

Dear Prospective International Student:

Greetings from Southeastern Baptist Theological Seminary! We are excited about your interest in pursuing a theological education at our institution, where we truly desire to cultivate a genuine sense of Kingdom-minded diversity as we fulfill our purpose of seeking “to glorify the Lord Jesus Christ by equipping students to serve the Church and fulfill the Great Commission.”

As part of the admissions process, international students must complete not only Southeastern’s standard admissions application but also each related component within the International Student Admissions Packet. Upon acceptance to the institution, the information provided as requested in the packet allows international students to be eligible for the Student Visitor and Exchange Program (SEVP) “Form I-20,” which is the document granting entrance into the United States to pursue a program of study.

Please carefully review, complete, and return the requested information in this packet along with that of the standard admissions application and any supplementary documentation to:

Office of Admissions
Southeastern Baptist Theological Seminary
120 S. Wingate Street
Wake Forest, NC 27587

For more information regarding the Student Visitor and Exchange Program, please visit the relevant page on the official website of the US Department of Homeland Security (<https://www.ice.gov/sevis>). You may also find out additional information through the department of US Citizenship and Immigration (<http://www.uscis.gov/>).

Again, we are excited about your interest and consideration of Southeastern Seminary as your institution of study. Please contact the Admissions Office if you have any questions or need assistance in completing the packet—we are here to serve you!

Blessings in Christ,



Drew Ham
Director of Discipleship & Spiritual Formation and International Student Services
Southeastern Baptist Theological Seminary

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Schedule of Estimated Annual Expenses

INTERNATIONAL STUDENTS ARE REQUIRED BY U.S. HOMELAND SECURITY TO PROVIDE PROOF OF FINANCIAL SUPPORT FOR A MINIMUM OF ONE-YEAR OF STUDY (FULL PROGRAM OF STUDY RECOMMENDED). ADDITIONALLY, SOUTHEASTERN REQUIRES INTERNATIONAL STUDENTS TO PAY AN ADDITIONAL REFUNDABLE DEPOSIT UPON APPLICATION FOR ADMISSION.

INTERNATIONAL STUDENT DEPOSIT*

Single Student: \$2,500
 Married Student: \$3,500

This initial, per family, one-time International Student Deposit for incoming international students must be received in the Admissions Office before an I-20 can be issued. It is refundable upon written request to the International Student Office after either: a) the student has completed his or her full program of study and has returned home; or if desired sooner, b) the student has completed one full academic year of study.

ESTIMATED ANNUAL EXPENSES: TUITION, FEES, & LIVING

	College Single	Seminary Single	College Married	Seminary Married
SBC Tuition/Fees:*	\$8,124	\$5,040	\$8,124	\$5,040
Living Expenses:**	\$15,500	\$15,500	\$15,500	\$15,500
Dependent Expenses:			\$10,000***	\$10,000***
Totals:	\$23,624	\$20,540	\$33,624	\$30,540

	DMin Single	PhD/EdD Single	DMin Married	PhD/EdD Married
SBC Tuition/Fees:**	\$6,820	\$7,340	\$6,820	\$7,340
Living Expenses:***	\$15,500	\$15,500	\$15,500	\$15,500
Dependent Expenses:			\$10,000****	\$10,000****
Totals:	\$22,320	\$22,840	\$32,320	\$32,840

* New deposit amount will take effect January 2016

** Tuition is billed at the Southern Baptist rate for the first semester of study. For following semesters, the student must be a member of a Southern Baptist church or pay the non-Southern Baptist rate (twice the tuition rate). International Students are ineligible for institutional scholarships or financial aid until after their first full academic year of study.

***Living expenses are approximate and are determined by adding an average of Southeastern's campus rent costs to an average of related utility and living expenses for the Wake Forest area. Where possible, and though not required beyond one year, we encourage international students to not only exceed these amounts but also attempt to fund their entire program of study.

