APPLICATION FOR ADMISSION
(INTERNATIONAL)
Dear Applicant,

We are thankful that you have decided to apply for admission to Bethesda University (BU). Since its founding in 1976, BU has been committed to providing a biblically-centered education, encouraging scholarship, and equipping men and women in the mind and character of Christ that they may impact the world for Jesus Christ.

Students will fulfill a comprehensive foundation in the Bible, which is necessary in developing a life of worship and the ability to think as Christians within their respective disciplines.

The university seeks students who desire an education that integrates their faith to their learning. Additionally, BU reviews applicants whose Christian commitment, academic record(s), and moral character reflect the university’s standards.

To apply for admission:

1. File an Application for Admission. Complete all pages legibly. Specify when you plan to enroll.

2. Include a non-refundable $50 application fee ($100 for international students) payable by check or money order to Bethesda University. Please include the applicant’s name on the check.

3. Request official transcripts from your high school and from every school attended after high school graduation. If enrolled at another college/university at the time the application is filed, be sure to request transcripts of your completed units and your final transcripts upon the completion of the course of study whether it is high school or college. Transcripts must be submitted in a sealed envelope.

4. Submit TWO passport-sized color photos against a white background.

5. Request two recommendation letters (three for Graduate Applicants – forms are supplied). Forms must be addressed to the Office of Admissions. (References should be provided by individuals outside your own family who can attest to your academic ability.)

6. Submit a Christian Experience essay/Personal Statement. (Follow the guidelines given in the application).

7. Submit a diploma copy from the most recent school attended.

8. You must also submit a Medical Examination Clearance report (simple blood & allergy test).

9. International Students must submit an Official Bank Statement, Affidavit of Support, I-20 App Fee ($200), F-2 Dependent Form, and proof of Health Insurance (at the time of registration). In addition to the requirements above, F-1 students who are already in the U.S. must submit a ‘Notice of Intent to Transfer’ form.

The Family Education Rights and Privacy Act (FERPA)
The Family Education Rights and Privacy of 1974 permits enrolled university students access to certain credentials in their files. Bethesda University has long permitted students access to their previous educational records, such as high school transcripts and college transcripts (if the student is a transfer).
### Application Checklist

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Semester</th>
<th>Spring</th>
<th>Fall</th>
<th>20____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major</td>
<td>Athlete</td>
<td>Yes / No</td>
<td>Sport:</td>
<td>____________</td>
</tr>
<tr>
<td>Phone</td>
<td>Status</td>
<td>R _____</td>
<td>Int’l</td>
<td>_______</td>
</tr>
<tr>
<td>Email</td>
<td>FIN</td>
<td>FIN Code:</td>
<td>1 / 2</td>
<td></td>
</tr>
</tbody>
</table>

#### All Applicants

- **APPLICATION FORM**
- **RECOMMENDATION LETTER** (Undergraduate: 2) (Graduate: 3)
- **MEDICAL CLEARANCE**
- **OFFICIAL TRANSCRIPT(S)**
- **DIPLOMA COPY FROM MOST RECENT SCHOOL**
- **PERSONAL ESSAY**
- **2 PASSPORT-SIZED COLOR PHOTOGRAPHS** (WHITE BACKGROUND)
- **NON-REFUNDABLE APP FEE** ($ ______ )

#### Additional Documentation for INTERNATIONAL STUDENTS

- **OFFICIAL BANK STATEMENT** ($16,000 minimum AND $5,000 for each additional F-2 dependent)
- **SIGNED AND NOTARIZED AFFIDAVIT OF SUPPORT** (If the bank statement is not the student’s)
- **F-2 DEPENDENT INFO SHEET** (If married)
- **NON-REFUNDABLE I-20 APP FEE** ($ ______ )

