

International Application for Admission

Personal Data (please print clearly in ink or type)

Name _____ _ Male
_ Female
 Last First Middle

E-mail _____ Fax _____

Permanent Home Address _____ Current Mailing Address from __/__/__ to __/__/__

Telephone _____ Telephone _____

Place of birth _____ City _____ Country _____ Date of Birth _____ month/day/year

Country of Citizenship _____ Race/Ethnicity _____

Religion _____

Country of legal permanent residence (if different) _____

If you are living in the United States, please specify your immigration status _____ (e.g. F-1, E-2, H-4) and send a copy of your I-94 (white card) and other relevant immigration documentation.

If you have traveled or lived in countries other than your own, please indicate places, dates, and purpose.

Proposed entry date (Fall) (Spring) _____ (year)

What major field(s) of study are you interested in? _____

List 1 possible minor _____

The following items are optional. No information you provide will be used in a discriminatory manner.

First Language if other than English: _____ Language spoken at home _____

List other languages you know and indicate your degree of proficiency for each language:

Languages	Degree of proficiency (excellent, good, fair, poor)		Speaking
	Reading	Writing	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family

Mother's name _____ Age _____ Is she living _____
Last First Middle

Home address if different from yours _____

Occupation _____
Describe briefly Name of business or organization

Name of University (if any) _____ Degree _____ Year _____

Name of Professional or graduate school (if any) _____ Degree _____ Year _____

Father's name _____ Age _____ Is he living _____
Last First Middle

Home address if different from yours _____

Occupation _____
Describe briefly Name of business or organization

Name of University (if any) _____ Degree _____ Year _____

Name of Professional or graduate school (if any) _____ Degree _____ Year _____

Parent's marital status: Single Married, living separately Widow(er), not remarried
 Divorced Married Other

If not with parents with whom do you make your permanent home? _____

Siblings:

Name Age Name and dates of universities attended (if any) and degrees

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give the name, address, telephone number, and relationship of any close relatives or friends in the United States.

Persons to notify in case of an emergency during your years at the University:

In the United States: Phone _____ In your home country: Phone: _____

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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Relationship _____ Relationship _____

Educational Data

List below in chronological order every educational institution you have attended (or will have attended prior to enrollment at Oakland City University) including primary, secondary, and post secondary institutions. Please use a separate sheet if more space is needed. **We will need original or certified copies(copies must have a colored seal/stamp from an official notary) of all transcripts. This record must be complete and accurate.**

Names of Institutions Attended	Location	Attended		Certificates, degrees or diplomas received	Date
		From	To		
_____	_____	/ /	/ /	_____	/ /
_____	_____	/ /	/ /	_____	/ /
_____	_____	/ /	/ /	_____	/ /
_____	_____	/ /	/ /	_____	/ /
_____	_____	/ /	/ /	_____	/ /
_____	_____	/ /	/ /	_____	/ /

Do you plan to be enrolled for four years and complete the bachelor's degree at Oakland City? Yes No

If not please explain _____

SAT, ACT or TOEFL: Test dates and scores (if received) _____

Date (month and year) of completion of secondary education _____

Are you currently enrolled in an educational institution? Yes No

If no, attach a separate statement describing in detail your activities since last enrolled.

Will you have pursued any university-level studies before enrolling at Oakland City University?
 Yes No

If yes, we will need all copies of university transcripts and leaving certificate (diploma).

Extracurricular, Personal, and Volunteer Activities (including summer)

Are you an athlete? Yes No Name of sport _____

Are you registered with the NCAA Clearinghouse? Yes No Clearinghouse ID# _____

All athletes must be registered with the NCAA Clearinghouse to be eligible to participate in any athletic competition. This is the responsibility of the applicant. You may find the information and forms to complete at www.ncaaclearinghouse.net

Please list anything that will allow us to focus on the highlights of your activities, please complete this section even if you plan on attaching a resume.

Activity	Grade level(s) or post secondary	Time spent		Positions held, honors won, or letters carried	Do you plan to participate in college?
		Hrs. per Week	Weeks per year		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How did you learn about Oakland City University? _____

Optional: Name of any acquaintance who attended Oakland City _____

Evidence of financial support must be received before Form I-20 (F-1) or Form IAP-66 (J-1) can be issued.

Give the name, address, telephone number, and relationship to you (if applicable) of any family member or organization that will provide financial support for your educational maintenance expenses.

Signature

My signature below indicates that all the information contained in my application is complete, factually correct and honestly presented. (If you receive help on any part of this application please describe on a separate sheet of paper.)

Signature _____ Date _____

Oakland City University admits students of any race, sex, handicap, religion, national, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to its students. It does not discriminate on the basis of race, sex, sexual orientation, handicap, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other college-administered programs.

Mailing Address

Office of Admissions
Oakland City University
138 N. Lucretia St.
Oakland City, IN. 47660
Phone: 1-800-737-5125
Fax: 1-812-749-1433

INFORMATION ABOUT OUR CAMPUS

Oakland City University is a small campus located in rural southern Indiana. We are located thirty miles north of Evansville, Indiana which is one of the larger cities in Indiana. Restaurants, grocery store, bank, and video store are all within walking distance of campus. Many international students do not have transportation so this is convenient for them. OCU is a Christian university backed by the General Baptist denomination. As a Christian campus we expect our students to adhere to our policies. Some are listed below:

1. No drugs, alcohol, gambling, ect., will be allowed on campus (You will be immediately expelled for the semester and removed from the campus).
2. Dorm policies:
 - a. No overnight guests of the opposite sex
 - b. Visitation of the opposite sex is allowed in the lobbies only Monday- Friday Noon-11:00 p.m.
 - c. Visitation of the opposite sex is allowed in rooms with the door open and the lights turned on Saturday and Sunday Noon-1:00 a.m.
3. Clothing attire should be appropriate for a Christian campus.
4. Students are expected to conduct themselves in an appropriate manner suited to a Christian campus.
5. All students are required to take New Testament, and then choose between Old Testament and philosophy.

These are just a few things that students need to know before they arrive here on campus. If you have questions please contact us at international@oak.edu

INTERNATIONAL STUDENT EMERGENCY AND HEALTH INSURANCE INFORMATION

ALL INTERNATIONAL STUDENTS MUST HAVE HEALTH INSURANCE BEFORE BEING ACCEPTED

STUDENT NAME: _____ DOB: _____
mm/dd/yy

HOME COUNTRY: _____

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP: _____

U.S. CONTACT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

RELATIONSHIP: _____

PREVIOUS HOSPITALIZATIONS OR ANY SERIOUS ILLNESS

YEAR DIAGNOSED: _____ DIAGNOSIS: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

HEALTH INSURANCE COMPANY NAME: _____

GROUP #/ ID#: _____

CARDHOLDERS NAME: _____

RELATIONSHIP TO CARDHOLDER:

___ SON ___ DAUGHTER ___ SPOUSE ___ OTHER (EXPLAIN): _____