WAGNER COLLEGE

STATEN ISLAND, NEW YORK 10301

**2014/2015 APPLICATION FOR STUDENT EXCHANGES**

Universidad de Almería

**I. BIOGRAPHICAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last name First Middle*

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Street Address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Country and Postal Code*

Telephone: Home (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. APPLICATION INFORMATION**

Semester applying for: \_\_\_\_\_\_\_\_Fall \_\_\_\_\_\_\_\_Spring \_\_\_\_\_\_\_\_\_Year

Please list the course(s) you are planning to take, course descriptions can be found online at the following address (**Pay close attention to the semester that the course is offered, not all classes are offered every semester)**: <http://www.wagner.edu/registrar/filestore2/download/944/08.10%20Amended%20Bulletin.pdf>

**Course Reason**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. PERSONAL INFORMATION**

\_\_\_\_\_\_\_Male \_\_\_\_\_\_\_Female Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

If you wish to be identified with a particular ethnic group, please check all that apply (optional):

\_\_\_\_ African American, African, Black

\_\_\_\_ Native American, Alaska Native

\_\_\_\_Asian American (country\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_Asian, including Indian Subcontinent (country\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_Hispanic, Latino (country\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_Mexican American, Chicano

\_\_\_\_Puerto Rican

\_\_\_\_White or Caucasian

\_\_\_\_Other (specify\_\_\_\_\_\_\_\_\_\_\_\_)

Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Single \_\_\_\_\_Married Country of Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation in Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been to the U.S. before? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a visa to enter the United States? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

If so, what type of visa and when does it expire? ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. ENGLISH LANGUAGE PROFICIENCY**

What is your native language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak, write or read any other languages? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you studied the English Language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and how long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that Wagner College requires all exchange participants to take a TOEFL exam:**

Did you take the TOEFL? \_\_\_ Yes \_\_\_ No

If yes, please indicate the TOEFL test *(circle one)*: Written Computer Internet

If yes, also indicate TOEFL: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Score Test date Location*

*Minimum Scores*

Written- 550

Computer- 217

Internet-79

**\*Please send official copy of score report to:\***

**Wagner College**

***Center for Intercultural Advancement***

**Union 204**

**One Campus Road**

**Staten Island, NY 10301**

If no, please indicate when you will take the TOEFL test:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Test date Location*

Would you be willing to serve as a language tutor for current students? \_\_\_\_Yes \_\_\_\_ No

(Students who are selected as tutors will be compensated with a small stipend.)

If so, what language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. PERSONAL ESSAY**

Please attach a brief statement explaining your educational and personal goals. Include remarks about why you have chosen Wagner College for your exchange experience.

**VI. U.S. CONTACT**

If a relative or friend in the United States is assisting you with the application process, please complete the following information.

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Number and Street*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip code*

Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is this person’s relationship to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your official transcripts will be sent to the address listed below, please inform the *Center for Intercultural Advancement* (Union 204) if you need additional transcripts sent to another location.

UNIVERSIDAD DE ALMERIA
UNIDAD DE RELACIONES INTERNACIONALES
EDIF. CAE DESPACHO 2.34
CARRETERA DE SACRAMENTO S/N
04120 LA CAÑADA DE SAN URBANO (ALMERIA)
ESPAÑA

All information contained in this application is true to the best of my knowledge.

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFIDAVIT OF FINANCIAL SUPPORT**

*All statements must be in English and quoted in U.S. dollar amounts.*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing at

 *(name of person providing support)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(number and street) (city) (country)*

am willing and able to financially support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(name of applicant for admission)*

who is my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the duration of studies at WAGNER COLLEGE.

 *(relationship)*

I will provide the minimum amount of U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year.

To verify my financial ability to support the above named student, I submit the following NOTARIZED financial statements:

• NOTARIZED CURRENT Original Bank Statement, verified by bank official,
with specific amount and date account was established. U.S. $ \_\_\_\_\_\_\_\_\_\_\_

• NOTARIZED Original Employer Statement stating length of employment
and yearly salary. U.S. $ \_\_\_\_\_\_\_\_\_\_\_

• OTHER sources of income. Please specify and send notarized originals. U.S. $ \_\_\_\_\_\_\_\_\_\_\_

Please add above amounts: TOTAL U.S. $ \_\_\_\_\_\_\_\_\_\_\_

In addition to the above named student, the following individuals are financially dependent upon me:

 *Name Age Relation Dependent (check one)*

 *to me Whole Partially*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I state that I am fully aware of the fact that the individual named in this Affidavit of Support will not be allowed to engage in any form of off-campus employment, and that I will be totally responsible for his/her financial welfare.*

SPONSOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS AFFIDAVIT MUST BE NOTARIZED**

Sworn to and subscribed before me this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *day month year*

Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTARY SEAL MUST BE AFFIXED HERE

**FINANCIAL INFORMATION**

*This form must be completed, signed and submitted with the application for admission.*

**NAME OF APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *last name (surname) first (given) name*

*The Immigration and Naturalization Service of the United States requires prospective students to provide proof of their ability to pay for their studies and living expenses while in the United States. Financial statements must be in the English language and they must be notarized. You must indicate exact amounts of available funds.*

**SOURCES OF SUPPORT** *(Complete all sections as appropriate.)*

**FAMILY OR SPONSOR** Complete the enclosed Affidavit of Support notarized by a legal official. It must be accompanied by a bank statement, certified letter from the bank stating a specific dollar amount that is available for your support by your family or sponsor, or a notarized employer statement. U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL SAVINGS** Enclose a certified statement signed by a bank official that is

dated within the past three (3) months. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

 *Bank City/Country*

FINANCIAL AID from GOVERNMENT AGENCY or PRIVATE ORGANIZATION

Enclose a signed official copy of award letter. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

 *Source*

**SALARY WHILE ON LEAVE OF ABSENCE** Enclose official letter from employer stating the duration of leave and salary while on leave. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name and address of employer*

 **TOTAL FUNDS AVAILABLE** U.S. $ \_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: You will need duplicate original financial documentation papers to submit to the Consular office or the U.S. Immigration office. Originals will be retained by the Admissions Office and will not be returned to you.

I certify that I have sufficient funds for tuition and living expenses for myself and that I have the funds available for the expenses of any dependent who may accompany me to the United States**.**

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_

 **ESTIMATED EXCHANGE STUDENT EXPENSES
Undergraduate Studies**

**2014-2015 ACADEMIC YEAR**

*International exchange students are required to provide proof of their ability to pay for their studies and living expenses while in the United States.. The following is an estimated outline of charges and expenses at Wagner College.*

 **SEMESTER**

Room and Board (on campus) $5,830

 Personal Expenses & Books \*$3,000

 **Estimated Total:** $8,830

Medical insurance is mandatory for all students. The current cost of the Wagner medical insurance program is $50 per year.

\*This figure is an estimate.