



Find your place in the sun.



Visiting International Student Summer Program (VISSP) Application for Admission

Complete this application and submit all materials via email to: clcofer@syr.edu
or, submit by mail to: **Chris Cofer, Executive Director, Summer@Syracuse**
700 University Ave., Suite 403
Syracuse, NY 13244 USA

For questions and inquiries contact Chris Cofer:
• Email: clcofer@syr.edu
• Phone: +315-443-1988

ELIGIBILITY

You must be at least 17 years of age, have completed your secondary education, and be proficient in English reading, writing, and speaking with a minimum TOEFL score of 80, IELTS score of 6.5. Visit <http://summer.syr.edu/vissp/toefl/> for complete English proficiency requirements.

2017 APPLICATION DEADLINES:

Summer Session I & Combined Summer Session

- May 1st if Syracuse University sponsored I-20 is required
- May 15th for all other students

Summer Session II:

- June 1st if Syracuse University sponsored I-20 is required
- June 15th for all other students

REQUIRED DOCUMENTATION:

- Complete Application
- Copy of passport (and U.S. visa if applicable)
- Proof of English proficiency (TOEFL, IELTS, other)
- Academic Records or Transcripts
- \$100 non-refundable application fee
(Visa, MasterCard, Wire transfer, Bank check or money order payable to Syracuse University)
- Certified Bank or Financial Statement (if applicable)
- Summer 2017 Housing Form (*available in March*)

APPLICATION

PLEASE PRINT CLEARLY

FAMILY NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: MALE FEMALE

(month/day/year)

HOME COUNTRY ADDRESS: _____

Include Street number, Street name, City, State or Providence, Country and Zip Code if applicable

U.S. ADDRESS: _____

Include Street number, Street name, City, State or Providence, Country and Zip Code if applicable

PHONE NUMBER: _____

U.S. PHONE NUMBER: _____

E-MAIL ADDRESS: _____

COUNTRY OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

ADDRESS TO MAIL I-20 (*if different from current address above*):

Include Street number, Street name, City, State or Providence, Country and Zip Code if applicable

PARENTS/LEGAL GUARDIANS/EMERGENCY CONTACTS:

FULL NAME: _____

Last

first

FULL NAME: _____

Last

first

PHONE NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

Admission into VISSP does not constitute admission to any Syracuse University degree program

EDUCATION RECORD

HIGHEST LEVEL OF EDUCATION COMPLETED: High School Some College College Degree

HOW MANY YEARS HAVE YOU STUDIED ENGLISH: 1-2 Years 2-4 Years 4-6 Years 6+ Years

HAVE YOU ATTENDED SCHOOL IN THE U.S.? YES NO *If yes, list school, location, and dates of attendance*

NAME OF SCHOOL: _____

LOCATION: _____ DATES ATTENDED: _____ to _____

NAME OF SCHOOL: _____

LOCATION: _____ DATES ATTENDED: _____ to _____

HAVE YOU TAKEN THE TOEFL EXAM? YES NO *If yes, date taken: _____ TOEFL Score: _____*

HAVE YOU TAKEN THE IELTS EXAM? YES NO *If yes, date taken: _____ IELTS Score: _____*

MAJOR FIELD OF STUDY: UNDERGRADUATE: _____ GRADUATE: _____

DO YOU HAVE A VALID UNITED STATES VISA IN YOUR PASSPORT? YES NO

IF YOU HAVE A VALID U.S. VISA, PROVIDE TYPE AND EXPIRATION DATE: _____ (F-1, J-2, H-1, H-4, etc.) _____ (MM/DD/YYYY)

IF YOU HAVE A VALID U.S. VISA, IS IT SPONSORED BY ANOTHER US COLLEGE OR UNIVERSITY? YES NO

IF YES, PROVIDE FULL NAME OF COLLEGE OR UNIVERSITY: _____

DO YOU REQUIRE SYRACUSE UNIVERSITY SPONSORSHIP TO ATTEND SUMMER SESSIONS ON AN F-1 VISA?
 YES NO *Refer to visa guidelines for VISSP: <http://summer.syr.edu/vissp/visa-information/>*

VISSP CLASS PREFERENCES

WHICH 2017 SUMMER SESSION(S) DO YOU PLAN TO ATTEND?

SUMMER SESSION I (6 WEEKS; MAY 22 – June 30) SUMMER SESSION II (6 WEEKS; JULY 3 – AUGUST 11)

COMBINED SUMMER SESSION (12 WEEKS; MAY 22 – AUGUST 11)

LIST YOUR TOP 5 COURSE PREFERENCES IN ORDER* *VISSP students must study fulltime (2 classes per 6 week session)*
Refer to the 2016 Summer Credit Schedule as a reference. Summer 2017 tentative schedule will be available in December 2016.

	Session I Session II Combined	Dept.	Course#	Class#	Course Title	Cr.#	Days	Time
EX:	Session II	MAT	284	70425	Business Calculus	4	MTWTh	2:00-4:25 PM
1								
2								
3								
4								
5								

*Registration in listed classes is not guaranteed. Class registration occurs after receipt of tuition payment.

WILL YOU REQUIRE: UNIVERSITY HOUSING? YES NO UNIVERSITY MEAL PLAN? YES NO
The Summer 2017 Housing & Meal Plan Form will be available in March, 2017.

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Financial Sponsorship Certification for International Students

Visiting International Student Summer Program (VISSP)

Summer@Syracuse, Syracuse University

700 University Ave., Suite 403C

Syracuse, NY 13244

Phone: 314-443-1095

Fax: 315-443-4410

Email: clcofer@syr.edu

Website: summer.syr.edu/vissp/visa-information/

International students who require sponsorship from Syracuse University for an F-1 student visa must submit an application which includes documentation indicating they have sufficient funds to support their studies in order to receive an I-20 form for submission with their visa application.

Student's Name: _____
Family/Last Name *First/Given Names*

Sponsor's Name: _____

Sponsor's Relationship to Student: _____

This certifies that I, _____ (*Sponsor's printed name*), am willing and able to financially support the above named student (and his/her family, if applicable) for academic fees and living expenses for a minimum of (U.S. \$) _____ throughout the duration of his/her studies at Syracuse University.

Attached to this certification is official documentation of available funds for summer enrollment. The documentation is in English and the funds are converted to U.S. dollars. It is the student's responsibility to document availability of additional required funds, if necessary.

Sponsor's Signature: _____ Date Signed: _____