#### Supplementary Documentation for I-20 (TRANSFER) STUDENTS

- **PREVIOUSLY RECEIVED I-20 COPY STATEMENT**
- **I-20 TRANSFER CLEARANCE REQUEST FORM**

#### Documents to be turned in at the time of the Registration

- **COPY OF VISA/PASSPORT/I-94**
- **COPY OF MEDICAL INSURANCE POLICY WITH TABLE OF BENEFITS**

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**Do Not Write in the Space Below - For Office Use Only**

<table>
<thead>
<tr>
<th>Completion</th>
<th>LMS</th>
<th>Application</th>
<th>Admission</th>
<th>Acceptance Letter</th>
<th>I-20</th>
<th>Registrar</th>
</tr>
</thead>
</table>

**BU Rev. 05/2015**
International Application for Admission

Please write legibly and complete all sections.

Semester Applying for:  □ Fall 20__  □ Spring 20__  □ Summer 20__
                      □ Winter 20__  □ Other _________

ACADEMIC DEGREE

Degree Applied For:    □ B.A./B.S.    □ M.A.    □ M. DIV    □ M.B.A    □ D. MIN
Programs Applied For:  □ Certificate  □ ESL  □ Audit

Name of Intended Major: ____________________________ Alternative Major (optional): ____________________________

ACADEMIC INFORMATION

Location:  □ Anaheim Campus          □ Online Degree Program (Distance Learning)  □ LA Campus
Current Status: □ Exchange Student  □ First-Year Student (freshman)
               □ Transfer Student _________  □ BU Alumni (returning student) _______

PERSONAL INFORMATION

Name (as in passport): ____________________________________________________________________________________
Last or Family Name                                    First                     Middle
Other Names Used: ______________________________________ I-20 SEVIS Number: ________________________________ (if Applicable)

Email: ______________________________________ Date of Birth: _____ / ____ / ______ Gender: □ Male □ Female
Social Security Number: __________-________-_________ Passport Number: ______________________________________
Home Phone: (_____) __________-_______________ Cell Phone: (_____) __________-_______________

Current Address: ___________________________________________   City                                 State                          Zip                          Country
Mailing Address: ___________________________________________  City                                 State                          Zip                          Country

Birthplace: ___________________________________________ Marital Status: □ Married  □ Single
City                                     State                                            Country
Name(s) of Parent(s) or Guardian(s) (if unmarried dependent): _________________________________________________________

RESIDENCY/ COUNTRY OF CITIZENSHIP

□ U.S. Citizen    □ U.S. Permanent Resident □ F1 Visa    □ J1 Visa □ Country of Citizenship ___________ □ Other_________
1. If you are currently F-1 and already attending school in the U.S., are you planning to do an I-20 transfer? □ Yes □ No
2. If you are other than F-1, what is your U.S. immigration status (B1/B1, E1/E2, H-1b/ H4, L2, R1/R2, etc.)?

BU Rev. 05/2015
RESIDENCY/ COUNTRY OF CITIZENSHIP (continued)

3. If you are not F-1, are you applying to change your status to F-1?  ☐ Yes ☐ No

4. Will your husband/wife and/or children be living with you while you attend BU?  ☐ Yes ☐ No

5. If yes, please fill out the separate form for Dependent F-2 Information which is attached in this application.

ETHNIC IDENTITY

☐ Asian or Pacific Islander ☐ African American ☐ Native American ☐ Latin American ☐ White ☐ Other/Unknown

This information will be used for purposes of statistical analysis only; it is not used in the admissions process and will have no bearing on your admission status. Bethesda University does not discriminate on the basis of race, sex, color, age, veteran status, national or ethnic origin, or disability in its admissions policies or in the administration of its college-administered programs and activities.

TOEFL (TEST OF ENGLISH AS A FOREIGN LANGUAGE) Required for degree-seeking International Applicants only.

☐ Check the box to indicate that you have taken OR plan to take the TOEFL.