****Add \$2,500 per child as a minimum.

Form 1A: Student Information Worksheet

The Information requested in this form will be used to create and issue an I-20. Please complete and return the entire form, being sure all names appear as listed on passport. **Please also include a photo copy of each relevant passport.**

TODAY'S DATE: _____ (MM/DD/YY) STUDENT ID (IF KNOWN): _____

FULL NAME (*Mr., Mrs., Ms., Miss*): _____
Family (Last) Name First (Given) Name

GENDER: *Male* ___ *Female* ___ DATE OF BIRTH: _____ (MM/DD/YYYY)

E-MAIL ADDRESS: _____@_____. _____

SOCIAL SECURITY NUMBER (*if issued*): _____ - _____ - _____

PLACE OF BIRTH: *City* _____ *Country* _____

COUNTRY OF CITIZENSHIP: _____

COUNTRY OF PERMANENT RESIDENCE (*if different*): _____

PASSPORT COUNTRY: _____ PASSPORT NUMBER: _____

PASSPORT EXPIRATION DATE (MM/DD/YYYY): _____ PASSPORT NAME: _____

I-20 EXPIRATION DATE (IF APPLICABLE): _____

CURRENT VISA STATUS: _____

TOEFL SCORE (*IF APPLICABLE*): _____ NATIVE LANGUAGE: _____

CURRENT FOREIGN ADDRESS (*outside the United States*):

Address 1: _____

Address 2: _____

City: _____

Province/Territory: _____

Postal Code: _____

Country _____

PHONE NUMBER: (_____) _____ - _____

Form 1A: Continued

MARITAL STATUS: *Married* ___ *Single* ___

If married, will members of your family be coming with you? ___ *Yes* ___ *No*

○ If yes, please list the following dependent information:

Family Name	First & Middle Name	Date of Birth	Country of Birth	Citizenship	Relation to Student

CURRENT DENOMINATIONAL AFFILIATION (ONCE ARRIVED, EXPECTED TO ATTEND SBC-AFFILIATED CHURCH):

DO YOU CURRENTLY HAVE INSURANCE? _____ *Yes* _____ *No*

If yes, what is the expiration date: _____

PLEASE NOTE: International Students are required to carry health insurance while a student in the US. Southeastern does not provide options health insurance, but in most cases, you may maintain what insurance you currently have through your home country.

DESIRED PROGRAM OF STUDY (PLEASE CHECK ONE) :

- | | |
|---|---|
| <input type="checkbox"/> COLLEGE/UNDERGRADUATE (BA) | <input type="checkbox"/> MASTER OF THEOLOGY (THM) |
| <input type="checkbox"/> MASTER OF ARTS (MA) | <input type="checkbox"/> DOCTOR OF MINISTRY (DMIN) |
| <input type="checkbox"/> MASTER OF DIVINITY (MDIV) | <input type="checkbox"/> DOCTOR OF EDUCATION (EDD) |
| | <input type="checkbox"/> DOCTOR OF PHILOSOPHY (PHD) |

SEMESTER ENROLLING (MONTH/YEAR): _____

ANTICIPATED GRADUATION DATE (MONTH/YEAR): _____

U.S. ADDRESS (if U.S. address not known, please enter the address of the school until you arrive: 120 S. Wingate Street, Wake Forest, NC 27587):

PHONE NUMBER: (_____) _____ - _____

Form 1B: Transfer Request Form

REQUEST & VERIFICATION FOR SCHOOL TRANSFER (2 PAGES)

[IF NOT A TRANSFER STUDENT, PLEASE SKIP TO FORM 2, PG. 7]

TO THE STUDENT APPLICANT:

Please Sign the authorization below and present to your International Student Liaison or DSO who will supply the information requested. If you are a permanent resident (immigrant) of the U.S. and hold a Permanent Resident card or form I-551, please fill out only the relevant information on this form and return it with a copy of your Alien Registration Card to Southeastern's Admissions Office.

"I request and authorize my present International Liaison or DSO to provide the information requested below as part of my application for admission to Southeastern Baptist Theological Seminary."

