

Please provide ALL of the following information to enable us to assist you. This is NOT an application for admission. You are under no obligation to enroll at ECPI University by completing this Information Questionnaire.

Area of Interest _____

PERSONAL DATA

Last Name	First Name	Middle/Maiden Name	Date of Birth
Street Address	City/Town <input type="checkbox"/> Home <input type="checkbox"/> Cell	State/Province	Zip Code/Postal County
Home Phone	E-Mail Address		

Are you a US Citizen? Yes No If Not US Citizen, U.S. Immigration Status: _____

TEXT MESSAGE/CELL PHONE USE CONSENT

Except as provided herein, I authorize ECPI University to communicate with me through text messages and cellular telephone calls to my mobile device. I realize that text message and telephone usage costs incurred for these communications, if any, will be my responsibility. I give consent for All Texts All cellular telephone calls Emergencies texts and telephone calls only No Texts No cellular telephone calls Cell Phone Number _____ Cell Service Provider _____

BACKGROUND

Are you in default or past due or have you ever defaulted on a previous student loan? Yes No
 Have you filed bankruptcy in the past 10 years? Yes No If yes, did you include student loans in the bankruptcy? Yes No
 Do you anticipate filing for bankruptcy in the next 12 months? Yes No
 Have you ever been convicted in any state or country of a criminal offense? Yes No If yes, please explain (if more space is needed, please use the back of this paper): _____

HIGH SCHOOL/GED

I am attending - OR - I received a high school diploma from _____ (name of school) in _____ (year).
 I received a GED from _____ (state & testing center) in _____ (year).
 I do not have a high school diploma or GED. Last grade completed was ___ in _____ (year) at _____ (name of school).

MILITARY

Not Applicable

Military Status Non-Military Active Duty Veteran Military Spouse/Dependant. Years of Service _____
 Military Branch _____ Rank _____ Rate _____ Military Installation _____
 Are you eligible for Veterans Benefits or Tuition Assistance? Veterans Benefits Tuition Assistance Not Eligible

PRIOR POSTSECONDARY EDUCATION

Not Applicable

Please list ALL colleges and universities previously attended (if more space is needed, please use the back of this paper)

Name of Institution	Dates Attended	Degree received or credits earned	Do you want your credits to be evaluated for transfer to ECPI?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT EMPLOYER

Not Applicable

Name _____ Work telephone _____ Start date _____ Work hours _____
 Address _____ City _____ State _____ Zip _____

I understand that this information is for internal use of ECPI and that any willful misrepresentation may disqualify me from admission or from continuing enrollment after matriculation into ECPI University.

Signature _____ Date _____

This form must be printed and include an original signature for processing.

I hereby seek to enroll in the _____ program scheduled to begin _____ .
 This information is submitted for admission consideration together with my admissions test. (mm/dd/yyyy)

Last Name: _____ First: _____ Middle/Maiden _____ Marital Status _____
 Day Phone _____ Night Phone _____ Cell Phone _____ email _____

Permanent Address, (no P.O. Boxes)

 Street Address City / Town State / Providence Zip / Postal Code Country

Current Address if different from above

 Street Address City / Town State / Providence Zip / Postal Code Country

Driver's license state _____ Driver's License # _____ Date of birth (mm/dd/yyyy) _____
 Do you plan to drive to campus? Yes No If Yes, License Plate # _____ State _____

Are you active duty military or the dependent of an active duty military person? Yes No

REQUIRED REFERENCES

REFERENCES MUST BE COMPLETE INCLUDING STREET ADDRESSES. All three references must have different street addresses from each other. The first reference should be a spouse/parent. If you do not have a living parent, list your nearest relative.

