EXCHANGE STUDENT APPLICATION

APPLICATION INSTRUCTIONS

REQUIREMENTS FOR ALL APPLICANTS

1. **EXCHANGE APPLICANT INFORMATION FORM**: Please print CLEARLY or type in the information. Poor handwriting may cause misspelled names, causing delays or visa denial (see page 2).

2. **STATEMENT OF FINANCIAL RESPONSIBILITY**: Submit evidence of Financial Support that includes an original bank statement or bank letter specifying finances (see page 3).

3. **COPY OF VALID PASSPORT**: Copy of information page of passport that includes name, photo, personal information, issuing office and other relevant information.

4. **OFFICIAL TRANSCRIPT**: Include also a list of any subjects attempted and grades earned that are not listed on the official transcript. If your transcript is not in English provide a translated copy of your transcript as well. An English translation of your transcript is vital in order to register you in your preferred courses.

5. **SUBMIT THE COMPLETED APPLICATION TO YOUR HOME INSTITUTION’S EXCHANGE COORDINATOR FOR APPROVAL.**

**MANDATORY HEALTH INSURANCE**: Health insurance is a mandatory requirement of all international students enrolled at Winthrop University. For J-1 visa holders it is a requirement set by the US State Department in order to maintain your J-1 visa status. At the beginning of each semester, the University will allow students a period of time to request a waiver of the Winthrop University health insurance policy if they have their own insurance policy. A waiver will be considered if the individuals insurance meets the University’s coverage requirements listed below. If the waiver is denied, the cost of the University’s policy will be charged to your student account. Winthrop health insurance is purchased for the fall semester then spring and summer or can be purchased on an annual basis. Listed below are the minimum required benefits that must be covered by alternate insurance plans.

**Minimum Required Health Insurance Benefits:**

- Maximum Lifetime Benefits (Amount of Coverage) - $500,000
- Maximum Benefit per illness or injury - $100,000
- Wellness benefit, $300 per year, no deductible at Student Health Center.
- Effective and Termination Dates – Must cover the semester academic dates with no lapse in coverage.
- Limit Emergency Room visit is $500 if not admitted. Urgent Care facility visit paid as MD visit.
- Deductible $350 in-network/ $500 out-of-network, limit 3 per family.
- Dental benefit is $100 per year
- Dependant maximum, $50,000 per injury or illness.
- Medical Evacuation & Repatriation (combined maximum benefit) - $1,000,000.
- Prescriptions subject to $100 deductible at pharmacies outside Student Health Center. A $10 co-pay per prescription at Student Health Pharmacy
- Pre-Existing conditions not covered for the first 12 months. (see policy for exceptions)
- Geographical Limitation – No restrictions to accessing health care services in South Carolina, domestic or international locations.

For more information on the Winthrop University Health Insurance Policy please visit www.winthrop.edu/international/insurance.
Please type or print CLEARLY. You name must appear exactly as it appears on your passport.

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Home Institution</td>
<td>City, Country of Home Institution</td>
<td>Course of Study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal E-mail Address (Required) – once you have a Winthrop email we will use the Winthrop email to contact you.</td>
<td>Passport Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth (Month/Day/Year)</td>
<td>City, Country of Birth</td>
<td>Country of Citizenship</td>
<td>Country of Legal Permanent Residency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Permanent Address (Required for issuance of immigration document)

<table>
<thead>
<tr>
<th>Permanent Mailing Address in your home country (Street Address or PO Box)</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>State, Province or District</td>
<td>Postal/Zip Code</td>
</tr>
<tr>
<td>Telephone (Required for express mail service)</td>
<td>Fax (If Available)</td>
</tr>
</tbody>
</table>

Current Address (If different from permanent address)

This address is valid until what date? _____________________ Month/Day/Year

<table>
<thead>
<tr>
<th>Street Address or Agency Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>State, Province or District</td>
<td>Postal /Zip Code</td>
</tr>
<tr>
<td>Telephone (Required for express mail service)</td>
<td>Fax (If Available)</td>
</tr>
</tbody>
</table>

Emergency Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Fax(If Available)</td>
</tr>
<tr>
<td>Country Code</td>
<td>City Code</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

