**A. Immunizations Required for Students born after 12/31/56.**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Immunization Date</th>
<th>Positive Titer Date</th>
<th>TB skin test (PPD)</th>
<th>mm of induration:</th>
<th>Pos:</th>
<th>Neg:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles/Mumps/Rubella)</td>
<td>10/26/1993</td>
<td>1/21/1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Measles (Rubella - live)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose (date): 1</td>
<td>10/26/1993</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/21/1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or sign waiver, below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose (date): 1</td>
<td>1/21/1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or sign waiver, below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Requirements for ALL Students**

I have received detailed information about meningococcal meningitis and hepatitis B and the potential fatal nature of meningococcal meningitis, as well as the risks associated with hepatitis B and the availability, effectiveness, and known contraindications of any required or recommended vaccines. I understand that I must either provide documentation of these immunizations or actively decline them.

Meningococcal meningitis (Menomune/Menactra)

Date: 3/15/1994 or sign waiver, below.

Hepatitis B

Dose (date): 1/21/1995

Positive Titer Date

3. 1/21/1995 or 1/21/1995

or sign waiver, below.

☐ I have been made aware of the potential fatal nature of meningococcal meningitis and choose not to be vaccinated.

☐ I have been made aware of the risks associated with hepatitis B and choose not to be vaccinated.

Signature of Student or Parent/Guardian (If student is under 18)

Date: 4/11/15

**C. RECOMMENDED FOR ALL STUDENTS BUT NOT REQUIRED**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Immunization Date</th>
<th>Positive Titer Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox (varicella):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (most recent booster):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (most recent dose):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. SIGNATURE REQUIRED BY ALL STUDENTS REGARDLESS OF AGE AND SIGNED BY PARENT/GUARDIAN IF STUDENT IS UNDER 18**

I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS ON THIS FORM.

Florida Atlantic University provides primary medical care through Student Health Services. If I require medical care, it is my responsibility to make an appointment and to provide copies of pertinent medical records as necessary. A complete health history will be obtained at the time of my clinic visit.

Signature of Parent/Guardian (If student is under 18)

Date: 4/11/2015

**MEDICAL CONSENT FOR MINORS** (If student is under 18)

I concur with the above and authorize FAU Student Health Services to employ diagnostic procedures and render any treatment or care deemed necessary to the health and well-being of my student. I grant permission for the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical provider.

Signature of Parent/Guardian (If student is under 18)

Date: 4/11/2015

Rev. Date 04/2013
INTERNATIONAL UNDERGRADUATE STUDENTS

The Financial Certification Form (FCF) is a required supplemental form for international applicants seeking to obtain immigration documents for international student status (I-20 for F-1 students and DS-2019 for J-1 students). The I-20/DS-2019 is the certificate of eligibility to obtain the F-1/J-1 visa or to request a change of status to F-1/J-1. Applicants may submit the FCF and supporting documentation at any time during their admission process. International Student and Scholar Services (ISSS) will issue the appropriate immigration document only after the applicant (1) has been formally admitted to FAU and (2) completed this form and submitted acceptable financial support documents. For information on international admission requirements and deadlines go to [http://www.fau.edu/admissions/](http://www.fau.edu/admissions/). For questions about this form and other visa/immigration requirements for international students, go to [http://www.fau.edu/issss](http://www.fau.edu/issss).

INSTRUCTIONS

2. Attach appropriate supporting document (page 3)
3. Enter your name as it appears in your passport. If available, attach passport copies (biographical and validity date information).
4. Return pages 2 and 3 of this form (including all supporting documents) by the designated deadline to: Florida Atlantic University, International Student and Scholar Services (ISSS), SU 80/214, Attn: I-20 Processing or DS-2019 Processing, Boca Raton, Florida, 33431; or email documents to: issss@fau.edu (Subject line: I-20 Processing or DS-2019 Processing) Telephone: 561-297-3049; Fax: 561-297-2446

ESTIMATED OF COST OF ATTENDANCE ~ INTERNATIONAL UNDERGRADUATE STUDENTS

<table>
<thead>
<tr>
<th>Expenses¹</th>
<th>Students who seek admission for Fall or Spring Semester</th>
<th>Students who seek admission for Summer Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees²</td>
<td>Annual estimated cost of attendance¹ for 24 credit hours &amp; 12 months of living expenses</td>
<td>$17,276 (24 credits)²</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$1,224</td>
<td>$1,224</td>
</tr>
<tr>
<td>Living Expenses³</td>
<td>$18,760</td>
<td>$18,760</td>
</tr>
<tr>
<td>Medical Insurance⁴</td>
<td>$1,350</td>
<td>$1,350</td>
</tr>
<tr>
<td>TOTAL ESTIMATE</td>
<td>$38,610</td>
<td>$47,248</td>
</tr>
</tbody>
</table>

¹Costs are estimated based on 2014/2015 Student Financial Aid Budgets. They are subject to change without notice.
²International undergraduate students are expected to enroll for a minimum of 12 credit hours during fall and spring semester. However, they are encouraged to take 15 credit hours in order to obtain their degree within designated time. Students who begin their program in the summer are also required to enroll for a minimum of 12 credit hours during the summer in which they start the program.³The cost per undergraduate credit hour is $719.84. For a breakdown of tuition and fees please review Financial Aid guidelines at: [http://www.fau.edu/finaid/apply_aid/coe.php](http://www.fau.edu/finaid/apply_aid/coe.php).
⁴Living expenses include housing, meals, transportation and incidentals and are estimated based on the university’s student financial aid budget calculations. The monthly average for living expenses is estimated at $1563. Students living with family/relatives in the area may contact ISSS to inquire about alternate guidelines for living expenses.⁵Insurance is mandatory for international students and must be purchased prior to enrollment for classes.
STUDENT INFORMATION

