

Mount Angel Seminary
One Abbey Drive
Saint Benedict, Oregon USA 97373
Phone: (503) 845 -3549
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INTERNATIONAL STUDENT SERVICES



CONFIDENTIAL

To: Tamara Swanson From: _____
Fax: 503-845-3128 Date: _____
Phone: 503-845-3549 Pages: _____
Re: I-20 Supplemental Application

Urgent For Review Please Comment Please Reply Please Recycle

•Comments:

I attest that all the information contained in this application form and pertinent to any information provided as part of the application process is true and complete to the best of my knowledge. I recognize that the information requested is provided in confidence and becomes property of Mount Angel Seminary.

Signature: _____ Date: _____

This message is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender or delete message.

Mount Angel Seminary Supplemental Application For Non-Residents of the United States



Mount Angel Seminary is an educational institution approved for issuing I-20s. As such, we must be in compliance with the government regulations. The Admissions Board is required to obtain sufficient information to determine whether the prospective student meets our standards for admission. Additionally, the Seminary must have proof of financial responsibility from the sponsor.

TO BE COMPLETED BY THE STUDENT	
Family Name:	Country of Birth:
First Name:	Country of Citizenship:
Middle Name:	Birth Date: /month /day /year
Name of Diocese/Religious Order (sponsor):	Signature of Student:
	Date of Application:
Address in Country of Citizenship	Current Mailing Address for I-20
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
City: _____	City: _____
Province/Territory: _____	Province/Territory: _____
Postal Code: _____	Postal Code: _____
Country: _____	Country: _____

Please note: international students who obtain an F-1 visa are authorized to enter the United States not more than thirty days before the beginning of the program start date on the I-20. These students are monitored using data recorded in the government’s Student and Exchange Visa Information System (SEVIS).

- International students must schedule an interview with a United States Embassy or Consulate and will need supporting documentation from the sponsor (diocese or religious order) prior to this appointment.
- An individual who applies for a student visa must obtain a Form I-20 and Acceptance Letter from the seminary to support the application to the United States Embassy.
- The seminary’s Designated School Official is authorized to issue the Form I-20.
- After the materials are received the Admissions Board can make a decision regarding acceptance.
- Once accepted, the seminary will issue an Acceptance Letter along with the I-20.

Please fax or email this page along with a photocopy of the passport (page with photo and name). Then mail it with your signature to the address below:

International Student Services
Mount Angel Seminary
Saint Benedict, Oregon USA 97373
Fax 503.845.3128
Tamara.Swanson@mtangel.edu

Mount Angel Seminary Supplemental Application For Non-Residents of the United States



Listed below are the minimum documents required for issuance of an acceptance letter and the Form I-20.

- **MOUNT ANGEL SEMINARY APPLICATION**
- **TRANSCRIPTS** (faxed or mailed copies of official transcripts are acceptable, official sealed transcripts must be sent later as detailed in the application book)
- **LETTER OF ENDORSEMENT** from the Diocese or Religious Order
- **TOEFL iBT** – Information and registration updates can be found at www.ets.org/toefl
- **OPI (Oral Proficiency Interview)** – Arrange for a face-to-face or a telephonic OPI through the Admissions Office

TO BE COMPLETED BY THE ACADEMIC DEAN

APPLICANTS NAME _____ DIOCESE/RELIGIOUS ORDER _____

_____ Spring _____ Fall _____ Year Academic Level _____

_____ TOEFL iBT

_____ OPI

_____ Transcripts

This is to certify that the above mentioned student has submitted the necessary documentation for it to be determined that he meets Mount Angel Seminary’s minimum academic requirements:

_____ Anticipated program start date ___/___/___

_____ Anticipated completion date ___/___/___

Signature of Academic Dean:

Date:

TO BE COMPLETED BY THE PRESIDENT-RECTOR

_____ Seminary Application Received

_____ Financial Responsibility / Letter of Endorsement received

The above candidate has been:

[] Approved for Admission

[] Denied, reason for denial:

Signature of President-Rector or Vice-Rector:

Date: