Northwestern State University
Graduate International Admission

We are glad that you are interested in pursuing a graduate degree at our university. Our international admission requirements are given below along with the necessary documents that must be completed for all international applicants. The admission requirements for admission to the NSU Graduate School are also enclosed.

**Documents Required for International Graduate Studies Admission:**
- Application for Admission to the Graduate School
- $30 Application Fee
- Application for Graduate Assistantship
- Two (2) Letters of Recommendation
- Official GRE scores ($800 total required)
- Financial Statement (if applicable)
- Award letters for any NSU performance, athletic or other scholarships (must come from respective department(s))
- Educational Experiences List
- Health Record
- Immunization Record
- Transfer Information Form (to be completed by your current international student advisor)
- On-Campus Housing Reservation Request (if planning to live on campus)
- Evaluation of foreign transcripts from a U.S. approved evaluation service (if transferring from a university outside of the U.S.)

**University Admission Requirements**

- ✓ Submit the application and the $30 fee payable in U.S. dollars at least three months before you plan to attend. Make the check or money order payable to NSU.
- ✓ Have the bank official sign the financial statement verifying the bank funds available for your educational expenses for your first year of study at Northwestern State University ($20,186.00 U.S. dollars). (If receiving Graduate Assistantship and/or NSU Scholarships the department will need to submit documentation of the awards to the Office of Admissions.)
- ✓ You must have your educational records evaluated by one of the professional services on the list unless you are attending or have graduated from an accredited U.S. university. You are responsible for paying the appropriate fee to the service. Be sure to request a final cumulative GPA and a course-by-course evaluation on all foreign transcripts. Make certain that an original copy of the evaluation is submitted to this office. A list of the evaluation services we can accept is enclosed.
- ✓ If you have attended a university in the U.S., you must request that your official transcript be sent to this office.
- ✓ The TOEFL is required for all applicants of countries where English is not the primary language. The minimum computer-based score required is 173 (500 paper-based). Internet-Based Test score minimum is 61. This is waived if you are transferring or received a degree from an accredited university in the U.S.
- ✓ You must have U.S. medical insurance while in attendance in the United States. If you live off-campus while in attendance, it is advisable to request for Health Services when paying your fees each semester.
- ✓ It is advisable for you to complete the enclosed Housing Reservation card and submit the $75 deposit fee to the Office of Residential Life at the address provided on the card if you will need on-campus housing.

Return the completed admission packet to:

Office of Admissions
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, LA 71497

Completed application packets must be returned at least 90 days prior to your intended enrollment semester (fall begins in August, spring begins in January, and summer begins in May).

If you have any questions about the international admission process, please call (318) 357-4078 or (800) 767-8115 between the hours of 8:00 a.m. and 4:30 p.m. (Central Time) or e-mail Applications@nsula.edu. You may also contact the NSU Graduate Office at (318) 357-5851 for specific information related to the graduate programs. We will be glad to assist you.
ADMISSION TO GRADUATE SCHOOL
at
NORTHWESTERN STATE UNIVERSITY of LOUISIANA

www.nsula.edu/graduate_studies/

Northwestern permits students to pursue "non-degree" options as well as programs that lead to the awarding of the Master's degree and the Specialist in Education degree. However, all students enrolled in graduate-credit courses must meet all of the general admission requirements.

General Admission To Graduate Study*

Requirements for admission to Graduate School in a "non-degree" status include:
1. A bachelor's degree from a regionally accredited college or university;
2. Official GRE total scores (Verbal + Quantitative) of at least 750;
3. A completed application on file prior to registration;
4. Official transcripts on file from all universities attended;
5. Overall undergraduate grade point average of at least 2.0;
6. Two letters of recommendation.

*(Admission to Graduate School does not imply admission to a specific degree program.)*

Admission to Master's Degree Programs

Regular Admission to a master's degree program includes the following requirements:
1. A bachelor's degree from a regionally accredited college or university;
2. Minimum of 2.5 quality point average on all undergraduate hours pursued (minimum of 3.0 for admission to the Master of Science in Nursing the Master of Science in Clinical Psychology);
3. The undergraduate prerequisites for the degree to be pursued (see the General Catalog for specific requirements);
4. Official transcripts from all universities attended;
5. Two letters of recommendation.
6. GRE total scores for verbal and quantitative sections of at least 800 (900 for the Master of Science in Nursing and the Master of Science in Psychology);
7. Special requirements of the department for the degree to be pursued (see the University Catalog for specific requirements);

Provisional Admission to a master's degree program, except for the Master of Science in Nursing and the Master of Science in Psychology, may be granted for one semester/term for students whose records, including GRE scores, have not been received.