SIGNATURE: _____

TODAY'S DATE: _____

PRINTED NAME: _____

EXPECTED ENROLLMENT (SEM/YR): _____

TO THE INTERNATIONAL STUDENT LIAISON OR DSO: SOUTHEASTERN SEVIS SCHOOL CODE: **ATL214F10266000**

Please supply the following information and send it to the Office of Admissions, Southeastern Baptist Theological Seminary, 120 South Wingate Street, Wake Forest, NC 27587.

APPLICANT'S NAME: _____
Family (Surname) First (Given)

PRESENT FULL ADDRESS: _____

COUNTRY OF CITIZENSHIP (Passport): _____

VISA INFORMATION OF STUDENT (Check One):

F-1 **Permanent Resident (Immigrant)** **J-1**
 Other (Please Specify): **F-2 Dependent** **J-2**

Alien Registration Number _____ (Attach copy of Card)

Admission Number (From I-20 or I-94): _____ Form I-94 valid until: _____

Is student currently attending the school he/she was last authorized to attend? Yes No
(If no, please provide explanation on back).

To the best of your knowledge, is this student currently "in status" with SEVP/Homeland Security? Yes No
(If no, please provide explanation on back).

Dates Attended: _____ – _____ Program of Study: _____

"I certify that the information within the pages of this FORM 1B (Verification of Transfer) is correct as of _____ 20__ (Today's Date)."

_____	_____	_____
School Official Name	Signature of School Official	Title
_____	_____	_____
Institution	Address	Phone

Form 2: International Student Deposit Agreement

APPLICANT MUST SUBMIT THE FULL DEPOSIT TO THE ADMISSIONS OFFICE BEFORE BEING ADMITTED TO THE INSTITUTION.

INTERNATIONAL STUDENT DEPOSIT

Single Student: \$2,500

Married Student: \$3,500

This initial, per family, one-time International Student Deposit for incoming international students must be received in the Admissions Office before an I-20 can be issued. It is refundable upon written request to the International Student Office after either: a) the student has completed his or her full program of study and has returned home; or if desired sooner, b) the student has completed one full academic year of study.

"This acknowledgement is to certify that I, _____, will pay,
Printed Name

sponsor, or provide for the International Student Deposit in the amount of \$ _____ required for

_____ admission to Southeastern Baptist Theological Seminary. My
Full Name of Student

relationship to the student is _____ (self, spouse, parent, etc.)."

The International Student Deposit will be held in a non-interest bearing account in the Accounting Services Office at Southeastern Baptist Theological Seminary. In the event that the international student does not enroll at Southeastern Seminary, the deposit will be refunded to the sponsor(s) upon the written request of the paying party.

SPONSOR'S OR PAYEE'S SIGNATURE: _____

DATE: _____

ADDRESS:

PHONE NUMBER: (_____) _____ - _____

E-MAIL ADDRESS: _____

Please include a check or money order made out to "Southeastern Seminary" and submit to:

Office of Admissions
Southeastern Baptist Theological Seminary

120 South Wingate Street,
Wake Forest, NC 27587.

Form 3: Affidavit of Financial Support*

Please complete the form below for the student, student sponsor, or for both using multiple copies, being sure to also include any required additional documentation (refer to pg. 2 of this packet for estimated expenses). US Immigration regulations require full documentation of all financial resources sufficient **for the first academic year of study as a minimum. An I-20 cannot be issued if funds are inadequate or are not properly documented.** Due to the nature of both employment and financial aid eligibility for international students, it is strongly recommended that students come prepared to fund not only their first academic year but also their full program of study.

Student Name _____
Last or family name (surname)
First Name (given name)
Middle/Maiden

Sponsor Name OR Self (if self-supporting) _____ / _____
 (If sponsor is an organization, please provide name of organization as well as name of primary contact)

Address _____
Street Number and Address (Sponsor or Self)
Apartment Number (if applicable)

City
State or Province
Postal Code
Country

Phone (____) _____ - _____ Email _____ @ _____

"I/we pledge to give U.S. \$_____ for the above student annually for _____ year(s). I/we further acknowledge that by signing this form, I/we understand that a commitment is being made for the amount and length of time indicated and that a failure to fulfill a portion of or all of that commitment could contribute to or result in a stop or termination of the above student's F-1 status."