SPOUSE/PARENT	
Name _____	Relationship: _____ <input type="checkbox"/> Emergency Contact
Address _____ City _____ State _____ Zip _____ Phone _____	
OTHER FAMILY MEMBER	
Name _____	Relationship: _____ <input type="checkbox"/> Emergency Contact
Address _____ City _____ State _____ Zip _____ Phone _____	
OTHER FAMILY MEMBER	
Name _____	Relationship: _____ <input type="checkbox"/> Emergency Contact
Address _____ City _____ State _____ Zip _____ Phone _____	

Are you a citizen or legal permanent resident of the US? Yes No If no, I am a citizen of: _____
 Are you in the US? Yes No If yes, what is your status? _____ Other _____

DEMOGRAPHIC INFORMATION (optional, for reporting purposes only)

- Do you consider yourself to be Hispanic/Latino? Yes No
- In addition, select one or more of the following racial categories to describe yourself:
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander Asian White Black or African American

APPLICANT ACKNOWLEDGMENT

The above information is correct to the best of my knowledge. I understand that any false information may be considered grounds for rejection of my application or dismissal from enrollment. All applicants are admitted to ECPI without regard to sex, race, creed, color, or national origin.

Signature _____ Date _____

Instructions

Please print these instructions and the Application for Admission.

Before you complete this application, carefully review both the General Admission (<http://www.ecpi.edu/international/general-admissions-requirements/#>) and International Admissions (<http://www.ecpi.edu/international/international-admissions-requirements/>) Requirements of ECPI University. **The Application for Admission must be completed, in its entirety and should be signed and dated.**

This Application for Admission:

1. SHOULD ONLY BE COMPLETED by:

- a. Citizens of Any Country Other than the United States who
 - i. Plan to enter the US through the use of appropriate student visa documentation issued by ECPI University; or,
 - ii. Currently reside in the US:
 - 1. In valid academic or vocational student nonimmigrant status and wish to transfer to ECPI University from another educational institution; or,
 - 2. In any other valid or invalid nonimmigrant classification (including applicants for asylum), and wish to obtain valid academic or vocational student nonimmigrant status in conjunction with attending ECPI University.

(If you are uncertain as to whether or not you should complete this form, please contact the Principle Designated School Official at ECPI University.)

- b. Applicants intending to enroll at one of the locations of ECPI University authorized under Federal Law to enroll nonimmigrant alien students, which include:

ECPI University, Virginia Beach

Main campus

(5555 Greenwich Road, Virginia Beach, VA 23462 USA).

School of Health Science

(5501 Greenwich Road, Virginia Beach, VA 23462 USA)

School of Culinary Arts

(2428 Alameda Avenue, Norfolk, VA 23513 USA)

ECPI University, Newport News

(1001 Omni Boulevard, Newport News, VA 23606 USA)

ECPI University, Northern Virginia

(10021 Balls Ford Road, Manassas, VA 20109 USA)

ECPI University, Raleigh

(4101 Doie Cope Road, Raleigh, NC 27613 USA)

- c. Applicants planning to enroll in either the 2013 or 2014 Academic Year (start and end dates of term noted):

Terms	2013 Academic Year	2014 Academic Year
1	01/28/13-03/03/13	01/27/14-03/02/14
2	03/04/13-04/07/13	03/03/14-04/06/14
3	04/08/13-05/12/13	04/07/14-05/11/14
4	05/13/13-06/16/13	05/12/14-06/15/14
5	06/17/13-07/21/13	06/16/14-07/20/14
6	07/22/13-08/25/13	07/21/14-08/24/14
7	08/26/13-09/29/13	08/25/14-09/28/14
8	09/30/13-11/03/13	09/29/14-11/02/14
9	11/04/13-12/08/13	11/03/14-12/07/14
10	12/09/13-01/26/14	12/08/14-01/25/15

2. SHOULD NOT BE COMPLETED by:

- a. US Citizens;
- b. Legal Permanent Residents of the US;
- c. Individuals Residing in the US in:
 - i. Granted Refugee Status; or,
 - ii. Granted Asylum Status.

