



## INTERNATIONAL F-1 STUDENTS APPLICATION REQUIREMENTS & INFORMATION

IAIA welcomes students from around the world. As a Tribal and public institution, we are deeply committed to providing educational opportunities for Indigenous peoples and underrepresented populations, both on a domestic and international level. We believe that learning opportunities must be available to people from countries and cultures different than our own. Any individual from outside the United States may attend IAIA by meeting regular admissions standards, special admissions requirements and deadlines for international students. In addition, international students must agree to conform with all international regulations and all IAIA policies and procedures in order to remain enrolled and in compliance. **Disclaimer:** Listed below are common information requirements for F-1 students. F-1 students should meet with the Primary Designated School Official, (PDSO) to gain a full understanding of International regulations and IAIA policies/procedures that apply toward their status as a visitor.

### **General Information**

- International students must apply for admission and be accepted into a degree program, (associate, bachelor or master) at least six months prior to the date of expected enrollment. Once fully-admitted, an I-20 will be issued to the student and then pay the SEVIS Fee, which is currently \$200 USD for students. Please check the website for up-to-date costs.
- International applicants must have graduated from a school equivalent to the twelfth grade in the United States.
- International students are not eligible for federal financial assistance.
- All international students in F-1 status must take at least 12 semester hours each semester while attending IAIA.
- All documents submitted with the application must be official or original.

### **International Admission Application Requirements**


1. Completed IAIA Application Form (available online at [www.iaia.edu](http://www.iaia.edu)) and pay the \$25.00 non-refundable application fee.
2. Statement from a recognized financial institution or responsible sponsor indicating sufficient funds in US dollars to cover academic and living expenses for the duration of the anticipated academic program. All international applicants on the F-1 student visa must provide evidence of sufficient funds available for their studies. The Financial Guarantee, dated within the past six months, must be co-signed by an authorized bank or representative of a recognized sponsoring agency in the U.S.A. An Affidavit of Support cannot be used in lieu of a bank statement. *All financial documents must be in English or officially translated into English. Salary statements and/or tax documents are not acceptable.*
3. An official transcript, in English, of all previous academic work and an educational worksheet of all previous education.
4. An official score report of the Test as a Foreign Language (TOEFL), with a minimum score of 500 (paper test), 173 (computerized), 61 (iBT), or an English as Second Language (ESL) score of 109. IAIA's TOEFL code number is 9848.
5. Medical/physical document with proper immunization records.
6. Two Letters of Recommendation, at least one from a teacher, counselor or community leader. Letters should include title and contact information of endorser
7. Statement of Interest (one page, typed, in 12-point font) addressing the following:
  - a. Your educational and life goals, and how IAIA can help you fulfill them.
  - b. An example of a leadership role you held in your community; and
  - c. A situation in which you had to overcome adversity.
8. All International students are required to provide proof of medical and travel insurance. International Students (F-1 & J-1) must have the minimum coverage and must provide medical benefits of at least:

#### **Insurance policy must meet the minimum requirements:**

- ✓ Both accident and sickness coverage



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- ✓ Minimum benefit \$250,000 per policy year
- ✓ A deductible of \$500 or less and/or co-pay per individual, per year
- ✓ In-patient and outpatient, mental and nervous disorder benefits
- ✓ Prescription Drug Coverage
- ✓ Pay benefits worldwide
- ✓ Medical evacuation to one's home country and family reunification of not less than \$50,000
- ✓ Provision for repatriation of remains of not less than \$25,000
- ✓ Note: We recommend use of the PGH Global plan  
<https://www.imglobal.com/international-student-health-insurance> 

9. If an International student is also a Transfer student, he/she must also:
- a. Meet all criteria for Transfer students and
  - b. Submit an International Transfer form (obtained from IAIA 's Admissions Office) to be completed by the Designated School Official from the transfer school.

### ENROLLMENT

IAIA requires that F-1 students comply with full-time enrollment and must enroll for at least twelve credits at the Institute of American Indian Arts each semester. These credits must apply toward the degree plan and the student must be making academic progress toward the completion of the degree. The IAIA International Student Advisor will check enrollment every semester and verify enrollment in SEVIS to ensure students are in compliance with this regulation. Also, 8 CFR 214.2(f)(7)(i) state that F-1 students must make "normal progress towards completion of his or her educational objective" in order to maintain their immigration status. Normal academic progress defined at IAIA is: Academic Progress: A full-time degree-seeking student must carry at least 12 academic credits each semester to maintain fulltime status. Please note that Developmental Education courses apply toward full-time status and toward minimum number of credits successfully completed, but do not accumulate toward completion of a degree. F-1 Students who are not enrolled full-time at IAIA and in accordance to these standards above will be reported to SEVIS and the I-20 may be revoked as the student is out of compliance.

COURSE LOAD: FULL-TIME: Students should plan to maintain an average of 15–17 credits each semester to complete the Associate's degree in 4 semesters or Bachelor's degree in 8 semesters. • A full-time student is one who is registered for 12 or more credits.

### FINANCIAL AID

International students do not qualify for Title IV funding. International students will be considered for institutional scholarships if criteria is met.

### HOUSING

Incoming International freshman are required to live on-campus for the first year. Please see the Student Life Handbook for policies/procedures.

F-1 Students must comply with all IAIA policies and procedures and specific policies are listed in the IAIA Course Catalog and the IAIA Student Life Handbook.