Failure to remove provisional status after one semester/term will result in suspension from any degree program and placement of a hold preventing further registration. Upon submitting all required records, a student may later be admitted conditionally or regularly to a degree program, provided all requirements are met.
Conditional Admission to a master’s degree program, (other than the Master of Science in Nursing, the Master of Science in Clinical Psychology and the Master of Science in Health & Human Performance) may be granted for one semester, or for the first 12 semester hours, of approved graduate study for either students whose GRE score is 750, or more, but less than the required minimum of 800 (900 for the Master of Science degrees in Clinical Psychology and Nursing), or students whose undergraduate quality point average is 2.0 or better, but less than 2.5 (except for Master of Science degrees in Clinical Psychology and Nursing and Health & Human Performance). Conditional admission to a master’s degree program in Health & Human Performance with concentrations in Sport Administration, Health Promotion or Physical Education may be granted for students whose GRE scores are at least 750, but less than the required minimum of 800, and who have an undergraduate GPA of 3.0. Conditional admission to a master’s degree program in Clinical Psychology or Nursing may be granted for students whose GRE scores are at least 750, but less than the required minimum of 900.

Failure to achieve regular status after 12 graduate semester hours will result in suspension from any graduate degree program.

Reinstatement to a graduate degree program will require:

1. A lapse of five years during which no degree credit may be earned;
2. Re-admission and completion of 12 additional semester hours of approved degree credit at Northwestern State University with no grade lower than a B; and
3. Approval of the Dean of Graduate Studies and Research. (If reinstated, failure to maintain regular status will result in terminal suspension. Only approved degree credit will be computed in the grade point average.)

Admission to the Specialist Degree Program (Ed.S.)

To be considered for admission to a program leading to the Specialist in Education degree, an applicant must:

1. Hold a master’s degree from a regionally accredited college or university and have a grade point average of at least 3.0 on all graduate work pursued;
2. Have an application on file with the Dean of Graduate Studies and Research;
3. Have official transcripts from all universities attended on file prior to registration;
4. Have a minimum combined GRE score of 800 on the verbal and quantitative parts for regular admission (750 for conditional admission);
5. Have a minimum of three years of successful, full-time teaching (except in the counseling and educational technology concentrations); and
6. Present two letters of recommendation from appropriate school and/or college officials.
APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL
NORTHWESTERN STATE UNIVERSITY OF LOUISIANA

APPLICATION FEE (Non Refundable)
U.S. Citizen $20.00
International Student $30.00

Application Priority Processing Deadlines
Fall/Summer Semesters—March 15
Spring Semester—October 15

INSTRUCTIONS: Please complete in ink or type all information. INCOMPLETE APPLICATIONS MAY DELAY PROCESSING.

1. Social Security Number or Student ID
   Name ___________________________ Last First Middle Maiden

2. CURRENT ADDRESS
   Number & Street ___________________________ City ___________________________ State/Ter./Prov./Country ___________________________ Zip Code/P.Code ___________________________
   Parish/County ___________________________ E-mail ___________________________
   Home Phone (____) ___________________________ Cell (____) ___________________________ Work (____) ___________________________

3. PERMANENT MAILING ADDRESS
   Number & Street ___________________________ City ___________________________ State/Ter./Prov./Country ___________________________ Zip Code/P.Code ___________________________

4. PLACE OF EMPLOYMENT
   School or Firm ___________________________ Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________

5. DATE OF BIRTH ___________________________ 6. PLACE OF BIRTH ___________________________

7. SEX: Male ______ Female ______

8. ARE YOU A VETERAN? Yes ______ No ______


10. ETHNIC ORIGIN: ( ) Asian or Pacific Islander ( ) American Indian or Alaskan Native ( ) Black, Non-Hispanic ( ) Hispanic
( ) All other American Minorities ( ) White, Non-Hispanic ( ) International Student ( ) Prefer not to respond

11. TERM YOU WISH TO ENTER NORTHWESTERN?
    Summer Yr: ________ Fall Yr: ________ Spring Yr: ________

12. ON THE BACK OF THIS SHEET, CHECK THE PLAN OF STUDY YOU WILL PURSUE. YOU MUST CHECK ONLY ONE.

13. IF FORMERLY ENROLLED AT NORTHWESTERN, INDICATE LAST PERIOD OF ATTENDANCE.
    CHECK ONE: Fall Yr: ________ Spring Yr: ________ Summer Yr: ________ Graduate School ________ Undergraduate School ________

14. Name of High School ___________________________ Month & Year Graduated ___________________________ Located in City State ___________________________ City State ___________________________

15. COLLEGES/UNIVERSITIES PREVIOUSLY ATTENDED, INCLUDING NORTHWESTERN (list all attended. Attach additional sheet if needed.)
   Name of College/University ___________________________ City State ___________________________ Dates Attended ___________________________ Degree R’d. ___________________________ Degree Conferred ___________________________
   (i.e. AA, BA, MED, etc.)