SUBMIT YOUR APPLICATION TO: ECPI University
International Admissions Office
5555 Greenwich Road
Virginia Beach, VA 23462
United States of America

Part I General Information

Student and Exchange Visitor Program (SEVP) Mandatory Information

Please complete this section with your legal name, exactly as it appears on your birth certificate or in your passport.

Family Name (last name): _____ **Given Name (first name):** _____
Other name(s) used: _____
Country of Birth _____ **Country of Citizenship** _____
Date of Birth: _____ **Gender** Male Female
MM / DD / YYYY

Contact information

Current Mailing Address

Street address _____ City/town _____ State/province _____ Country _____ Zip/Postal Code _____

Permanent Overseas Address same as current address

Street address	City/town	State/province	Country	Zip/Postal Code
Telephone number				
	Country Code	Area/City Code	Phone number	
Cellular				
Land Line				
Other				
Email address _____ @ _____				

Campus and Program Information

To which ECPI University campus are you applying?

ECPI University, Virginia Beach, Virginia, USA ECPI University, Northern Virginia, Virginia, USA
 ECPI University, Newport News, Virginia, USA ECPI University, Raleigh, North Carolina, USA
 Start date MM / DD / YYYY Program _____ Degree level _____

Emergency Contact

Please provide complete contact information for a person whom ECPI University can reach in the case of an emergency.

Family Name (last name): _____ **Given Name (first name):** _____

Address same as my current address same as my permanent address different address provided below:

Street address	City/town	State/province	Country	Zip/Postal Code
Telephone number				
	Country Code	Area/City Code	Phone number	
Cellular				
Land Line				
Other				
Email address _____ @ _____				

How did you learn about ECPI University? (i.e. University website, Guidance Counselor, Teacher, Family Member, Friend, Television Ad, Billboard, etc.)

Part II Language Proficiency

As defined by ECPI University’s Proof of Language Proficiency Policy, English is my first language. Yes No

If no, my native language is: _____

TOEFL Score: iBT _____ Written _____ Exam Date: MM / DD / YYYY

Part III Visa Status Information

Complete this section ONLY if you currently reside outside of the United States. Not applicable

I intend to apply to a US Consulate, located outside of the United States, to obtain a student visa. Yes No

I have a student visa stamp in my passport. Yes No

If you have a student visa, please complete the following AND attach a photocopy of the student visa stamp in your passport.

Visa Control Number: _____ **Issue Date:** _____
Student Visa Type (Class): _____ **Expiry Date:** _____
Total Entries: _____ *Provide Number or “M” for Multiple* **School Name in Annotation:** _____
Have you ever used this visa to enter the United States? Yes No
If yes, Date of Last Entry: MM / DD / YYYY **Number of Remaining Entries:** _____ *(Provide Number or “M” for Multiple)*

Part IV: NOIMMIGRANT STATUS INFORMATION

Complete this section ONLY if you currently reside inside of the United States. Not applicable

If you complete this section, you must also submit a photocopy of your Form I-94 Card (both sides).

My present nonimmigrant alien classification is: F-1 M-1 J-1 Other:

If F-1 or M-1, SEVIS ID # (located above bar code on right side of Form I-20): _____

If F-1 or M-1, name of school: _____

Expiration date of current nonimmigrant alien status: MM / DD / YYYY Or D/S

Please select one of the following:

- I request ECPI University to issue me a Form I-20 Certificate of Eligibility for Nonimmigrant:
 - F-1 (Academic) Student Status M-1 (Vocational) Student Status
- I request a SEVIS to SEVIS School Transfer.
- I request a Reinstatement to Student Status.
- I request a Change of Status.
- I am uncertain what to request; I would like to discuss my status with ECPI University’s Principle/Designated School Official.