SPONSOR'S SIGNATURE: _____ DATE: _____

In addition to the above signature, please also fulfill the following two requirements in order for the affidavit to be considered complete:

- 1. A COORDINATING OFFICIAL BANK OR FINANCIAL STATEMENT MUST BE ATTACHED AND ACCOMPANIED BY A TRANSLATED OR CONVERTED VERSION OF IT INTO BOTH THE ENGLISH LANGUAGE AND TO U.S. CURRENCY, HAVING BEEN EXECUTED BY EITHER THE FINANCIAL INSTITUTION (*PREFERRED*) OR APPLICANT.**
- 2. AS APPLICABLE, THIS DOCUMENT SHOULD BE EITHER NOTARIZED OR BEAR AN ADDITIONAL OFFICIAL STAMP, MARK, OR SIGNATURE OF AUTHENTICITY BY A PARTY AUTHORIZED TO ADMINISTER OATHS OR ACKNOWLEDGMENTS. ****

*Please duplicate this document for as many sponsors as needed to meet financial obligation.
 **Complete notarization or mark of authenticity in space below.

Form 3B: Summary Worksheet of Financial Support

PLEASE LIST AND PROVIDE A SUM OF THE TOTAL AMOUNT OF FUNDS AND SOURCES FROM FORMS 2 AND 3A FOR AS MANY AS SOURCES OR SPONSORS AS ENLISTED (REFER TO PG. 2 FOR ESTIMATED ANNUAL EXPENSES). THE TOTAL AMOUNT OF STUDENT FUNDS MUST MEET OR EXCEED THE ADDED AMOUNT OF BOTH THE INTERNATIONAL STUDENT DEPOSIT (FORM 2) AND THE AFFIDAVIT OR FINANCIAL SUPPORT (FROM 3A). IF AVAILABLE, IT IS STRONGLY ENCOURAGED TO SHOW SUPPORT FOR FULL PROGRAM OF STUDY.

<u>FINANCIAL RESOURCES:</u>	<u>1ST YEAR EXPENSES</u> (approximate)	<u>FULL PROGRAM EXPENSES</u> (if available)
Source on Form 2: _____	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>
Source on Form 3A: _____	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>
Total Funds:	\$ <input style="width: 80px; text-align: right; border: 2px solid red;" type="text" value=".00"/>	<input style="width: 80px; height: 20px;" type="text"/>

THIS FINANCIAL SUMMARY STATEMENT SERVES AS A PERMANENT RECORD KEPT IN THE STUDENT'S FILE; IT IS USED TO COMPLETE INFORMATION IN SEVIS IN ORDER TO CREATE THE STUDENT'S I-20, AND IT IS ALSO, IN PART, THE GUARANTEE THAT THE STUDENT HAS ADEQUATE FUNDS TO MATRICULATE AT SOUTHEASTERN.

PLEASE COMPLETE AND RETURN TO:

**OFFICE OF ADMISSIONS
SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY
120 SOUTH WINGATE STREET
WAKE FOREST, NC 27587**

Form 4: Health Insurance

Southeastern Baptist Theological Seminary requires all International students with F-1 visas, as well as accompanying spouses and children (F-2), to show proof of and maintain functioning health insurance for the duration of your time at Southeastern.

*International Students may ***maintain*** health insurance from their country of origin as long as the insurance is **acceptable** within the U.S.

HEALTH INSURANCE INFORMATION

IMPORTANT NOTE

Selecting your own insurance is complicated. While we cannot select an alternative plan for you, we suggest you select a plan that has at least the following coverage: (See provider list on the next page.)

- Medical benefits of at least \$50,000 (US\$) per accident or illness;
- Repatriation of remains in the amount of \$7,500 (US\$);
- Expenses associated with the medical evacuation of the exchange visitor (or accompanying spouse or dependent children) to his or her home country in the amount of \$10,000 (US\$);
- A deductible not to exceed \$500 per accident or illness.