16. ARE YOU ELIGIBLE TO RE-ENTER THE LAST COLLEGE/UNIVERSITY YOU ATTENDED OTHER THAN NORTHWESTERN? Check one: Yes ______ No ______

17. CITIZENSHIP: ( ) U.S. Citizen ( ) Permanent Resident Alien ( ) International Student. If not a citizen of the United States, submit copy of 1551/Green card

18. RESIDENCY STATUS: Are you a legal resident of Louisiana? Yes ______ No ______

19. DO YOU HOLD A TEACHING CERTIFICATE?
    Yes ______ No ______
    If yes, indicate type and number ___________________________ State/Ter./Prov issues ___________________________
    Area of certification ___________________________ Years of teaching experience ___________________________

20. DATE GRE TAKEN: Month ________ Year ________ GRE Scores: V ________ Q ________ A ________ W ________

21. EMERGENCY CONTACT:
    Relationship: ___________________________ Phone: (____) ___________________________

NOTICE: I certify that the information given above is complete and to the best of my knowledge correct. I understand that failure to provide complete and accurate information is a basis for rejection of my application or if admitted on the basis of incomplete and inaccurate information. I may be suspended and may forfeit any credits earned and all fees. I understand that to be admitted to graduate study I must possess a bachelor’s degree from a regionally accredited college or university.

22. SIGNATURE ___________________________ DATE: ________________

DO NOT WRITE BELOW THIS LINE — For Graduate School ONLY

App. Fee Paid (Date) ________ Check/MO # ________ Receipt # ________

Major Code ________ New or Reentry ________
## GRADUATE DEGREE PROGRAMS

**PLEASE CHECK ONLY ONE**

### Master of Arts
- Heritage Resources 509
- Adult Education 510
- Art 511

### English
- English (Writing & Linguistics) 529A
- English (Literature) 529B
- English (Folkloric/Southern Culture) 529C
- Student Personnel Services 575

### Master of Arts in Teaching
- Education (Elementary) 506
  - Professional Studies 506A
  - PREP 506B
- Education (Middle) 507
  - Professional Studies 507A
  - PREP 507B
- Education (Secondary) 508
  - Professional Studies 508A
  - PREP 508B
- Mild/Moderate Special Ed. Grades 1-12 518
  - Professional Studies 518A
  - PREP 518B
- Early Childhood Education Grades Pre-K-3 548
  - Professional Studies 548A

### Master of Education
- Educational Technology Leadership 502
- Education Leadership 503
- Early Childhood Education 547

### Curriculum and Instruction
- Education (Ed. Technology) 504
  - Education (Elementary School) 504B
  - Education (English Education) 504C
  - Education (Mathematics Education) 504D
  - Education (Reading) 504E
  - Education (Science Education) 504F

### Education
- Education (Counseling) 505

### Special Education
- Gifted 524
  - Mild/Moderate 524B

### Master of Music
- Music 542

### Master of Science
- Health and Human Performance 577
  - Concentration in:
    - Sport Administration 577A
    - Health Promotion 577B
    - Physical Education 577C
- Clinical Psychology 552
  - Concentration in:
    - Substance Abuse 552B
    - Prevention Specialist 552C

### Master of Science in Nursing
- Concentration in:
  - Adult Nursing 546A
  - Family Nurse Practitioner 546C
  - Maternal-Child & Family 546D
  - Critical Care Nurse/Adult 546E
  - Mental Health/Psychiatric 546F
  - Pediatric Nurse Practitioner 546G
  - Women's Health Nurse Practitioner 546H
  - Acute Care Nurse Practitioner 546I
  - Neonatal Nurse Practitioner 546J

### Educational Specialist
- Educational Leadership & Instruction 582
  - Concentration in:
    - Special Education 582G
    - Educational Technology 582H
    - Educational Leadership 582I

### Non Degree Students
- Add-On Certification (Currently holds certification) 500A
- Seeking Hours for Highly Qualified Educator 500B
- Other (30. Transfer Hours, Area of Interest) 500C
- Initial Teacher Certification 501
  - Pending Eligibility 501
- Nursing (Post Graduate Requires MSN) 500N