Part V: EDUCATIONAL INFORMATION

Secondary school currently attending or most recently attended: GED

Dates Attended	Graduation Date	Last Grade Completed	Number of Credits Earned
Name of Secondary School	Telephone Number	Website	
Mailing Address	City/Town	State/Province	Country Zip/Postal Code

Postsecondary school currently or most recently attended:

Dates Attended	Graduation Date	Last Grade Completed	Number of Credits Earned
Name of Postsecondary School		Telephone Number	Website
Mailing Address	City/Town	State/Province	Country Zip/Postal Code

Other postsecondary schools attended:

Dates Attended	Graduation Date	Last Grade Completed	Number of Credits Earned
Name of Postsecondary School		Telephone Number	Website
Mailing Address	City/Town	State/Province	Country Zip/Postal Code

If additional space is needed, or information does not fit in the area provided, you may attach a separate piece of paper.

Part VI: CERTIFICATIONS AND SIGNATURE

The signature I affix to this document represents and certifies my complete understanding that:

- All information contained herein is true and correct.
- Willful or malicious falsification of any information on this application form may be grounds for denial of admission, or if determined after admission, my immediate dismissal from ECPI University.
- This application form, and all supporting documentation, become the sole property of ECPI University and will not be returned or forwarded to any third party.
- The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, guarantees confidentiality of certain educational records of students. I waive my rights of privacy under FERPA, as they relate to my emergency contact named herein.
- Admission to certain programs at ECPI University is contingent on successful background checks and security clearances. Admission to certain Health Science programs is additionally contingent on drug screening, immunization and other medical requirements. Subject to program requirements, any applicant who has a prior criminal conviction may experience denial of admission or limitations for externships, professional licensure, or employment opportunities. Professional licensure in certain programs and in selected states may require that an applicant possess good moral character and report any prior criminal convictions.
- ECPI University is committed to maintaining an educational environment which welcomes and supports a diverse student body and staff. ECPI is an equal employment opportunity employer and educational provider and does not discriminate against any person because of race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation or marital status or any other characteristic protected by law (referred to as “protected status”). This nondiscrimination policy extends to all terms, conditions, and privileges of admission to the University, enrollment in classes, student services, financial aid, and employment as well as the use of all University facilities and participation in all University-sponsored activities. The University conducts its educational activities in accordance with provisions of Title VI and VII of the 1964 Civil Rights Act, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112). Harassment/discrimination will not be tolerated at ECPI and is considered a violation of institutional policy.
- Pursuant to local, state, and federal laws, including the Cleary Campus Crime Statistics Act, campus-specific security reports can be found on the University website, www.ecpi.edu.
- I agree to observe all of the rules and regulations of ECPI University.

Applicant signature	Date
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Instructions

Please print these instructions and the Student Affidavit Support Form. The form must be completed, in its entirety, for admission to ECPI University.

Affix all required signatures and a seal of notarization in Section V.

Student Affidavit Support Form

1. Carefully review **Cost of Attendance** chart for your degree program.
 - a. U.S. federal regulations governing international (nonimmigrant) students require that they show proof of funding for their program of study. ECPI University requires that through the submission of this International Student Affidavit of Financial Support Form applicants demonstrate the ability to meet *all costs* associated with the first academic year of study.
 - b. The cost of attendance for ECPI University associate, bachelor’s and master’s degree level programs (excluding the ones noted below) is US\$26,850.00 for an academic year (two semesters).

Bachelor of Science Nursing		US\$19,800.00
Associate of Applied Science	Dental Assisting and Medical Administration	US\$26,950.00
	Sonography, Radiography, Physical Therapist Assistant, and Surgical Technology	US\$28,910.00
	Nursing (RN)	US\$31,250.00
	Culinary Arts	US\$27,545.00

- c. If you will be accompanied by dependents (your spouse and/or your children, under age 21) while you are enrolled at ECPI University, please add US\$5,000.00 to the above Cost of Attendance for your spouse. Add US\$4,000.00 to the above Cost of Attendance of your program for each child who will accompany you.
 - d. Carefully review the total cost of your program, which includes tuition and fees, books and supplies and cost of living estimates provided for you at <http://www.ecpi.edu/international/cost-of-attending/>.
2. **Support Sections**

Please review each section and complete, if applicable. If the section is not applicable, please check the “not applicable” box.