DECLARATION OF INTENT

- I certify that the information in this application and the accompanying documents are complete and accurate to the best of my knowledge. I understand that withholding information requested may make me ineligible for admission to Winthrop University, or may result in denial.
- I understand it is my responsibility to complete all related paperwork required by Winthrop, including obtaining a J-1 student visa and arranging roundtrip travel to and from Charlotte, North Carolina, USA.
- I understand that Winthrop University will assist in arranging on-campus room and board; and that on-campus housing requires the purchase of the University meal plan.
- I understand that I am responsible for all books, supplies and applicable studio or lab fees.
- I understand that I must have the required health insurance while attending Winthrop University.
- I certify that I have sufficient funds to support me while a student at Winthrop University and will bring the necessary funds with me.

Applicant Signature (Required for processing) Date
ENROLLMENT AND COURSE SELECTION INSTRUCTIONS
The International Center will work with the faculty at Winthrop University to assist you in registering for the classes you need to take while attending Winthrop. Once you are fully admitted to Winthrop you will receive instructions from the International Center that will assist you in registering for courses. Registration for Fall 2014 begins on April 9, 2014. Registration for Spring 2015 begins in late October, 2014.

Winthrop University's Records and Registration office posts a list of course offerings for each semester at http://www.winthrop.edu/recandreg/. At this site you select Schedule of Courses from the side menu and then the semester that you plan to attend Winthrop University. You are able to see courses offered, including each course’s number and title, during your exchange semester. If your semester is not yet listed, the previous Spring or Fall will give you a sense of what will be offered, but exact course offerings may change.

As part of J-1 visa requirements, you must take a minimum of 12 credit hours per semester, usually four (3 credit hour) courses. Winthrop University will try to enroll you in your course preferences prior to your arrival. If necessary, you can change your schedule of courses during the first week of classes at Winthrop.

Semester you plan to study at Winthrop University
☐ Fall (August until December) Year ______________
☐ Spring (January until May) Year ______________

Which type of program are you currently in?
☐ Undergraduate (Bachelors program)
☐ Graduate (Masters program)

Which year of study will you be in when studying at Winthrop?
☐ 1st  ☐ 2nd  ☐ 3rd  ☐ 4th  ☐ 5th  ☐ 6th  ☐ Other: ________________________

What are your academic goals for studying at Winthrop? Are there any courses or graduation requirements which you need to fulfill while at Winthrop? Please clearly explain here. We will do our best to enroll you in these courses, but cannot guarantee enrollment.
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

STATEMENT OF FINANCIAL RESPONSIBILITY
To apply for the J-1 student visa, Winthrop University must provide to you the Form DS-2019. The DS-2019 is required by the State Department to issue the J-1 visa. In order to receive the DS-2019 you must submit this Statement of Financial Responsibility and Affidavit of Support. Complete the form below and return it to the International Center with evidence of financial support. You are advised to keep copies of all submitted financial documents as you may have to submit them when applying for your visa.

STATEMENT OF FINANCIAL RESPONSIBILITY
Attach a bank statement or letter from your sponsor’s bank dated within 6 months of the start date at Winthrop University showing the amount of money guaranteed. If the bank statement is not from your parents or your personal bank, include a brief letter from your sponsor indicating their intention to support all of your expenses related to your education for the duration of your program. If you are sponsored by a private organization or government agency, provide an official copy of your award.

SOURCES AND AMOUNT OF FINANCIAL SUPPORT IN US DOLLARS:
As an international exchange student, you must show proof that you have access to the funds you need for each semester of study at Winthrop University. For exchange students, the approximate semester cost is $5,500 and annual cost is $11,000. This includes class fees, books, room, meals, and personal expenses. Current information on costs can be found out at www.winthrop.edu/international.

By signing your name to this form, you certify that the information you have given is a correct statement of the financial arrangements for your studies at Winthrop University.

Signature of applicant Month/Day/Year

Signature of Sponsor Month/Day/Year

Applicant can sign if self-supporting

Mailing address and contact information:
The International Center of Winthrop University, 701 Oakland Avenue, 218 Dinkins Hall, Rock Hill, SC, 29733 USA Tel: 803.323.2133 Fax: 803.323.2340
E-mail: international@winthrop.edu Web: www.winthrop.edu/international