

**WINONA STATE UNIVERSITY**  
**APPLICATION FOR STUDY ABROAD (EXCHANGE) PROGRAM**  
 (This application and supporting documents become the property of Winona state University)

Desired Enrollment Date: Year \_\_\_\_\_  Fall (Aug)  Spring (Jan)  Summer

Last Name (Family-Surname) (as written in your passport)		First (Given- Personal)	Middle	Applying as: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
Home Country Address		Street	City		
State/Providence	ZIP	Country		Area Code (    )	Telephone
Mailing Address (if different)		Street	City		
State/Providence	ZIP	Country		Area Code (    )	Telephone
E-Mail Address			Native Language		
Date of Birth (mm/dd/yyyy)		Country of Citizenship (as per passport)		Country of Birth	Permanent Resident of what Country
SEVIS ID (if available)		Visa type you plan to attain:		Major area of interest	

**FAILURE TO LIST ALL INSTITUTIONS ATTENDED CONSIDERED FRAUD AND IS SUFFICIENT GROUNDS FOR CANCELLING OR FOR IMMEDIATE DISMISSAL**

List all educational institutions you have attended or plan to attend before entering WSU.

High School

Name	City/State/Country	Year of Graduation
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Name	City/State/Country	Year of Graduation
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Name of college or university	Location	Dates	Degree earned
_____	City/State/Country	From _____ To _____	_____
_____	City/State/Country	From _____ To _____	_____
_____	City/State/Country	From _____ To _____	_____

Are you currently enrolled in another school?  Yes  No If yes, where? \_\_\_\_\_

You should arrange for Winona State University to receive official transcripts of all academic work completed in the United States and certified true copies or originals of academic work completed in a foreign country. Documents must be dated and stamped and will become the property of Winona State University. Records should list the subjects studied and grades or other evidence that each individual subject was completed to the satisfaction of the authorities in charge. Records should also include certified copies of any diploma's, or other certificates received. All records must be in English. If official document language other than english, a certified letter of translation is required along with the original document. Since certificates and records filed for examination are not ordinarily returned, you should send certified/official attested photocopies of documents which cannot be easily replaced.

**UNCERTIFIED PHOTOCOPIES ARE NOT ACCEPTABLE. A DETAILED DESCRIPTION OF ALL POST SECONDARY COURSE WORK MUST ACCOMPANY THIS APPLICATION.**

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

OCCUPATION \_\_\_\_\_  
FATHER MOTHER

SCHOOL AND COMMUNITY ORGANIZATION IN WHICH YOU HAVE BEEN ACTIVE:  
ACTIVITIES/ORGANIZATIONS NUMBER OF YEARS AWARDS/OFFICES HELD/ACHIEVEMENTS

ACTIVITIES AND ORGANIZATIONS IN WHICH YOU WISH TO PARTICIPATE AT WINONA STATE UNIVERSITY

**THIS INFORMATION IS OPTIONAL AND WILL BE USED FOR ACCOUNTING AND REPORTING PURPOSES ONLY.**

SEX:  FEMALE  MALE

DISABLED:  YES  NO if yes, indicate handicap and special assistance needed \_\_\_\_\_

**ETHNIC BACKGROUND (CHECK ONE):**

ASIAN  BLACK  CAUCASIAN  HISPANIC

**FOR YOUR OWN INFORMATION WE SUGGEST YOU CHECK OFF THE ITEMS AS YOU COMPLY WITH REQUIREMENTS:**

- I have completely filled out the application form.
- I have enclosed a money order for \$20.00. Fee must be paid in U.S. dollars and must be sent with the application. Pay by check, money order, or bank draft drawn on a bank in the United States (payable to Winona State University). If you live in a country where regulations make it impossible to send fee, arrange for a person in another country to pay this fee in U.S. dollars. **DO NOT** send cash or any type of coupon.
- I have completely filled out the financial form.
  - A. Official or notarized statement for sponsor indicating acceptance of full financial responsibility for student's entire duration of this study.
  - B. Official or notarized bank statement in U.S. dollars.
- I am including (or will send) the following:
  - A. Official records for colleges, and universities attended showing courses completed and grades given each year. Photocopies of official foreign records are acceptable if they have been certified by an authorized university, government, or public official. English translation must accompany these documents.
  - B. Certification of degrees and dates granted.
  - C. OFFICIAL transcripts of all work completed in U.S. including language courses. (Must be originals)
  - D. **PROOF OF IMMUNIZATION AGAINST MEASLES, RUBELLA, MUMPS, DIPHTHERIA, AND TETANUS MUST BE SENT TO WSU STUDENT HEALTH SERVICES.**

Due to the occasional receipt of falsified documents, it is sometimes necessary for Winona State University to request verification of your records from the issuing body. By your signature below, you are certifying that all records which accompany this application and all information given herein are complete and accurate. Your signature also signifies your agreement to comply with the regulations of Winona State University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM AND ALL SUPPORTING DOCUMENTS TO:**

International Services Office  
Winona State University  
P.O. Box 5838  
Winona, MN 55987-5838  
U.S.A.