- a. Self-support section. Complete this form if you will document and verify your own personal funds which you will use to pay the Cost of Attendance for the academic year.
- b. Parental-support section, complete this section if your parents will document and verify the funds which they will use to pay the Cost of Attendance for the academic year.
- c. Other sources of support section. Complete this section if you will be utilizing financial support from sources in addition to yourself and your parents, (i.e. funds from grandparents, aunts and uncles, or friends; or loans, or scholarships) that section is where these other sources of support will be documented and verified.

Each stated source of support must be accompanied by original and official documentation.

- i. Documentation must prove that sufficient monetary funds are available.
- ii. ECPI University reserves the right to reject any form of evidence of monetary resources which does not meet certain criteria, including but not limited to the following.
 - a. All documentation which evidences monetary funds, and the International Student Affidavit of Financial Support, must be returned to International Student Admissions, ECPI University. These original documents become the sole property of ECPI University and will not be returned.
 - b. Documentation for monetary funds must:
 - 1) Be prepared on official business letterhead;
 - 2) Be prepared in English;
 - 3) Provide total monetary funds available in US dollars;
 - 4) Include full contact information of the issuing organization and contact person;
 - 5) Have been issued no more than six months before the date on which the documentation is received at ECPI University;
 - 6) Bear an original signature; and,
 - 7) Identify the stated source of support (i.e. name of parents offering support) and show the relationship between the source of support and the monetary funds.
 - c. Acceptable documentation: bank statements, employer's statements indicating annual wages and portion of wages to be used for financial support, scholarship letters, statements of awarded student loans, liquidated stocks and bonds account statements, or other statements of investments with liquidated cash value, such as an active retirement account against which funds can be drawn.
 - d. Unacceptable types of documentation include any source of funding subject to credit worthiness (i.e. a credit card), non-liquid assets (such as the value of an unsold home), documentation tied to a potential personal asset sale price (i.e. value of unsold automobiles, jewelry, etc.).

Some financial organizations will not provide evidence of monetary resources to applicants but will insist on sending the evidence directly to ECPI University. It is acceptable for the International Student Affidavit of Financial Support Form to be sent to ECPI University separate from the evidence of monetary resources. However, both of these items must be received at the University to complete the admissions process.

Submit the documentation to:

ECPI University
International Admissions Office
5555 Greenwich Road
Virginia Beach, VA 23462
United State of America

Section I: General Information

Please complete this section with your legal name, exactly as it appears in your passport.

Family Name (last name): _____ **Given Name (first name):** _____
Date of Birth: MM / DD / YYYY **Phone:** _____
Degree level: _____ **Program/Major** _____

To which Campus are you applying?

ECPI University, Virginia Beach, Virginia, USA ECPI University, Northern Virginia, Virginia, USA
 ECPI University, Newport News, Virginia, USA ECPI University, Raleigh, North Carolina, USA

Section II: Dependent Information

Dependent's Full Name as it Appears in the Passport

	Last	First	Middle	Date of Birth	Country of Birth	Country of Citizenship	Relationship
1				MM/DD/YYYY			<input type="checkbox"/> Spouse <input type="checkbox"/> Child
2				MM/DD/YYYY			<input type="checkbox"/> Spouse <input type="checkbox"/> Child
3				MM/DD/YYYY			<input type="checkbox"/> Spouse <input type="checkbox"/> Child

If additional space is needed for dependents, or information does not fit in the area provided, you may attach a separate piece of paper.