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### Selective Service Prerequisite Information

(All applicants MUST complete this section. Check the box that applies to you)

- [ ] I have registered with the Selective Service as required by the federal Military Selective Service Act. My Selective Service Number is ____________________________
  *(You may obtain your Selective Service Number at http://www.sss.gov)*
- [ ] I have not registered with the Selective Service as required by the federal Military Selective Service Act.
- [ ] I am not required to register with the Selective Service because ____________________________

I certify that the information given above is complete and, to the best of my knowledge, correct. I understand that failure to provide complete and accurate information is a basis for rejection of my application or, if admitted on the basis of incomplete and inaccurate information, I may be suspended and may forfeit any credits earned and all fees. I understand that to be admitted to graduate study, I must possess a bachelor's degree from a regionally accredited college or university.

Signature: ____________________________  Date: ____________________________

Northwestern State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone number 404-679-4501) to award Associate, Baccalaureate, Master's, Specialist.

It is the policy of Northwestern State University of Louisiana not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities or employment practices as required by Title VI and Title VII of the Civil Rights Act of 1964, Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, the Americans with Disabilities Act of 1990, Executive Order 11246, Section 503 and Section 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.
NORTHWESTERN STATE UNIVERSITY of LOUISIANA
APPLICATION FOR GRADUATE ASSISTANTSHIP

NOTE: TO BE ELIGIBLE FOR A GRADUATE ASSISTANTSHIP, THE STUDENT MUST HAVE ACHIEVED
REGULAR ADMISSION TO THE GRADUATE SCHOOL AT NORTHWESTERN STATE UNIVERSITY.

Name ___________________________ Last ________ First ________ Middle ________ SSN ________
or Student ID

Address ___________________________ Street and/or P.O. Box ___________________________

Address ___________________________ City ___________________________ State ____________ Zip Code ____________ E-Mail ___________________________

Telephone (_____) (_____) (_____) Home Work (_____) (_____) Cell ____________

Louisiana Resident: □ YES □ NO

Graduate Major and Degree Sought (please check one)
_ Adult Education-M.A. (510) _ Education-M.Ed. (504) _ Education-M.A.T. Early Childhood (548)
_ Art-M.A. (511) _ Education-M.Ed. (505) _ H. & Hum Perf.-M.S. (536)
_ SPS-M.A. (575) _ Education-M.A.T. Middle (507) _ Music-M.M. (542)
_ Education-M.Ed. (502) _ Education-M.A.T. Sec (508) _ Nursing-M.S.N. (546)
_ Specialist Degree in Educational Leadership & Instruction-Ed.S. (582)

Concentration Area (if applicable) ___________________________ Code: ______

If awarded, appointment should become effective: □ Fall □ Spring □ Summer Year 20______

Previous College/University Experience:

College/University ___________________________ Major/Degree Awarded ___________________________ Dates Attended ___________________________

Overall undergraduate grade point average (A=4.0) ___________________________

GRE Scores: Verbal ________ + Quantitative ________ = TOTAL ________

Writing ________

Relevant Teaching, Research, Business, or Work Experience:

Employer ___________________________ Position Description ___________________________

Dates of Employment ___________________________

Your reason(s) for pursuing graduate studies at Northwestern

________________________________________

________________________________________

I certify that the information provided is complete and correct to the best of my knowledge.

Applicant’s Signature ___________________________ Date ____________

Return completed form to: Graduate School, Northwestern State University, Natchitoches, LA 71497

NORTHWESTERN STATE UNIVERSITY IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER
Office of Graduate Studies
Recommendation Form

I. This section is to be completed by the applicant (please print)

Your Last Name       First Name       MI       Maiden Name       SS#

According to FERPA of 1974, students are guaranteed access to educational records concerning them, unless that right is waived. Therefore, signing is optional. I hereby waive any and all rights to inspect and review this recommendation, and I give my permission for this reference to remain confidential between NSU and the recommender.

Signature of Applicant

(Date)

(Please send this form to the person writing the recommendation. Identify your program/degree in Section II.)

II. This section is to be completed by the recommender.

This applicant is seeking admission to a graduate program in ____________________________.

Please rate the applicant on the following items.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic ability</td>
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<tr>
<td>Intellectual capacity</td>
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<td>Oral communication skills</td>
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Comments (Please address character traits, personality, and scholastic ability related to the applicant’s background to do graduate work in the stated program):

_________________________________________________________________________

_________________________________________________________________________

(Please add additional comments/information on back of form or submit additional pages.)

