

LINCOLN UNIVERSITY HOPE HEALTH LEADERSHIP INTERNATIONAL PROGRAM APPLICATION



Health & Medical

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Student Services office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? ☐ Yes ☐ No

If "Yes," what is the name of the insurance company? _____

What is the policy number? _____

What are dates of coverage? (start & end dates) _____

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: _____ ☐ Male ☐ Female

Address: _____
(Number) (Street) (City/Town) (Country)

Date of Birth: ____/____/____ City of Birth: _____ Tel: _____
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? ☐ Yes ☐ No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

(b) To the best of your knowledge, are you now in good physical and mental health? ☐ Yes ☐ No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form. The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)

*****Submit completed Medical Examination form with application*****

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Medical Examination

To be completed and signed by a **Physician**. Otherwise, applicant must provide an official Immunization Record. Dates must include month and year.

DESCRIPTION	YES	NO	ACTION	DATE (month/year)
1. Tetanus-Diphtheria			(a) Completed primary series of tetanus-diphtheria immunizations.	
			(b) Received tetanus-diphtheria booster within the last 10 years.	
2. M.M.R. (Measles, Mumps, Rubella)			(a) Dose 1-Immunized at 12 months or after and before 5 years.	
			(b) Dose 2-Immunized at 5 years or later.	
3. Measles (Rubella) if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Born before 1957 and therefore considered immune.	
			(c) Had report of immune titer. Specify date of titer.	
			(d) Immunized with vaccine at 12 months after birth or later.	
4. Rubella, if given instead of M.M.R.			(a) Has report of immune titer. Specify date of titer.	
			(b) Immunized at 12 months after birth or later.	
5. Mumps, if given instead of M.M.R.			(a) Had disease; confirmed by office record.	
			(b) Immunized with vaccine at 12 months after birth or later.	
6. Tuberculosis: Check appropriate boxes. Give date and test results. (a) PPD (Mantoux) test within the past year: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ <i>(Note: Tine or monovac not acceptable)</i> (b) Positive PPD-Chest X-ray required: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ (c) Had BCG vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No Test Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____ <i>(Note: Chest X-ray required if PPD not done)</i>				
7. Polio (a) Completed primary series of polio immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Type of vaccine: <input type="checkbox"/> Oral <input type="checkbox"/> Inactivated <input type="checkbox"/> E-IPV Date of last booster: _____				

-----PHYSICIAN INFORMATION AND SIGNATURE-----

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

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1. I understand that I am required to attend the **International Student Orientation** held at the beginning of each semester.
2. I understand that I must enroll in and **complete a minimum of 9 units** at the university **each term** with satisfactory grades or be subject to dismissal. Graduate students may enroll in a minimum of 6 credits/units, 3 semesters per academic year in the MBA/MSCS program in San Jose, which requires a concurrent internship. Graduate students must maintain a minimum of 18 credits/units each academic year to be considered a full-time student.
3. I understand that I must obtain **prior** permission from the Registrar or International Student Counselor and the Director of International Programs Office (IPO) to enroll for less than 9 units or take a Leave of Absence and must provide documentation for any compelling reasons.
4. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
5. I understand that to remain in good standing, I **must** attend all classes and be on time for all classes. I **must** also maintain a cumulative grade point average of 3.0 (B) or better for the Master's programs. I am subject to academic dismissal if I remain on probation for 2 consecutive semesters.
6. I understand that unmarried cohabitation, and/or any form of sexual misconduct, is considered unacceptable behavior for students enrolled at Jessup.
7. I understand that students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants, firearms, explosives or weapons (real or replicas) on Jessup premises or at University-sponsored activities will be subject to judicial action. Lincoln University reserves the right to confront behavior that is detrimental to the student, the community, the University, and/or others.
8. I understand that smoking or chewing tobacco is not permissible while on campus at the University.
9. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition and fees if I add courses after registration.
10. I understand that I must **notify the International Programs Office (IPO) of any changes in my status** including, but not limited to, changing my address or phone number, transferring to another college, or returning to my home country, temporarily or permanently. Failure to do so will threaten my student status.

Your signature indicates that you have read and agree to all of the requirements listed above and that all information provided is complete and accurate to the best of your knowledge:

Student Signature: _____ **Date:** _____

Student Name (Please print): _____

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Congratulations on taking the first steps to enrolling at LU! We look forward to welcoming you into our community!