TOEFL Test Date (complete or planned): _________/___________  SCORE: ____________

TYPE: ☐ IBT ☐ CBT ☐ PBT

EDUCATION

High School: ___________________________________________________________________________________________________

Name                                                                   City                     State   Country

Date Attended: ___________________________________          Did you graduate?  ☐ Yes ☐ No

COLLEGES/ UNIVERSITIES

1. ___________________________________________________________________________________________________________

Name                                                                                         City                                       State   Country

Date Attended: _________________Major: __________________ Units Earned: ______ Degree Conferred: ____________________

2. ___________________________________________________________________________________________________________

Name                                                                                        City                                       State   Country

Date Attended: ________________Major: __________________ Units Earned: ______ Degree Conferred: ____________________

3. ___________________________________________________________________________________________________________

Name                                                                                          City                                     State   Country

Date Attended: ________________Major: __________________ Units Earned: ______ Degree Conferred: ____________________

Have you ever been dismissed or placed on academic or disciplinary probation?  ☐ Yes ☐ No

If yes, explain the circumstances:

______________________________________________________________________________________________________________
WHY BETHELSDA?

Which was the most significant factor influencing your choice to attend Bethesda University? Check one square only.

☑ BU Staff ☐ Pastor’s referral
☑ BU Faculty ☐ Parent
☑ BU Website ☐ Relative
☑ BU Alumni ☐ Newspaper Advertisement (which one) ________________
☐ Current BU student/friend ________________ ☐ Other ________________

REFERENCES/ RECOMMENDATIONS

Each applicant is required to have two references (three for graduate applicants) submitted that attests to the student’s ability and character. Please supply the names and addresses of these references. At least one must be from a pastor, teacher, or club/organization leader. Employer references are preferred.

CHRISTIAN COMMITMENT

Bethesda University seeks Christians who are serious about their faith. The following questions, as well as a pastor’s reference, will help us understand your Christian background and how Bethesda University can impact your faith.

Do you consider yourself to be a Christian? ☐ Yes ☐ No

Do you regularly attend church? ☐ Yes ☐ No How often? ________________

Name of your church: ___________________________________ Denomination: __________________________________

Address: _____________________________________________________________________________________________

Are you an ordained minister? ☐ Yes ☐ No If yes, with whom do you hold your credentials? ___________________________

CHRISTIAN EXPERIENCE/ PERSONAL ESSAY

Each applicant must attach an essay to this application answering the following questions: 1. Why do you wish to attend BU? 2. If you are a Christian, how did you become a Christian? 3. What do you hope to gain from BU? Graduate students must also include a statement on how they came to accept their call in ministry. Applicants should respond to all questions using at least 500 words. Use 8.5” x 11” (Letter Size or A4) white paper for your personal statement. Write in black ink or type using double-spaced 12-point type in a clear and legible font. Print your name on each page.

AGREEMENT

I certify that all the information provided in my application is complete, factually correct, and honestly presented. I also certify that I am the author of the attached personal statement. I understand that Bethesda University may verify any information I have provided in my application, including my personal statement, and may deny me admission or enrollment if any information is found to be incomplete or inaccurate. If admitted to Bethesda University, I agree to abide by the university regulations and to support the values of the university.

Signature of Applicant ____________________________ Date ____________________________
REFERENCE

☐ Pastor  ☐ Teacher  ☐ Employer

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: __________________________________________________________________________________________________

Applicant’s Address: _________________________________________ __________________ __________ __________ ________________

To the Applicants: Print your name and address on the lines above and give this form to your pastor, school teacher, employer, or other Christian leaders. Applicants should provide a stamped envelope addressed to the Office of Admissions.

_______________________________________________________________  __________________________________

Signature of the Applicant      Date

☐ I choose to waive my right of access to this recommendation.

☐ I choose not to waive my right of access to this recommendation.

The applicant above is applying for admissions into Bethesda University and is asking you to provide a reference letter attesting to the student’s ability and character. BU is an evangelically-oriented university which seeks students who are serious in their commitment to Jesus Christ and who want to gain a college/graduate education. Please answer the following questions that would reflect a fair and accurate portrayal of the student.

