Foreign Student Data Sheet

This form is to be completed by all international student applicants.

Name of applicant: _____
Family Name Given Name Middle Initial

Country of Citizenship: _____

Email Address: _____ Phone: _____

Current Mail Address: _____

_____

Home Country Residential Address: _____

English Language Proficiency Requirement:

English proficiency is required of all foreign applicants whose primary language is not English. If English is not your primary language please have the Educational Testing Service (ETS) send your official TOEFL score report to UNMC (institution code 6896). The UNMC Graduate College requires a minimum TOEFL Score of 550 (paper based), 213 (computer based), or 80 (internet based). The TOEFL requirement is waived ONLY if you have studied at a University inside the U.S. for one year or more.

- **If Currently in the United States:**

  Current Visa type: _____ Date status expires: _____

  I-94 Number: _____

  Are you currently enrolled as a full time student? _____

  Name of school that issued most recent Form I-20: _____

  Date current Form I-20 Expires: _____
  Month/Day/Year

For questions regarding applying for a visa or transferring your current visa to the University of Nebraska Medical Center, please contact the international student advisor: dteet@unmc.edu

Annual Financial Requirements for Foreign Students

Living expenses	**14,000.00**	**Tuition and Fees**	**$17,050.00**
Spouse*	3,000.00*	**Books and Supplies**	**500.00**
Child (each)*	1,500.00*	**Health Insurance**	**964.00**
*add to total if applicable		**Total:**	**$32,514.00**

Send completed form to:

Office of Graduate Studies
University of Nebraska Medical Center
987810 Nebraska Medical Center
Omaha, NE 68198-7810