La Roche COLLEGE

Engaging Minds. Embracing the World.

International Undergraduate Admissions

APPLICATION
INSTRUCTIONS

APPLICATION REQUIREMENTS

In addition to this application, you must submit the following:

1. $50 application fee (Can be either a money order or wire transfer made payable to La Roche College.)

2. All high school and post-secondary transcripts must be submitted with a notarized English translation. Please include national exam results, if necessary.

3. Copy of passport photo page

4. Affidavit of Support Form

5. Official and recent bank statement from sponsor or related financial documents in support of Affidavit of Support Form

All additional required forms will be provided to the student after an application is received.

Note: SAT/ACT/TOEFL/IELTS scores are not required, but any scores that are submitted will be taken into account during the admission decision.

IMPORTANT NOTES

• Students who have attended more than one year of post-secondary education do not need to submit a secondary school transcript.

• Final, official transcripts and test scores must be submitted by the time of enrollment; English translations are mandatory, if necessary. Notarized or attested copies of official documents will be accepted in lieu of original documents.

• All documents become the property of La Roche College and cannot be returned or transferred.

TO CONTACT LA ROCHE

All documents can be scanned or emailed as an attachment to international@laroche.edu

You may also fax the documents to 412-536-1188 or mail to the following address:

La Roche College
International Admissions
9000 Babcock Boulevard
Pittsburgh, PA 15237

Please contact the Office of International Admissions with questions or concerns.
PLEASE PRINT ALL INFORMATION

• Family Name (SURNAME) ___________________________________________________________

• First Name (GIVEN NAME) _______________________________________________________

• Other name(s) under which your transcripts might be submitted __________________________

• Home/Permanent Address (REQUIRED FOR I-20 ISSUE) __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________

• Current Address (IF DIFFERENT THAN HOME/PERMANENT ADDRESS) _______________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________
  __________________________________

• Social Security Number (IF APPLICABLE) _______ - _______ - _______  • Birth Date _______ - _______ - _______
  __________________________________
  __________________________________

• Male  Female  • Home Telephone Number _______ - _______ - _______
  __________________________________
  __________________________________

• Mobile Phone Number _______ - _______ - _______
  __________________________________
  __________________________________

• Email Address _________________________________________________________________

• Major/Academic Program _________________________________________________________

• Application for:  ❑ Fall 20_______  ❑ Spring 20_______  ❑ Summer 20_______  ❑ Freshman Admission  ❑ Transfer Admission

  ❑ I plan to live on campus  ❑ I plan to live off campus

PERSONAL INFORMATION

• Are you a U.S. citizen or permanent resident?  ❑ Yes  ❑ No  • What is your country of birth? ______________________________

• What is your country of citizenship? ______________________________  • What is your religion? (OPTIONAL): ______________________________

• Are you in the United States under refugee status?  ❑ Yes  ❑ No  (If yes, please indicate status and attach relevant information.)

• If currently in the United States, indicate your current visa status:  ❑ F-1  ❑ F-2  ❑ J-1  ❑ J-2  ❑ Other: ______________________________

• Is English your native language?  ❑ Yes  ❑ No

• Have you completed the TOEFL or iELTS?  ❑ Yes, date taken: _______ - _______ - _______  Total score: _______  ❑ No

(An official score report must be sent. Photocopies are not accepted.)

• Have you taken English-language training in a campus-based or ELS center?
  ❑ Yes, date taken: _______ - _______ - _______  Level attained: _______  ❑ No
• High School/Secondary School Attended

Name

__________________________________________________________

CITY    STATE    COUNTRY

Certificates, Exams, Diplomas

Dates of Attendance ___________________________ Graduation Date __________

• Colleges and Institutions Attended (Both U.S. and non-U.S.)