1. How long have you known the applicant? _________________________________

2. How well do you know the applicant? (Circle One):           Very well              Well           Casually

3. What is your relationship to the applicant? _________________________________________________

4. Please rate the applicant according to your personal assessment in the following areas by circling the appropriate responses.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Commitment</td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Integrity</td>
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<td>Leadership Ability</td>
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<td>Responsibility</td>
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<td>Reliability</td>
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<tr>
<td>Stability</td>
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<td>Spiritual Depth</td>
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<td>Intelligence</td>
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<td>Emotional Maturity</td>
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<td>Creativity</td>
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<td>Friendliness</td>
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<td>Neatness</td>
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<tr>
<td>Health</td>
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<tr>
<td>General Character</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5. To be completed by pastors, other Christian leaders, and teachers.

a. Has the applicant received Jesus Christ as his/her personal Savior?

_________________________________________________________________________________________________
b. As far as you know, what has been his/her experience with the Holy Spirit?
_____________________________________________________________________________________________________

c. In what ministries does he/she seem to be effective in reaching others?
_____________________________________________________________________________________________________

d. Do you recognize any special spiritual gifts in the applicant?
_____________________________________________________________________________________________________

e. Describe his/her personal relationships with others.
_____________________________________________________________________________________________________

f. What personality traits, positive and/or negative, are the most noticeable in the applicant?
_____________________________________________________________________________________________________

g. Does the applicant have any doctrinal views which are overemphasized? If yes, please comment.
(Applicable only to students with the intention to pursue a Theology degree).
_____________________________________________________________________________________________________

h. Do you feel that this person would make an acceptable minister of the gospel of Jesus Christ? Why or why not?
(Applicable only to students with the intention to pursue a Theology degree).
_____________________________________________________________________________________________________

6. Further comments you may have in regards to the applicant.
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

7. □ I recommend the applicant’s admission into BU.
□ I do not recommend the applicant’s admission into BU.
□ I recommend the applicant’s acceptance with this reservation (please state below):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

SIGNATURE
Name (Please print): ________________________________ Position/Occupation: ______________________
Address: ________________________________________________________________________________________
Phone: ( _______ ) ____________-__________________ Email: ____________________________________________
Signature ____________________________________________________   Date ___________________________

Thank you for your help. Reference letters can be submitted to admissions@buc.edu or faxed to (714) 683-1440.
REFERENCE

☐ Pastor ☐ Teacher ☐ Employer

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: __________________________________________________________________________________________________

Last                                       First                                  Middle

Applicant’s Address: _________________________________________ __________________ __________ __________ ________________

Street Address                                                                                              City                      State                  Zip                       Country

To the Applicants:  Print your name and address on the lines above and give this form to your pastor, school teacher, employer, or other Christian leaders. Applicants should provide a stamped envelope addressed to the Office of Admissions.

_______________________________________________________________  __________________________________

Signature of the Applicant      Date

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1. How long have you known the applicant? _________________________________

2. How well do you know the applicant? (Circle One):           Very well              Well           Casually

3. What is your relationship to the applicant? _________________________________________________

4. Please rate the applicant according to your personal assessment in the following areas by circling the appropriate responses.

   Christian Commitment
   Motivation
   Integrity
   Leadership Ability
   Responsibility
   Reliability
   Stability
   Spiritual Depth
   Intelligence
   Emotional Maturity
   Creativity
   Friendliness
   Neatness
   Health
   General Character

   Excellent  Good  Fair  Poor  Unknown

5. To be completed by pastors, other Christian leaders, and teachers.

   a. Has the applicant received Jesus Christ as his/her personal Savior?
b. As far as you know, what has been his/her experience with the Holy Spirit?
_____________________________________________________________________________________________________

c. In what ministries does he/she seem to be effective in reaching others?
_____________________________________________________________________________________________________

d. Do you recognize any special spiritual gifts in the applicant?
_____________________________________________________________________________________________________

e. Describe his/her personal relationships with others.
_____________________________________________________________________________________________________

f. What personality traits, positive and/or negative, are the most noticeable in the applicant?
_____________________________________________________________________________________________________

g. Does the applicant have any doctrinal views which are overemphasized? If yes, please comment.
(Applicable only to students with the intention to pursue a Theology degree).
_____________________________________________________________________________________________________

h. Do you feel that this person would make an acceptable minister of the gospel of Jesus Christ? Why or why not?
(Applicable only to students with the intention to pursue a Theology degree).
_____________________________________________________________________________________________________