Surname
Last/Family Name
Country of Birth
City of Birth
Country of Citizenship
Country of Permanent Residence
Date of Birth
Gender

VISA INFORMATION

All Applicants: Please indicate ☐ for the visa status you are applying for: ☐ F-1 Student ☐ J-1 Student

Applicants Currently in the U.S.: Please indicate ☐ for your current visa status:
☐ F-1 ☐ F-2 ☐ J-1 ☐ J-2 ☐ A-1 ☐ B-1/B-2 ☐ E ☐ H-1/H-4 ☐ L-1/L-2
☐ Other (specify) ________ Current immigration status expires on (month/day/year) ____________

If you are currently in F-1 or J-1 status, please submit a copy of your SEVIS I-20 or DS-2019 and submit the SEVIS Transfer Form available on our website at http://www.fau.edu/admissions/pdf/vcf.pdf.

If you are not in F-1 status, do you plan to return to your home country to apply for the F-1/J-1 visa? ☐ Yes ☐ No

If you answered No, you must contact FAU International Student and Scholar Services (ISSS) at (561) 297-3049 or at isss@fau.edu regarding eligibility and procedures to apply for a change of status.

DEPENDENT INFORMATION

If your spouse or children will be joining you in the U.S., or if they are already in the U.S. as your F-2 or J-2 dependents, please provide the following biographical data for each person. Use a separate sheet if necessary. Additional funding is required for dependents ($5,000 for spouse and $3,000 for each child).

<table>
<thead>
<tr>
<th>Name (Last, First, Middle as it appears in the passport)</th>
<th>Date of Birth (Mo/Day/Yr)</th>
<th>City &amp; Country of Birth</th>
<th>Country of Citizenship</th>
<th>Country of Permanent Residence</th>
<th>Gender (Male/Female)</th>
<th>Relationship to the Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS INFORMATION

Local Address (if currently in US) ____________________________________________

Permanent Home Country Address (Required): 74 Wressle Road, PLOUGHFIELD, HR2 5TT.

Telephone: (321) 043-5643 E-mail: sstuartm@aol.com

I-20 DELIVERY INFORMATION

☐ Contact for pick-up (please list email and telephone # if different from above ____________

☐ Mail to the following address: ________________________________________________

All mail is sent via U.S. Postal Services first class. Students who wish to expedite delivery or make other mailing arrangements can use pre-paid services: Express Shipment Services (for more information please check https://study.eshipglobal.com/)

FCF Undergraduate
FINANCIAL INFORMATION

Funds may come from any dependable source including scholarships, sponsoring organizations, personal funds or funds from student’s family depending on which of the categories you check below. Funding documents should be dated no more than six months old at the time when the I-20/DS-2019 is issued. Original documents are preferred, but scanned/fax copies will be accepted for the initial review process. ISSS may request original documents or additional information in order to verify accuracy of financial support documentation. Personal and/or family funds must be submitted on the official letterhead stationary of the bank/financial institution, and must verify that the required amount (estimated cost of attendance) specific for your situation is available for your studies. All letters must be written in English, and figures should be stated in US currency.

Note: You will be required to show original financial support documentation when applying for the F1/J-1 visa at the U.S. Consulate.

<table>
<thead>
<tr>
<th>Examples of acceptable funding documents</th>
<th>Examples of unacceptable funding documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Savings and Checking Accounts</td>
<td>• Certificate of Deposit not matured or with withdrawal restrictions</td>
</tr>
<tr>
<td>• Money Market Accounts</td>
<td>• Investment accounts (stocks, bonds)</td>
</tr>
<tr>
<td>• Deposits with no withdrawal restrictions or maturity dates</td>
<td>• Funds already used to support another F-1 or J-1 visa holder</td>
</tr>
<tr>
<td>• Scholarship or Grant award letters from U.S. government, foreign government, or international agency specifying covered expenses and any upper limits on those expenses</td>
<td>• Real estate holdings</td>
</tr>
<tr>
<td>• Letter/Memo from FAU Department awarding scholarship, fellowship, assistantship, tuition waivers</td>
<td>• Life insurance policies</td>
</tr>
<tr>
<td></td>
<td>• Credit card limits or balances</td>
</tr>
<tr>
<td></td>
<td>• Business accounts without an individual account holder name</td>
</tr>
</tbody>
</table>

Please indicate ✔ how you will be supported (you may use more than one checkmark):

✔ I am planning to support myself through personal savings in the yearly amount of US$ __________. I have attached financial documentation to verify that this amount is available for my educational expenses at FAU.

✔ I will be supported by my parents or a sponsor. I have attached financial documentation to verify that this amount is available for my educational expenses at FAU.

☐ Optional: In addition to the bank letter I also have attached a notarized/certified declaration from my family member-relative who resides in the U.S. and who will support me with living expenses (view Alternate Estimate of Living Expenses)

☐ My government is sponsoring my studies. I have attached a certified letter from my government which verifies that U.S. $ __________ are available for me to study in Florida Atlantic University.

☐ I will be supported by a award, which I will receive from

☐ The amount of this award is U.S. $ __________. I have attached an award letter which verifies the amount and the commitment to support me in my studies in Florida Atlantic University.

Student/Sponsor Statement: I certify that the above information is correct, and that the funding amount listed above will be available for the first year and each subsequent year of study for the duration of the student’s academic program.

_________________________________________   ________________________________
Student Name                                                                                     Mother

_________________________________________   ________________________________
Sponsor Name                                                                                    Relationship to Student

_________________________________________   ________________________________
Sponsor Signature                                                                               Date

_________________________________________   ________________________________
Student Signature                                                                               Date

FCF Undergraduate