As required by federal law, this form is designed to verify your ability to pay for one year's estimated costs for your studies, and related expenses, at LU. This form, along with all required documentation, must be received by LU.

Please note: The student acknowledges that the deadline to request a partial or full refund for the semester must include a notification to the registrar office no later than 7 business days prior to the start of the first class of the semester. Any refunds due to the student will be issued based following the refund procedures stated in the university catalog.

Please keep the following points in mind when submitting financial documentation with this form:

- All supporting financial documents/bank statements must be dated from within six months of the start of your academic program, and must contain the logo and/or seal of the bank, your (or your sponsor's) full name, and the amount of funds available.
- All bank statements and documents must be in English, or be officially translated into English. However, the amount of funds listed on statements may be in the currency of your home country, and does not need to be listed in U.S. Dollars.
- Electronic versions of bank statements are acceptable, as long as they contain the issue date, the logo and/or seal of the issuing bank, your (or your sponsor's) full name, and the amount of funds available. While electronic bank statements are acceptable, "screen shots" of online banking sessions will not be accepted. Original documents are preferred, but high quality color scans sent via email may be accepted at the discretion of the Designated School Official reviewing your documents.
- In lieu of bank statements, you may submit a letter from your bank (on official bank letterhead) containing the issue date, your (or your sponsor's) full name, the length of the relationship with the financial institution, and the amount of funds available. Such letters must bear an official bank signature and bank seal.
- Scholarship letters/financial guarantees must contain an issue date, your full name, and the date the scholarship goes into effect.

Real estate titles, investments/stocks, lines of credit, salary statements, and loans are not acceptable for the purposes of this form.

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Declaration of Financial Support

SECTION ONE: Personal Information

Name: _____

Date of Birth: _____

Passport Number: _____

Passport Expiration Date: _____

Permanent Home Country: _____

Address: _____

Country of Citizenship: _____

Intended Major: _____

Starting Semester: _____

SECTION TWO: Estimated Expenses & Sources of Funding

Estimated Expenses per Year for the 2020-2021 Academic Year (in \$US):

Graduate Programs

	<u>Graduate Per Year</u>
Tuition	\$ 33,800-\$48,000
Student Fees	\$ 1,875
Room and Board	\$ 12,706*
Health Insurance	\$ Provided by student
Books and Supplies	\$ 1,467
Personal	\$ Up to student
Total	\$ 49,842 - \$59,042

*Estimated Housing based on academic year. May be higher based on personal choice.

Your financial support can come from your personal funds, the funds of a sponsoring friend or family member, from government and or institutional scholarships, or from a combination of these sources. Your financial resources must meet or exceed the estimated totals listed above.

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Declaration of Financial Support

Please check/complete each section that applies to your sources of funding:

- ☐ Personal funds (Amount in \$US Dollars) \$ _____
I shall have sufficient funds available to pay all my necessary annual expenses in the amount indicated above this statement, and I shall further be able to pay for travel to and from my home country. I certify that the statements made on this form are true. Also, I understand that I shall not receive any need based financial aid from Lincoln University.

Signature: _____ Date: _____

- ☐ Funds from a Sponsor (Amount in \$US Dollars): \$ _____
Sponsor's Full Name: _____
Relationship: _____
Address: _____
Phone: _____
Email: _____

Please have sponsor read and affirm:

I hereby certify that I am able to provide the amount indicated above this statement annually to (student's name): _____ to meet all direct and related expenses incurred during his/her studies in the United States, should that person require access to those funds. I authorize the release of supporting financial documents and certify that the information contained within the supporting documents is accurate.

Sponsor signature: _____

Date: _____

- ☐ Government/Institutional Sponsorships (Amount in \$US Dollars): \$ _____

Name of Sponsoring Institution: _____

Please provide a copy of your scholarship letter from the government agency or institution sponsoring your studies.

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Declaration of Financial Support

SECTION THREE: Required documents to send in with this form:

- Proof of Financial Support from your (or your sponsor's) bank, or government/scholarship letter.
- If you are currently enrolled at another institution within the United States, please also include:
 - Photocopy of your current visa (stamped in your passport)
 - Photocopy of both sides of your I-94 (stapled in your passport)
 - Photocopy of Employment Authorization Document (if you are currently on CPT/OPT)
 - Photocopy of all I-20s issued to you at your previous institution