6. Further comments you may have in regards to the applicant.
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

7.  □ I recommend the applicant’s admission into BU.
   □ I do not recommend the applicant’s admission into BU.
   □ I recommend the applicant’s acceptance with this reservation (please state below):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

SIGNATURE

Name (Please print): ________________________________ Position/Occupation: ______________________
Address: ________________________________________________________________________________________
Phone: ( _______ ) ____________-__________________   Email: ____________________________________________
Signature ____________________________________________________   Date ___________________________

Thank you for your help. Reference letters can be submitted to admissions@buc.edu or faxed to (714) 683-1440.
REFERENCES

Pastor             Teacher    Employer

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

Name of Applicant: __________________________________________________________________________________________________

Last                                       First                                  Middle

Applicant’s Address: _________________________________________ __________________ __________ __________ ________________

Street Address                                                                                              City                      State                  Zip                       Country

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1. How long have you known the applicant? _________________________________

2. How well do you know the applicant? (Circle One):           Very well              Well           Casually

3. What is your relationship to the applicant? _________________________________________________

4. Please rate the applicant according to your personal assessment in the following areas by circling the appropriate responses.

   Christian Commitment
   - Excellent  Good  Fair  Poor  Unknown
   - Motivation
   - Excellent  Good  Fair  Poor  Unknown
   - Integrity
   - Excellent  Good  Fair  Poor  Unknown
   - Leadership Ability
   - Excellent  Good  Fair  Poor  Unknown
   - Responsibility
   - Excellent  Good  Fair  Poor  Unknown
   - Reliability
   - Excellent  Good  Fair  Poor  Unknown
   - Stability
   - Excellent  Good  Fair  Poor  Unknown
   - Spiritual Depth
   - Excellent  Good  Fair  Poor  Unknown
   - Intelligence
   - Excellent  Good  Fair  Poor  Unknown
   - Emotional Maturity
   - Excellent  Good  Fair  Poor  Unknown
   - Creativity
   - Excellent  Good  Fair  Poor  Unknown
   - Friendliness
   - Excellent  Good  Fair  Poor  Unknown
   - Neatness
   - Excellent  Good  Fair  Poor  Unknown
   - Health
   - Excellent  Good  Fair  Poor  Unknown
   - General Character
   - Excellent  Good  Fair  Poor  Unknown

5. To be completed by pastors, other Christian leaders, and teachers.

   a. Has the applicant received Jesus Christ as his/her personal Savior?

________________________________________________________________________________________

[8]
b. As far as you know, what has been his/her experience with the Holy Spirit?
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(Applicable only to students with the intention to pursue a Theology degree).
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h. Do you feel that this person would make an acceptable minister of the gospel of Jesus Christ? Why or why not?  
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7. ☐ I recommend the applicant’s admission into BU.  
☐ I do not recommend the applicant’s admission into BU.  
☐ I recommend the applicant’s acceptance with this reservation (please state below):
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

SIGNATURE

Name (Please print): ________________________________ Position/Occupation: ______________________

Address: ________________________________________________________________________________________

Phone: ( _______ ) ____________-__________________ Email: ____________________________________________

Signature ____________________________________________________ Date ___________________________

Thank you for your help. Reference letters can be submitted to admissions@buc.edu or faxed to (714) 683-1440.
MEDICAL EXAMINATION CLEARANCE FORM

Name: ___________________________________________ Date: __________________________

Vital Signs: ___________________________________________ Pulse: _______________________
Temperature: ___________________________________________ Respirations: ___________________
Blood Pressure: _________________________________________