How long have you known the applicant and in what capacity:

_________________________________________________________________________

Signature

Address

Print or Type Name

Telephone #

Title

Date

Please return the form to:
Graduate Studies, Northwestern State University, Natchitoches, LA 71497
NSU  
Northwestern State University

Office of Graduate Studies  
Recommendation Form

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Comments (Please address character traits, personality, and scholastic ability related to the applicant's background to do graduate work in the stated program):

________________________________________________________________________

________________________________________________________________________

(Please add additional comments/information on back of form or submit additional pages.)

How long have you known the applicant and in what capacity?

________________________________________________________________________

Signature  
Address  
Title  
Telephone #  
Print or Type Name  
Date

Please return the form to:  
Graduate Studies, Northwestern State University, Natchitoches, LA 71497
# FINANCIAL STATEMENT CERTIFICATION

PRINT YOUR FULL NAME ________________________________________________________

Approximate costs for the 2007-2008 school year are: Tuition, fees, and books $11,800; Room and Board $6,200; and Personal Expenses $2,000 for a total of $20,000 (U.S. Dollars) per year. These figures are for a single student. If you bring your spouse/dependent, an additional $2,500 is required ($500 is required for each additional dependent). COSTS ARE SUBJECT TO CHANGE WITHOUT NOTICE. Northwestern does not offer federal financial aid to International Students. You and your family must have U.S. insurance coverage while in attendance at Northwestern.

Document the source and amount of funds available for each year you expect to attend Northwestern. Consider exchange and currency regulations and report the funds in U.S. Dollars. (Show dollar amounts for each year of attendance.)

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Your Own Savings</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Government/Sponsor</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Scholarship or Other Source</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

Do you have funds to pay for your travel to and from the U.S.? ( ) YES ( ) NO

YOU MUST PROVIDE CERTIFICATION IN ENGLISH OF PARENT AND/OR SPONSOR AND THEIR BANK.

( ) Certification by parent/spONSOR: "I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above".

Signature __________________________ Relationship to applicant ____________________

Address _______________________________

( ) Certification by bank official: "Our records indicate that the information furnished above by the applicant's sponsor is an accurate statement of the financial resources available to the applicant during study in the United States".

Signature __________________________ Print Name ______________________________

Bank's Address __________________________ Date ___________________

** IF DESIRED, YOU MAY USE A SEPARATE, OFFICIAL BANK STATEMENT IN U.S. DOLLARS. The statement must be on official bank stationary and signed by a bank official.
STUDENT HEALTH RECORD

Please complete all of the following information:

1. Name ____________________________ (last) _____________ (first) _____________ (middle) _____________
   Sex ( ) male ( ) female Date of Birth _______________________

   Permanent Address ____________________________________________
   Street address _____________ city _____________ state _____________ providence _____________ zip code _____________ country _____________

   Family Physician ____________________________________________
   Name in full ____________________________________________
   city _____________ state _____________ country _____________

2. Notify in case of emergency:
   Name ____________________________ Relationship ____________________________
   Phone Number ____________________________ Address ____________________________

3. Are you covered by U.S. hospitalization or accident insurance? ( ) yes ( ) no
   Name of Policy Holder ____________________________________________
   Relationship to you ____________________________________________
   (If you are covered by hospitalization, it is advisable to bring your identification cards with you.)

4. Indicate any serious diseases, illnesses, injuries, or operations you have had ____________________________

5. Have you had any counseling or treatment for emotional problems in the past five years? ( ) yes ( ) no
6. If yes, please give the name and address of counselor, psychiatrist, or psychologist
   ____________________________________________

7. Are you currently taking any medication? ( ) yes ( ) no
   If yes, please give the name of the medication, dosage, etc. ____________________________

8. Please list all allergies ____________________________________________

9. Please give date of last Tetanus-Diphtheria booster, if known ____________________________

10. Please give date of last meningitis vaccination, if known ____________________________

11. Medical Consent: I hereby grant permission to Northwestern State University’s Health Services physicians and nurses to render emergency treatment or other medical care that might be deemed necessary to my health and well-being. I also grant permission for hospitalization at an accredited hospital when necessary for executing such care.

   Date ____________________________ Signature ____________________________
   (If a minor [under 18 years of age], the signature of a parent or guardian is required.)
EDUCATIONAL EXPERIENCES BY YEARS

Name ___________________________ (last) (first) (middle)
Address ___________________________
Country of Birth _____________________ Country of Citizenship _____________________
Country of Legal Permanent Residence _____________________

If you will bring any dependents with you to the U.S., provide their names, relationship to you, and dates of birth.

