BALL STATE UNIVERSITY

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION

RINKER CENTER FOR INTERNATIONAL PROGRAMS

BALL STATE UNIVERSITY
EDUCATION REDEFINED®

Please complete by printing in ink. Incomplete information will delay the processing of your application. We cannot consider you for admission until we receive all requested materials. For assistance or information, contact the Rinker Center for International Programs admissions staff via e-mail at intadmit@bsu.edu, or visit our Web site at **www.bsu.edu/internationaladmit**.

PERSONAL INFORMATION

Your full legal name as it appears or will appear on your passport:

Family or last name_____ Suffix (Jr., etc.)_____

First given name_____ Second given or middle name_____

Date of birth_____ Place of birth_____
Month / Day / Year — City and Country

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Permanent or home address _____
Number — Street

_____

_____
City — State/Province — Postal Code — Country

Current mailing address (if different than permanent address)_____
Number — Street

_____

_____
City — State/Province — Postal Code — Country

Telephone number _____ Fax number_____

E-mail address _____

IMMIGRATION STATUS

Citizenship_____ Place of legal residence_____
City and Country — City and Country

If you are currently in the United States, indicate the date you entered the country_____
Month / Day / Year

Indicate your current visa type _____ I-94 Admission Number _____
(F-1 or F-2, J-1 or J-2, H-1 or H-4; B-2; Other–specify)

ADMISSION INFORMATION

Term for which you are applying:

☐ Fall (August)
☐ Spring (January)
☐ Summer (mid-May)

Year for which you are applying: 20____

INTENDED LEVEL OF STUDY

(check one box only):

☐ Current Ball State student pursuing a new or different degree or changing major
☐ Bachelor's degree/beginning freshman (never attended university)
☐ Transfer undergraduate (attended university but did not earn a degree)
☐ Teacher certification
☐ Master's degree (first degree after completion of bachelor's degree)
☐ Doctoral degree (AuD, DA, DNP, EdD, or PhD)
☐ Non-degree (select: enrolling for ☐ one or ☐ two semesters)

INTENDED MAJOR/SPECIALIZATION/AREA OF STUDY

Please visit **www.bsu.edu/academics** to find the area of study you wish to pursue.

1) _____

2) _____

GRADUATE STUDENT APPLICANTS ONLY:

Do you wish to be considered for a graduate assistantship? ☐ Yes ☐ No

If yes, name the graduate or university department you intend to apply to for an assistantship _____

To receive full consideration for graduate assistantships, you must meet the following application deadlines:
Fall Semester, January 1; Spring Semester, September 1.

EDUCATIONAL BACKGROUND

List all institutions you have attended from the time you entered secondary school or your 13th year of age, and attach to this application certified copies of academic certificates and transcripts in English and the native language for each school you list. Failure to list all institutions could result in dismissal. If needed, provide complete details on a separate sheet of paper.

	Official name of institution	City/State/Country	Years attended (e.g. 9/2000–6/2002)	Degree earned (e.g. bachelor's)
Secondary 1)				
Secondary 2)				
University 1)				
University 2)				

FAMILY INFORMATION

Do you have a family member who is Ball State graduate?

☐ No ☐ Yes (specify name and relationship to applicant) _____

Who is/are your legal guardian(s), or with whom do you reside?

☐ Father and mother ☐ Mother ☐ Spouse
☐ Father ☐ Independent ☐ Other guardian (specify)_____

The information presented here, correct at the time of publication, is subject to change. Ball State University practices equal opportunity in education and employment and is strongly and actively committed to diversity within its community. Ball State University wants its programs and services (including provision of alternative media) to be accessible to people with disabilities. For information on access, adaptations, or accommodations, please contact us in person, mail, or call the Office of Disabled Student Development at 765-285-5293 or TTY users only 765-285-2206. 4978-09 umc

FATHER/LEGAL GUARDIAN/SPOUSE

Relationship to applicant _____ Family or last name _____

First given name _____ Second given or middle name _____

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

_____
City State/Province Postal Code Country

Telephone number _____ Fax number _____

E-mail address _____

MOTHER/LEGAL GUARDIAN

Relationship to applicant _____ Family or last name _____

First given name _____ Second given or middle name _____

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

_____
City State/Province Postal Code Country

Telephone number _____ Fax number _____

E-mail address _____

ACCOMPANYING FAMILY

If members of your family will accompany you, please complete the following information for each person (please attach an additional sheet with this information, if needed):

Relationship to applicant: ☐ Spouse ☐ Child ☐ Other (specify) _____

Gender: ☐ Male ☐ Female

Family or last name _____ Suffix (Jr., etc.) _____

First given name _____ Second given or middle name _____

Date of birth _____ Place of birth _____
Month / Day / Year City and Country

Please complete the following if different from your personal information.

Permanent or home address _____
Number Street

_____
City State/Province Postal Code Country

Telephone number: _____ Fax number: _____

E-mail address: _____

TEST SCORES

TOEFL _____ Date taken/to be taken_____ ☐ Paper-based test ☐ Internet-based test
IELTS _____ Date taken/to be taken_____
SAT/ACT_____ Date taken/to be taken_____ (Optional)
GRE_____ Date taken/to be taken_____
GMAT_____ Date taken/to be taken_____

REFERRAL

How did you learn about Ball State? ☐ Friend or family member ☐ Advertisement ☐ Web site ☐ Athletic coach

☐ Alumnus/Alumna ☐ Other _____

Do you know a Ball State current student or graduate? ☐ Yes ☐ No If yes, please share his, her, or their name(s) _____

_____

Would you like a current Ball State student to contact you? ☐ Yes ☐ No If yes, what method do you prefer (provided appropriate contact information)?

☐ E-mail_____

☐ Instant messaging _____

☐ Telephone_____

Have you applied to other universities in the United States? ☐ Yes ☐ No If yes, which one(s)? _____

_____

FINANCIAL

You must provide official evidence of financial support (such as a bank statement from your sponsor) for your educational and living expenses for a 12-month period. Specific financial information is available at **www.bsu.edu/internationaladmit**.

SPONSORSHIP

Indicate the source of financial support for your education and attach an original letter from your sponsor's bank verifying the amount and availability of funds.

Name of sponsor _____ Relationship to you _____

Address of sponsor _____

SIGNATURE OF APPLICANT

I certify that the information I have provided on this application form is true and accurate. I understand that falsified information may result in denial of my admission, withdrawal of admission, or termination of my enrollment at Ball State University.

Signature of Applicant _____Date_____

Return this completed application, all requested supporting academic and financial documents, and the nonrefundable application fee of $40 (check payable to Ball State University) to: Rinker Center for International Programs, Ball State University, Muncie, IN 47306-0175 USA.

AFFIDAVIT OF SUPPORT

I certify my ability and willingness to provide financial support to_____while he/she is enrolled at Ball State University.
Applicant's Name

Signature of Parent or Sponsor_____Date_____