**-OFFICE USE ONLY-**

NEF \_\_\_\_\_ TR \_\_\_\_\_ REG \_\_\_\_\_

NM \_\_\_\_\_ TOEFL \_\_\_\_\_ NNS EXAM \_\_\_\_\_

MATH EXAM \_\_\_\_\_

DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

OTHER: \_\_\_\_\_

Winona State University  
**FINANCIAL CERTIFICATE**

You are required to certify that you will have available a pre-determined sum of money to cover your expenses during your academic year at Winona State University. To determine the required amount of money refer to the Estimate of Annual Expenses . Use the figure in the last right column, which corresponds to the total for an academic year (9 months). Insert that figure here US \$ \_\_\_\_\_.

Undergraduate/Graduate Student (circle one)

If you are a married student and plan to bring your spouse and children, an additional US \$2,500 per academic year is required for your spouse and an additional US \$1,200 for each child.

NOTE: An I-20 for the issuance of an F-1 visa cannot be issued to you until you have been admitted to Winona State University. Please complete this form accurately and completely and returned it to the International Services Office.

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**DECLARATION**

Please check appropriate box(es).

- I plan to come alone.
- I plan to bring the following dependent(s) with me:

Full Legal Name (as per passport) \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name (Family Surname) First Name (Given Personal Name)  
Country of citizenship \_\_\_\_\_  
Country of Birth \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Full Legal Name (as per passport) \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name (Family Surname) First Name (Given Personal Name)  
Country of citizenship \_\_\_\_\_  
Country of Birth \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Full Legal Name (as per passport) \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name (Family Surname) First Name (Given Personal Name)  
Country of citizenship \_\_\_\_\_  
Country of Birth \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_\_

- I plan to have my dependent(s) come later.
- I do not expect to be at Winona State University for more than one academic year.

**SOURCE OF FINANCIAL SUPPORT**

Complete option(s) which apply to your financial situation.

**A. Financial Support from Personal Savings**

From my own savings: \_\_\_\_\_ US \$ \_\_\_\_\_  
Bank name \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

Enclosed a certified statement signed by a bank official. **(Copies are not acceptable unless notarized by a legal official.)**  
The certification **must** be sufficient for the **entire** duration of this study abroad program.

**B. Financial Support from Government Family or Sponsor**

Name of Sponsor \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name (Family Surname) First name (Given Personal Name)

Funding (US \$) \_\_\_\_\_

Attach a notarized (official) statement from your sponsor that he or she will accept the financial responsibility for entire duration of this study abroad program. The statement must be accompanied by a bank statement or other evidence that the family or sponsor has adequate financial resources to support you.

**C. Financial Support from Government Agency, Private Foundation, University or Business**

Name of Agency, Foundation, etc.: \_\_\_\_\_ US \$ \_\_\_\_\_

Enclose a signed and certified award letter. This letter must be dated within the past six(6) months and must state \_\_\_\_\_ that you have already been approved to receive the support for study at Winona State University.

**D. Others:**

Please specify \_\_\_\_\_ US \$ \_\_\_\_\_

Supporting document(s) required.

[Must be completed by student]

I, \_\_\_\_\_, certify that the total amount of money that I have available for my academic  
(Print Student's Name)  
year of study (exclusive of travel) at Winona State University (including funds for spouse and children if applicable) is US \$ \_\_\_\_\_. Further, I certify that the above information provided is correct and complete and that I shall notify Winona State University of any changes in my financial circumstances.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for Category B - Source of support) (month/day/year)

Sponsor's Name (Print) \_\_\_\_\_  
Last Name (Family Surname) First Name (Given Personal Name)

Sponsor's Address \_\_\_\_\_  
Street City Country

***All supporting Documents must be originals.  
Copies are not acceptable unless notarized by a legal official.  
Documents must be dated within the past 6 months of application date.***

APPLICATION FOR CROSS-CULTURAL SCHOLARSHIP

Photo  
Required.

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

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

\_\_\_\_\_

\_\_\_\_\_

State your area of intended study/major: \_\_\_\_\_

\_\_\_\_\_

Academic Cumulative Grade Point Average (CGPA) [if applicable]

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

University/College and professional awards, honors, and leadership positions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other achievements, clubs, activities, and honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current or previous work experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages in which you are fluent or partially fluent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Countries to which you have traveled \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and/or interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I am awarded the Winona State University Cross Cultural Scholarship, I will enroll at Winona State  
University (WSU) during the academic year of \_\_\_\_\_ Semester \_\_\_\_\_

**Maintaining the Cross Cultural Scholarship during your enrollment at Winona State University (WSU) is subject to the discretion of the University. You are expected to abide by the requirements governing the scholarship program. The University reserves the right to make changes in this scholarship program without prior notice.**

Signature \_\_\_\_\_ Date \_\_\_\_\_