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GENERAL PHYSICAL EXAMINATION AND LABORATORY TESTS
THIS FORM MUST BE COMPLETED BY A PHYSICIAN OR MEDICAL PROVIDER

NAME OF STUDENT: \_\_\_\_\_

- Note: ALL ITEMS ARE REQUIRED. Please indicate all findings, normal as well as abnormal.
• Allergies: Indicate if patient has allergies to medications and document the nature of the reaction.
• Conduct the physical exam. Comment on any abnormal findings and indicate what treatment if any was provided.
• Obtain blood pressure, pulse, height and weight.
• Indicate if student is receiving care for a chronic illness or treatment for an emotional disorder.
• Perform the required tests indicating date of test and results.
• The PPD skin test must be placed and read before the student will be allowed to move into campus housing. NOTE: If PPD is greater than 10mm induration, a chest x-ray must be obtained. If the chest x-ray is abnormal, INH treatment or other TB prophylaxis should be initiated.
• Physician or medical provider should provide signatures and office stamp verifying completion of exam.

ALLERGIES: [ ] Yes [ ] No. If yes, to what? [ ] PCN [ ] Sulfa [ ] Erythromycin Other \_\_\_\_\_

If yes, what is the nature of the reaction? \_\_\_\_\_
Is this individual currently on any medications? If yes, please list all medicine(s) by name, dosage and purpose of medication

Table with 4 columns: Body System, Normal, Abnormal, Comments (all abnormal findings). Rows include Head and Neck, Cardiovascular, Abdominal, Neurological, Extremities, Surgeries/date, Skin, Respiratory, ENT, Blood Pressure, Pulse, Height, Weight.

Is this individual under care for a chronic or serious illness? [ ] Yes [ ] No If yes, please explain \_\_\_\_\_

Table with 3 columns: Test Name, Date, Results. Rows include Urinalysis, HGB/HMCT, PPD\*.

\*NOTE: PPD test should be mantoux within the past year (tine or momovac not acceptable). PPD must be placed and read before student will be allowed to move into campus housing. Treatment should be initiated if positive, greater than 10 mm induration and chest x-ray is abnormal. If positive, provide \_\_\_\_\_ mm indurations (horizontal diameter).

Note: If greater than 10mm induration, chest X-ray required.
X-Ray results: [ ] Normal [ ] Abnormal

If chest x-ray is abnormal, has patient begun INH treatment or other TB prophylaxis treatment? [ ] Yes [ ] No If no, please explain) \_\_\_\_\_

Received BCG: [ ] Yes [ ] No If yes, chest X-Ray required. X-Ray results: [ ] Normal [ ] Abnormal

PHYSICIAN OR MEDICAL PROVIDER SIGNATURE
Physician/PA/NP \_\_\_\_\_
Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_
ADDRESS \_\_\_\_\_
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone Number (include area code) \_\_\_\_\_ Date Exam Completed \_\_\_\_\_



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IMMUNIZATION RECORD

NAME OF STUDENT \_\_\_\_\_

Please note: All immunizations and/or lab serology tests are required unless otherwise noted. This record must be completed by your physician or medical provider. All immunizations must be verified by the signature and office stamp of your physician or medical provider below. You may submit copies of immunization records and lab/serology test as proof of vaccine, history of disease or immunity.

Please make copies of this record for your personal records

REQUIRED VACCINES MONTH/DAY/YEAR

A. MENACTRA VACCINE A/C/Y/3-135 (REQUIRED) VACCINE AGAINST NEISERRIA MENINGITIS \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

B. VARICELLA VACCINE (2 doses required) VACCINE AGAINST CHICKENPOX DISEASE
[ ] First vaccine (Required) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Second vaccine (Required: due 4 weeks after first vaccine) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Other Means of Obtaining Proof of Immunity
[ ] Student had disease (chickenpox or shingles confirmed by MD's records) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Laboratory/serology test for evidence of immunity: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
(Obtain if uncertain about dates of vaccine disease) [ ] Reactive [ ] Non-reactive

Note: If the test is NON-REACTIVE, you MUST receive the Varicella vaccines

C. HEPATITIS VACCINE (3 doses required) VACCINE AGAINST HEPATITIS B DISEASE
[ ] First vaccine \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Second vaccine (due 4 weeks after first vaccine) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Third vaccine (due 6 months after second vaccine) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Other Means of Obtaining Proof of Immunity
[ ] Laboratory/serology test for Hepatitis B surface antigen antibody: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
(Obtain if uncertain about dates of your Hepatitis B vaccines) [ ] Reactive [ ] Non-reactive

Note: If the test is NON-REACTIVE, you MUST receive the Hepatitis B vaccines.

D. M.M.R. (2 doses required) VACCINE AGAINST MEASLES, MUMPS AND RUBELLA
[ ] First vaccine should be given 12-15 months \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Second vaccine should be given 4-6 years or after \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
[ ] Student born before 1957 is considered immune. <Date of Birth> \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Other Means of Obtaining Proof of Immunity
[ ] Laboratory/serology test for evidence of immunity: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
(Obtain if uncertain about dates of vaccine or disease)

Note: If the test is NON-REACTIVE, you MUST receive the MMR vaccines.

E. TETANUS, DIPHTHERIA (Tdap) or (Td) VACCINE TO PREVENT "LOCKJAW"
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Tetanus/diphtheria containing booster dose within the last 10 years.

HEALTH CARE PROVIDER

Please stamp with office stamp to verify you have reviewed and/or administered any or all immunizations (Office Stamp Here)

Provider \_\_\_\_\_ Name (please print) Signature and Title