__________________________________________________________

SUMMARY OF YOUR EDUCATIONAL EXPERIENCES BY YEARS

Show all years beginning with primary/elementary school to your highest level of education. (Do not include kindergarten.)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Year in School</th>
<th>Kind of School</th>
<th>Name of School</th>
<th>Certificates or Degrees Received</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

If you are now in the U.S., give date of entry ____________________________
What type of visa did you hold at entry? ____________________________
  What type of visa do you hold now? ____________________________
  Date your status changed (if applicable) ____________________________
If F-1 visa, what institution issued the I-20 to you? ____________________________
  Have you attended that institution? ( ) yes ( ) no ____________________________
    If no, why? ____________________________
    How many credits have you completed? ____________________________
    What is your grade point average? ____________________________
    What institution were you last authorized to attend? ____________________________

Please Note: International Students should attend the institutions that issued them the I-20 for at least one semester before transferring to another institution.

I certify that the above statement regarding my education is correct and will be substantiated by certificates or transcripts.

Signature ____________________________ Date ____________________________
INTERNATIONAL STUDENT TRANSFER INFORMATION FORM
Verification of Attendance if Currently Enrolled in the U.S.

This section to be completed by applicant:

I, ___________________________, plan to attend Northwestern State University
beginning with the ___________________ semester. I authorize my current school ______________________ to
release information related to my non-immigrant status.

Signature ___________________________ Date ______________

This section to be completed by current International Student Advisor:

1. Is this student presently maintaining valid F-1/J-1 status? ______

2. Is this student eligible for transfer? ______
   If no,
   ______ failed to report to this school
   ______ failed to maintain full-time enrollment
   ______ reinstatement needed or pending
   ______ extension of stay needed
   ______ other (explain) ___________________________

3. Student is/was expected to complete requirements on ___________________.
4. Student did not complete courses of study and terminated attendance on ________________.
5. The completion date on the SEVIS I-20 is ____________________.
6. Student has been authorized:
   ______ months of curricular practical training
   ______ months of post completion practical training

7. SEVIS record will be released for transfer on _______________________.

Name & Title ___________________________ Date ______________
Signature ___________________________

Please return this complete form to: Northwestern State University
Office of Admissions
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, LA 71497
FAX – 318-357-4660
PHONE – 318-357-4078 or 800-767-8115
PROOF OF IMMUNIZATION COMPLIANCE  
(Louisiana R.S. 17:170.1 Schools of Higher Learning)

NORTHWESTERN STATE UNIVERSITY OF LOUISIANA

<table>
<thead>
<tr>
<th>SS Number:</th>
<th>Date of Birth: Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
</table>

Name:

Please Print (Last) (First) (Middle)

Address:

City: State: ZIP Code:

UNIVERSITY REQUIRED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification: (See other side)

M-M-R (Measles, Mumps, Rubella-2 Doses Required)

<table>
<thead>
<tr>
<th>First dose:</th>
<th>(Date)</th>
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</thead>
<tbody>
<tr>
<td>Second dose:</td>
<td>(Date)</td>
</tr>
</tbody>
</table>

OR

Serologic Test: (Date)

Result: (Date)

OR

☐ Born before 1956

Tetanus-Diphtheria (Td)

| Last dose: | (Date within 10 years) |

Meningococcal Vaccine (One dose—preferably at entry into college)

Quadrivalent vaccine (A, C, Y, W-135) Date: Vaccine Type:

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.

(Signature of Physician or Other Health Care Provider) Date

Please print office address or stamp here

UNIVERSITY RECOMMENDED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification:

Hepatitis B Vaccine

<table>
<thead>
<tr>
<th>First dose:</th>
<th>(Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second dose:</td>
<td>(Date)</td>
</tr>
<tr>
<td>Third dose:</td>
<td>(Date)</td>
</tr>
</tbody>
</table>

Tuberculosis Test

PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)

Date given: Date read:

Result: Neg Pos mm induration (horizontal diameter)

*If PPD is positive, chest X-ray result:

Normal Abnormal

Date:

READ INFORMATION ON BACK OF THIS FORM

You will not be permitted to register until you complete this form and return to:

Northwestern State University
Office of Admissions
200 Central Avenue
Natchitoches, LA 71497

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles (2 doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.

