever applied for reinstatement of status? Yes ☐ No ☐ If yes, briefly explain?

Has student ever been granted an authorized reduced course load? Yes ☐ No ☐

If yes, Start Date _____ End Date _____ Reason _____

Has student been granted off-campus or practical training employment? Yes ☐ No ☐

If yes, briefly explain:

Has the student been the subject of disciplinary action while in your school? Yes ☐ No ☐

If yes, briefly explain:

Signature

Name and Title of Official

Date

Institution Name and Address

Email and Phone

(INSTITUTIONAL SEAL)



INTERNATIONAL STUDENT FINANCIAL VERIFICATION
Office of Admissions and Records
6420 S. E. 15th Street
Midwest City, Oklahoma 73110-2799



F-1 international students are required to show documentation proving that sufficient financial resources are available to pay for educational and living expenses while studying in the U.S., according to United States Citizenship and Immigration Service (USCIS). You should plan on having extra funds available for things such as travel back to your country or to stay in the United States during the summer months, as summer costs are not shown in the estimated expenses below. Tuition costs are estimated and subject to change by the Oklahoma State Regents for Higher Education. A Certificate of Eligibility (I-20) will not be issued without valid proof of financial resources. Financial documents must be certified originals that are less than 90 days old.

Estimated Expenses
(Based on 12 credit hours per semester for Fall and Spring):

Tuition and Fees.....	\$8,300.00
Books and Supplies.....	1,100.00
Living Expenses (based on current campus housing costs).....	8,600.00
TOTAL COSTS	\$18,000.00

- **\$2,500.00 in additional funds must be shown for each dependent spouse, and \$2,500 for each dependent child that will be coming with you.**
- **Students may need to rent an apartment within the Midwest City area or in nearby Oklahoma City. Location of a student's housing may affect transportation costs. On campus housing is also available, but there are a limited number of rooms and space is not guaranteed. Students must apply for on campus housing separately. Information is available on our website.**
- **All international students are required to purchase and maintain Health and Repatriation Insurance. The cost will be determined by the insurance company and policy plan the student chooses.**

Applicant's Name: _____
(please print) Last (Family) First (Given) Middle

Please list additional dependent family members coming with the applicant to the U.S. during period of study:

	<u>Dependent 1</u>	<u>Dependent 2</u>	<u>Dependent 3</u>	<u>Dependent 4</u>
Last (Family) Name	_____	_____	_____	_____
First (Given) Name	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Birth Country	_____	_____	_____	_____
Citizenship Country	_____	_____	_____	_____
Relationship	_____	_____	_____	_____

All funds that I am responsible for will be provided by (check one):

☐ Family ☐ Self ☐ Other (please specify): _____

I understand that these are estimated expenses that may change at any time. I also understand that tuition is due at the beginning of every semester. I certify that I will have sufficient funds to pay for my actual expenses for each year that I attend Rose State College.

Applicant's Signature: _____ Date: _____



INTERNATIONAL STUDENT SPONSOR SUPPORT CERTIFICATION
Office of Admissions and Records
6420 S. E. 15th Street
Midwest City, Oklahoma 73110-2799



- A CERTIFIED BANK STATEMENT FROM YOUR SPONSOR'S BANK SHOWING AVAILABLE FUNDS TO COVER EXPENSES FOR ONE YEAR MUST BE ATTACHED.
- THE BANK STATEMENT MUST BE LESS THAN 90 DAYS OLD.
- THE BANK STATEMENT MUST INCLUDE A TRANSLATION TO U. S. DOLLAR EQUIVALENCY.
- THE BANK STATEMENT MUST BE STAMPED AND SIGNED BY A BANK OR GOVERNMENT OFFICIAL.
- THE SPONSOR NAME ON THE CERTIFICATE OF SUPPORT MUST MATCH THE NAME ON THE BANK STATEMENT.
- IF BANK POLICIES DO NOT ALLOW COMPLETION OF THIS FORM, A SEPARATE LETTER OR AFFIDAVIT IS ACCEPTABLE. IT SHOULD STATE THAT THE SPONSOR HAS AT LEAST THE REQUIRED AMOUNT OF FUNDS AVAILABLE.
- THE SPONSOR CANNOT BE ANOTHER INTERNATIONAL STUDENT.

SPONSOR'S VERIFICATION OF SUPPORT

This certifies that I, _____, will assume full responsibility for the
SPONSOR'S PRINTED NAME
financial support of _____ during his/her studies at Rose State College and have
STUDENT NAME
the equivalent of \$18,000 or more in U.S. funds available.

SPONSOR'S SIGNATURE

DATE

SPONSOR'S RELATIONSHIP TO STUDENT: _____

SPONSOR'S ADDRESS: _____

I certify that the above mentioned person has sufficient funds necessary to cover the above listed estimated costs of attendance at Rose State College. This does not include finances for the care of a spouse or children.

SIGNATURE & TITLE OF BANK OR GOVERNMENT OFFICIAL

DATE

SEAL OR STAMP
CERTIFICATION

Sample Bank Letter

(Must be printed on official bank letterhead paper, and have an original bank official's signature and the bank's official stamp or seal on the letter)

Date of letter

(Must have been printed within the past **90** days)

(Sponsor's name), (relation to student) of (student's name), is an account holder in good standing at (Name of Bank). According to our institution's records, he/she is capable of supplying funds to pay for all of (student's name)'s educational and living expenses while he/she is an enrolled student at Rose State College.

This letter should serve as verification from our institution that (sponsor's name) has a (type of account) containing available funds totaling (local currency). This amount is equal to (the equivalent amount in U.S. dollars) in U.S. currency.

I certify that the information contained in this letter is true and correct.

Sincerely,

Signature of Bank Official
Name and Title of Bank Official

(Bank's Official Stamp or Seal here)