Past Medical History:__________________________________________________________________________
__________________________________________________________________________________________

Allergies:____________________________________________________________________________________
__________________________________________________________________________________________

Current Medications: __________________________________________________________________________

Review Systems: ______________________________________________________________________________

Physical Examination: __________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Physical Recommendations: ____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Any medical history/problems the university should know about:_______________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name of Examining Physician: _________________________________________________________________

Physician’s Signature: _______________________________________________________________________

Physician’s Address: _________________________________________________________________________

Physician’s Phone Number: ___________________________________________________________________

MEDICAL RELEASE: I hereby authorize the release of this medical information for health care purposes to the
appropriate health care providers.

If 18 or older: ___________________________________________ Date: __________________________

If under 18: ___________________________________________ Date: ___________________________
AFFIDAVIT OF SUPPORT

I, _________________________, residing at ___________________________________________________________________,

Name                          Address                          City                    State                  Zip                   Country

Being duly sworn depose and say:

1. I was born on (mo/day/yr) ______________________ in ____________________________________________ (City, State)

   a. Are you a United States citizen?              Yes             No

   b. If you are not a U.S. citizen, in which country do you hold your citizenship? _____________________________________ (Country)

2. I am ________years of age and have resided in ______________________________________________ since ____________

Country                                                                                   Date

3. This affidavit is executed on behalf of the following person:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Spouse/Gender</th>
<th>Age</th>
<th>Child/Gender</th>
<th>Age</th>
<th>Child/Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen of (Country)</td>
<td>Marital Status</td>
<td>Relationship to Sponsor</td>
<td>Presently resides at (Street and Number)</td>
<td>(City)</td>
<td>(State)</td>
<td>(Country)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of spouse and children accompanying or following to join person:

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Gender</th>
<th>Age</th>
<th>Child</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Gender</td>
<td>Age</td>
<td>Child</td>
<td>Gender</td>
<td>Age</td>
</tr>
</tbody>
</table>

4. This affidavit is made by me for the purpose of assuring Bethesda University and the Bureau of Citizenship and Immigration Services that the person named in Item 3 will be sponsored for the following amount per year:

$__________________________(U.S.)*

5. I am willing and able to receive, maintain and support the person named in Item 3. I am ready and willing to deposit a bond, if necessary, to guarantee that this person will not become a public charge during his/her stay in the United States, and to guarantee that the above named will maintain his/her student status if admitted and will depart prior to the expiration of his or her authorized stay in the United States.

6. I understand that this affidavit will be binding upon me until after the person named in Item 3 has received his/her certificate or degree at our university, and that the information and documentation provided by me may be made available to the American Embassy and/or the Bureau of Citizenship and Immigration Service of the United States.

7. I am employed as, or engaged in the business of ____________________________________________

(Work/Occupation)

with _________________________ at ____________________________________________

Name of Company or Employer                          Address
8. I derive an annual income. (If self-employed, I have attached a copy of my last income tax return or bank statement which I 
certify to be true and correct to the best of my knowledge and belief).

$_________________________(U.S.)

9. I have a savings deposit at (bank’s name) ____________________________

$_________________________(U.S.)

10. I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and 
correct to the best of my knowledge and belief.

$_________________________(U.S.)

11. I have life insurance in the sum of:

$_________________________(U.S.)

12. With a cash surrender value of:

$_________________________(U.S.)

13. I own real estate valued at:

$_________________________(U.S.)

14. With mortgages or other encumbrances amounting to $__________________ (U.S.) which is located at

____________________________________________________________________________________________________________________________________

Address

---

**Oath or Affirmation of Sponsor**

(The below portion of the form should be completed in the presence of a Notary Public.)

I, ________________________, by signing this contract, am under full obligation to provide the amount listed in Item 4 for 
the student listed in Item 3. Failure to carry out my obligation could result in the dismissal of the student from the 
university, as the university cannot provide for the student’s expenses.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of Sponsor_________________________________________________________________________________

Subscribed and sworn to (affirmed) before me this (day) __________________ of (mo/day/yr)__________________

at (where) ____________________________. My commission expires on ____________________________.