REV 05/08
REQUIREMENT:
TWO (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster (AT LEAST 10 YEARS CURRENT)

Measles Requirement: Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, In 1968 or later, and without Immunoglobulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution if you were the diagnosing physician.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningitis Requirement: One (1) does of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into college.

Request for Exemption – MMR & Td

__________ Medical Reasons (Physician’s Statement Required) ___________________ Personal Reasons (State reason in space provided) ____________________

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

Student Signature ___________________________ Date ___________________________

Request for Exemption – Meningococcal Vaccine (Meningitis)

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningococcal vaccines are available in the US-Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis—DOES NOT COVER Group B serotype). Vaccinations take 7 - 10 days to become effective, with possible protection lasting 3 - 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillian-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to people with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few case of Guillian-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units.

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I, __________________________ (Name of Student) have been fully informed by reading the Centers for Disease Control and Prevention’s Meningococcal Vaccines—What You Need to Know Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

[ ] Personal
[ ] Medical
[ ] Religious
[ ] Unavailability of the Vaccine

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

Signature of Student ___________________________ Date ___________________________

Signature of Parent or Guardian (if required) ___________________________
APPROVED U.S. PROFESSIONAL EVALUATION SERVICES
(All foreign transcripts must be evaluated if you have not received your undergraduate degree in the United States.)

American Association of College Registrars & Admissions Officers (AACRAO)
One Dupont Circle N.W., Suite 520
Washington, DC 20036
(202) 296-3359
(202) 822-3940 (FAX)
E-mail: oies@aacrao.org

Educational Credential Evaluators, Inc.
P.O. Box 514070
Milwaukee, WI 53203-3470
(414) 289-3400
(414) 289-3411 (FAX)
web site: http://www.ece.org
E-mail: eval@ece.org

Josef Silny & Associates, Inc.
International Education Consultants
7101 S.W. 102 Avenue
Miami, FL 33173
(305) 273-1616
(305) 273-1338 (FAX)
web site: www.jsilny.com
E-mail: info@jsilny.com

World Education Services, Inc.
P.O. Box 745, Old Chelsea Station
New York, NY 10113-0745
(800) 937-3895
(212) 966-6311
E-mail: info@wes.org
web site: www.wes.org

WES – Chicago, IL
(312) 222-0882 E-mail: midwest@wes.org

WES – Miami, FL
(305) 358-6688
E-mail: south@wes.org

WES – Washington, DC
(202) 331-2925
E-mail: dc@wes.org

WES – San Francisco
(415) 677-9378
E-mail: sf@wes.org

Global Credential Evaluators, Inc.
P.O. Box 9203
College Station, TX 77842
(800) 517-4754
(512) 528-9293 (FAX)
web site: www.gcevaluators.com

International Academic Credential Evaluator, Inc.
P.O. Box 2585
Denton, TX 76202-2585
(817) 383-7498

Foreign Credentials Services of America
1910 Justin Lane
Austin, TX 78757-2411
(512) 459-8428 (512) 459-4565 FAX

*NOTE: A course-by-course evaluation is required for admission. You only need to select one service.
Application for On-Campus Residency and Dining
Northwestern State University

Student Personal Information:
Please Print or Type

NAME: ___________________________   E-Mail: ___________________________
(LAST)   (FIRST)   (MIDDLE)
Home Address: ___________________________
(number)   (street)   (apartment #)
(city)   (state)   (zip code)
Cellular Telephone: (___) __________

Home Telephone: (___) __________

SSN: __________   Birth Date: ___/___/___   □ Male   □ Female

Semester you first need on-campus housing: __________________________

Your university standing at the start of the semester for which you are applying for housing:
□ Freshman   □ Sophomore   □ Junior   □ Senior   □ Graduate

Select your preferred living community: (Rank 1st or 2nd choice by community) If no selection is made you will automatically be assigned first to University Columns, then University Place. If your first choice selection is no longer available you may be assigned to your second choice.

□ University Place
318-214-5400
Suites include a furnished living room, bedroom, and a kitchenette equipped with a mini-refrigerator, microwave, and counter area—no stove/oven or dishwasher. Meal plan required (see reverse).

□ University Columns
318-352-7991
Apartments include living room, bedroom, and full service kitchen. Meal plan required (see reverse).