Section III: Sources of Funding

Part A: Personal Funds

This section should be completed by applicants to ECPI University who will be utilizing their own personal assets to pay for some or all of the costs associated with their educational program. **Not applicable**

Source of Funds	1.	2.	3.
Location of funds (city/State)			
Amount of funding in USD			
Name(s) on funding account			

Personal Certification of Financial Responsibility

I, _____, certify that I will support myself financially for the duration of my studies at ECPI University. For my first academic year, I will provide US\$ _____ toward my education from the following sources of funds .

After the first academic year, I will rely on personal assets in the amount of US\$ _____ to continue to meet my financial obligations.

I have attached (or will provide under separate cover) original and official documentation of the availability of the personal assets I have at my disposal to meet my financial obligations associated with my first academic year of study.

Applicant's Signature

Date

Part B: Parental Funds

This section should be completed by one or both parents of the applicant to ECPI University who will provide financial support for some or all of the costs associated with their child's educational program. **Not applicable**

Source of Funds	1.	2.	3.
Location of funds (City and State/Country)			
Amount of funding in USD			
Name(s) on funding account			

Parental Certification of Financial Responsibility

This section should be completed by one or both parents of the applicant to ECPI University who will provide financial support for some or all of the costs associated with their child's educational program.

I/we, _____ / _____, certify that I/we will support my/our child named herein, _____, financially for the duration of his/her studies at ECPI University. For the first academic year of study, I /we will provide US\$_____ toward my/our child's education.

After the first academic of study, I/we will rely on additional assets in the amount of US\$_____ to continue to meet the financial obligations of my/our child.

I/we have attached (or will provide under separate cover) original and official documentation of the availability the assets at my/our disposition to meet the financial obligations associated with my/our child's first academic year of study.

Mother's Signature	Mother's Full Name (Print)	Date
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Father's Signature	Father's Full Name (Print)	Date
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Part C: Other Funds (print this page as many times as necessary for individual(s) or other sources of funding)

This section should be completed by any individual(s) or organization(s), other than the applicant and the applicant's parents, who will be providing support to the applicant for some or all of the costs associated with his/her educational program at ECPI University.

Not applicable

For individuals, please complete the following:

Name of Individual Sponsor: _____ Relationship to Applicant: _____

	1.	2.
Source of Funds		
Location of funds (city/State)		
Amount of funding in USD		
Name(s) on funding account		
Relationship to applicant		

I, _____, certify that I will support the applicant to ECPI University, named herein, _____, financially for the duration of his/her studies at ECPI University. For my first academic year of study, I will provide US\$_____ toward his/her education. After the first academic year of study, I will rely on assets in the amount of US\$_____ to continue to meet his/her financial obligations. I have attached (or will provide under separate cover) original and official documentation of the availability of the assets I have at my disposal to meet my financial obligations associated with this applicant's first academic year of study.

Signature

Date

For organizational sponsors, please complete the following:

On behalf of the above named sponsoring organization, I certify that the applicant named herein, _____, will receive US\$_____ in the form of a scholarship, loan, or other _____. The terms of this award, including the duration, are noted herein: _____.

I have attached (or will provide under separate cover) original and official documentation of the above detailed commitment of sponsorship.

Organization Name

Signature

Title

Date

Address

Email

Section IV: Applicant Attestation

I understand:

- All information contained herein is true and correct. I am solely responsible for arranging to meet all my financial obligations to ECPI University.
- Failure to meet any of my financial obligations while enrolled at ECPI University is a violation of my student status and might result in my removal from school and potentially my removal from the United States.
- Willful or malicious falsification of any information on this form may be grounds for denial of admission, or if determined after admission, my immediate dismissal from ECPI University.
- The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, guarantees confidentiality of certain educational records of students. I waive my rights of privacy under FERPA, as they relate to all my financial sponsors named herein and as they relate to my legal authorization to enroll in a US educational institution.

Applicant's Signature

Date

Section V: Notary

The foregoing instrument was acknowledged before me this _____ day of _____ in the year 20_____.

My commission expires: _____.

Notary Signature

Seal or Stamp