The plan should not have too many conditions. Here are the basics you should expect:

- May require a waiting period for pre-existing conditions, which is reasonable as determined by current industry standards;
- May include a provision for co-insurance under the terms which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness;
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any plan or policy should at least meet these standards:

- Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. Rating of "B+" or above, or such other rating as the Agency may from time to time specify; or
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Form 4: Health Insurance

Company's Name _____ Policy Number _____

Effective Date _____ Policy Holder's Name _____
MM/DD/YEAR

Here are some programs that many schools recommend which meet the requirements on the previous page:

GuideStone Financial Resources

(573) 636-0400, extension 330 - phone
E-mail:
www.guidestone.org/AboutUs/SecureContactForm
Website: www.guidestone.org

The Gateway Plans

(800) 282-4495 – phone
E-mail: gateway@marshpm.com
Website: www.gatewayplans.com

Compass Benefits Group

(800) 767-0169 - phone
E-mail: jfleming@compassbenefit.com
Website: www.compassbenefit.com

The Harbour Group, L.L.C.

(800) 252-8160 – phone
E-mail: info@hginsurance.com
Website: www.hginsurance.com

International Students Organization

(800) 244-1180 – phone
E-mail: mailbox@isoa.org
Website: <http://www.isoa.org>

HTH Worldwide Insurance Services

Sales: (877) 424-4325 (Toll-free);
(610) 254-8700 (Local)
Customer Service: (888) 350-2002 (Inside U.S.); (610) 254-8771 (Outside U.S.)
E-mail: studentinfo@hthworldwide.com
Website: www.hthstudents.com

VISIT International Health Insurance

(800) 247-5575 – phone
Email: info@visitinsurance.com
Website: www.visitinsurance.com

International Student Insurance

(877) 758-4391 - phone
Email: info@internationalstudentinsurance.com
Website: www.internationalstudentinsurance.com

****PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THE END OF THIS APPLICATION****

Form 5: Statement of Acknowledgement*

DATE: _____

NAME: _____
Family Name First (Given) Name Middle

PASSPORT FROM (Country): _____

AS AN INTERNATIONAL STUDENT APPLICANT TO SEBTS, I UNDERSTAND AND ACKNOWLEDGE THAT:

1. It is my responsibility to interpret and understand all information in this initial packet, as well as within the pages of the subsequent FORM I-20 if accepted to the institution.
2. If accepted, and after completing a program of study, F-1 student status requires that students either return to their home country or enroll in a subsequent program of study at the same or different institution within a grace period of 60-days.
3. The International Student Deposit must be received by the Admissions Office before an I-20 may be issued.
 - a. The deposit will be held by the Accounting Services Office at SEBTS.
 - b. My deposit will be returned, without interest, under the following conditions:
 - i. upon written request after securing returning travel arrangements to my home country or under confirmation of transfer to a different program of study after the completion of my education at SEBTS;
 - ii. upon written request after the completion of one full year at SEBTS and having no outstanding charges to SEBTS.
 - iii. I understand that my deposit may be reduced by any outstanding debt owed to SEBTS.
4. I will not be permitted to work off-campus during the first year of study (per government regulations). I understand that though I may work on-campus during that time, there is no guarantee of campus employment. If during my studies I am hired by a campus entity, or if after the first year by an off-campus entity, I will immediately notify the International Student Office and file the appropriate paperwork with USCIS.
5. I will be required to have adequate health and hospitalization insurance for myself and dependents (if applicable).
6. I must attend Southeastern's International Student Orientation. Failure to attend this Orientation may endanger my status as a student at Southeastern, as well as my student status with USCIS.
7. I will be expected to join a Southern Baptist-affiliated church in the area during my semester. If I choose not to do so, I will be charged the non-Southern Baptist rate for tuition for subsequent semesters.
8. As an F-1 status student, I must provide proof of and maintain health insurance for myself and any dependents (F-2) for the duration of my time at Southeastern.

STUDENT SIGNATURE: _____

DATE: _____