Based on your community selection, please rank the living arrangements

<table>
<thead>
<tr>
<th>University Place</th>
<th>University Columns</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single Occupancy</td>
<td>□ 2 Bedroom / 2 Bathroom</td>
</tr>
<tr>
<td>2 bedroom / 2 bathroom</td>
<td>□ 4 Bedroom / 2 Bathroom</td>
</tr>
<tr>
<td>accommodates 2 people</td>
<td>□ Efficiency (Unfurnished)</td>
</tr>
<tr>
<td>□ Double Occupancy</td>
<td></td>
</tr>
<tr>
<td>2 bedroom / 2 bathroom</td>
<td></td>
</tr>
<tr>
<td>accommodates 4 people</td>
<td></td>
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</tbody>
</table>

Rental rates on all types of housing are subject to change based on University negotiations with the privatized housing agency and/or University of Louisiana System approval.

Housing Requests: Please note that roommate requests and all selectable housing options must be mutual to be honored. While we try, not all requests can be honored.

Please indicate if you are a: □ Louisiana Scholars' College student   □ Creative and Performing Art Student (CAPA)

If you require special need(s), medical, or ADA accommodation: __________________________________________

Please describe accommodation needed

Name of preferred roommate: ___________________________   ssn    ___________________________

Name of preferred suitemate(s): ___________________________   ssn    ___________________________

Please complete other side
NSU DINING MEMBERSHIP OPTIONS

Food. It’s how we relax, relate and reconnect – with ourselves and others. As part of your living and learning experience you are automatically enrolled in a dining membership and you get to choose which one. Everything from restaurant-style dining to our on-campus convenience store adds to your experience.

<table>
<thead>
<tr>
<th>Meal Plan Options</th>
<th>Semester Cost*</th>
<th>Cost per meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titanium - 19 Meals/Week plus $50 Declining Balance</td>
<td>$1,110</td>
<td>$3.72</td>
</tr>
<tr>
<td>Platinum - 14 Meals/Week plus $50 Declining Balance</td>
<td>$1,076</td>
<td>$4.89</td>
</tr>
<tr>
<td>Gold - 10 Meals/Week plus $50 Declining Balance</td>
<td>$1,012</td>
<td>$6.41</td>
</tr>
<tr>
<td>University Place 5 Meals/Week Plus $377 Declining Balance</td>
<td>$1,012</td>
<td>$8.47</td>
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<tr>
<td>Silver - $906 Declining Balance (Sophomore and above)</td>
<td>$906</td>
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<tr>
<td>Purple - $410 Declining Balance (Senior/Commuter)</td>
<td>$410</td>
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<tr>
<td>University Columns - $455 Declining Balance</td>
<td>$455</td>
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<tr>
<td>Summer Meal Plan $155 Declining Balance/session</td>
<td>$155</td>
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</tr>
</tbody>
</table>

All students with less than 30 hours residing in University Columns or University Place will be required to purchase a Titanium, Platinum or Gold level meal plan.

*Prices and meal plan offerings are subject to change based on University negotiations with the food service provider and approval by the University of Louisiana System.

The meal plan participation requirements and policies are available in the Speed Demon Office, Student Union, Room 152. For more information on the meal plans, please call (318) 357-4386.

PLEASE read the following statements and initial acknowledging your understanding of the statement:

____ I authorize NSU and its agents to verify the information that I have provided and to gather relevant data.

____ I certify the information in this application is complete and correct and understand the submission of false information is grounds for rejection of my application, the withdrawal of any offer of acceptance for residency, or eviction from the premises and disciplinary sanctions.

____ I understand that this application is a request for consideration of a bed space on-campus at NSU and does not constitute a lease or guaranteed bed space in any facility.

____ I understand that I must complete, sign, and return all applicable leasing documents and associated fees in a timely manner. I understand that facility and room type assignments are awarded based on a first-come first-serve process based on date of receipt of complete leasing documents.

____ In the event that the University Columns and University Place Residential Communities are full at the time of my application, I understand that I may be assigned to a University Residence Hall.

____ I understand that NSU has the following residency requirement: University of Louisiana System Board Rules (C. II, Section XX), all unmarried full-time undergraduate students are required to live on-campus as long as space is available unless exempted by the institution for good and reasonable cause. If I do not live on-campus and do not successfully obtain an exemption, I understand that I will be assessed a housing charge on my student account.

Signature: ___________________________ Date: ___________________________

WHAT TO DO NEXT

- Return the completed application, via U.S. Mail, and a $75.00 non-refundable application fee to the NSU Housing Office, P. O. Box 5307, Natchitoches, LA 71497. Make your check or money order payable to NSU.

Applications CANNOT be faxed and must include the $75.00 Application Fee

WE LOOK FORWARD TO HAVING YOU AS A MEMBER OF OUR ON-CAMPUS LIVING COMMUNITY!
(Note that all on-campus housing communities are NON SMOKING and alcohol free environments.)