Signature of Officer Administering Oath____________________________ Title:________________________

---

If the affidavit is prepared by someone other than the sponsor, please complete the following: I declare that this document has 
been prepared by me at the request of the sponsor and is based on all the information given to me by the sponsor.

__________________________________________  _______________  ____________________
Signature                                             Address                                             Date
**DEPENDENT F-2 INFORMATION (SPOUSE AND CHILDREN OF F-1 STUDENT)**

Name of the Student/Applicant: _________________________________________________________________

If you plan to bring your family with you when you study at Bethesda University, please list each family member's name, date of birth, country of birth, country of citizenship and relationship to the student in English.

Please answer the following questions:

1. My family will come (when): _________________________________________________________________
2. In which U.S. consulate do you plan to apply for your visa? (city, country) ______________________
3. If you are already in the U.S., what kind of visa do you have? ________________________________
4. Please list the phone number where you can be reached: (______)________ - ________________

Please fill out the following chart:

<table>
<thead>
<tr>
<th>Family Member’s Name</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
<th>Gender</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Male / Female</td>
<td>Spouse / Child</td>
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<td>Male / Female</td>
<td>Spouse / Child</td>
</tr>
</tbody>
</table>
NOTICE OF INTENT TO TRANSFER TO BETHESDA UNIVERSITY

SECTION I: To be completed by the student.

Student Name: ____________________________________________________________ (DOB: ___ / ___ / ___)

SEVIS ID # / I-94 #: ________________________________________________________

I verify that the above information is accurate and hereby authorize the Designated School Official of my current school to release my SEVIS record to Bethesda University.

_________________________________________________________________    _______________
Student’s Signature                  Date

SECTION II: To be completed by the Designated School Official.

The student named above intends to transfer to Bethesda University. In accordance with regulations of the U.S. Citizenship and Immigration Services (USCIS), please complete the certification and return this form to Bethesda University. (School Code: LOS214F01280000)

1. Dates of attendance at your school: (From ________________ To _________________)

2. SEVIS ID #: ____________________________________________________________

3. SEVIS Transfer Release Date: ________________________________

4. Student is currently: In Status / Not in Status

5. Is this student eligible to transfer? Yes / No

If not eligible to transfer, please provide a reason why.
________________________________________________________________________________________________________
________________________________________________________________________________________________________

6. Does the student have any outstanding financial obligation to your school? Yes / No

If yes, please explain: __________________________________________________________________________________

Thank you for your cooperation. Please return this form in person, by fax, or mail to Bethesda University.

Name of School: __________________________________________________________________

Address: _________________________________________________________________________

Telephone #: _____________________________ Fax #: _________________________

INS School File Number / INS: _______ 214F _________

______________________________________________________________________________

Name                                             Title

_______________________________________  _______________________________________
Signature                           Date

Official College Seal or Stamp

BU Rev. 05/2015
SEVIS PAYMENT INFORMATION

*Indicates that the information is required.
*NON-REFUNDABLE APP FEE: $200

Please fill out your credit card information below.

1. Applicant’s Name: ____________________________

2. *Cardholder’s Name: ____________________________

3. *Card Type:  VISA   MASTER CARD   AMERICAN EXPRESS   DISCOVER
   (Circle One)

4. *Card Number: __________ - __________ - __________ - __________
   (16 Numbers in Total)

5. *Expiration Date (mo/yr): _______ (Month) / ________ (Year)

   (3 Numbers in Total)

7. *Cardholder’s Street Address: ___________________________________________

8. *Cardholder’s City/Province: ___________________________________________

9. *Cardholder’s State: _______

10. *Cardholder’s Zip/Postal Code: ________________
    (U.S. Addresses Only)

11. *Cardholder’s Country: ________________

** THIS INFORMATION WILL BE KEPT CONFIDENTIAL **