1.) Name

__________________________________________________________

CITY    STATE    COUNTRY

Certificates, Exams, Diplomas

Credits or years completed ___________________________ Currently enrolled?  □ Yes  □ No

2.) Name

__________________________________________________________

CITY    STATE    COUNTRY

Certificates, Exams, Diplomas

Credits or years completed ___________________________ Currently enrolled?  □ Yes  □ No

Please list any additional schools on a separate sheet of paper. Official transcripts/academic records from each school listed must be submitted to receive a final decision. Failure to furnish all information will constitute reason for disqualification of application or subsequent dismissal.

• Please list any other Colleges or Universities to which you are applying

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EXTRA/CO-CURRICULAR ACTIVITIES

• Organization Name

POSITION HELD ___________ YEAR ___________

• Organization Name

POSITION HELD ___________ YEAR ___________

• Organization Name

POSITION HELD ___________ YEAR ___________

• Organization Name

POSITION HELD ___________ YEAR ___________
LA ROCHE COLLEGE PRIVACY RIGHTS WAIVER

In accordance with the Buckley Amendment and the Family Education Rights and Privacy Act (FERPA) of 1974, we will not release any information regarding admission status, academic records or financial aid to any persons other than the student applicant. If the applicant is or will be 18 years of age during the application process, the admissions staff must have permission from the applicant to discuss these issues with a parent, guardian, spouse or sponsoring organization.

Organizations providing scholarships or grants to cover the cost of post-secondary study typically require notification of admission status, regular academic progress reports and recurrent contact with a student's academic adviser. In order for the faculty and staff of La Roche College to communicate with your sponsoring organization, you must select Option 1 and complete the information below.

INSTRUCTIONS: Select one of the options listed below and complete entirely. PLEASE PRINT CLEARLY.

☐ OPTION 1

I, ____________________________________________, waive my rights of privacy afforded to me by the Buckley Amendment and the Family Education Rights and Privacy Act, and give permission for the release of my admissions, financial and academic records to the following individual(s) and/or sponsoring organization:

Last Name ____________________________________________ First Name ____________________________________________
Street Address __________________________________________________________________________________________
City __________________________ State ________ Postal Code ________________
Phone Number ( ________ ) __________________________________________________ Relationship to Student ____________________________

Last Name ____________________________________________ First Name ____________________________________________
Street Address __________________________________________________________________________________________
City __________________________ State ________ Postal Code ________________
Phone Number ( ________ ) __________________________________________________ Relationship to Student ____________________________

Sponsoring Organization ____________________________________________
Street Address __________________________________________________________________________________________
City __________________________ State ________ Postal Code ________________
Phone Number ( ________ ) __________________________________________________ Primary Contact ____________________________

I understand that by waiving my rights, my admissions, financial and academic records may be reviewed by the above named individual(s) or organization without my additional consent, without my signature or without my presence.

Signature ____________________________________________ Date __________ - ________ - ________

☐ OPTION 2

I, ____________________________________________, do not waive my rights of privacy afforded to me by the Buckley Amendment and the Family Education Rights and Privacy Act.

Signature ____________________________________________ Date __________ - ________ - ________

This waiver will be kept permanently on file. If for any reason a student decided to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to:

The Office of the Registrar, La Roche College, 9000 Babcock Boulevard, Pittsburgh, PA 15237
INTERNATIONAL STUDENT AGREEMENT

In consideration of being accepted to La Roche College as an F-1 student, I hereby agree to the following:

1. I will register for, attend and complete a full-time program of study each semester. I will maintain a cumulative grade point average (GPA) of 2.0 or an alternate minimum GPA as specified by my sponsor if I am in an undergraduate program. Note: Full-time study is defined as a minimum of 12 credits for undergraduate and a minimum of 20 credits for English as a Second Language (ESL) programs.

2. If I receive any merit-based awards or scholarships, I will honor all conditions as a basis to keep the awards or scholarships.

3. I will take the English as a Second Language (ESL) Placement Test upon arrival, if required, to demonstrate my proficiency and determine my eligibility to begin undergraduate coursework. If advised on the basis of my test results, I will enroll in the ESL Program to achieve the required proficiency prior to beginning undergraduate coursework. I will pay any fee associated with taking this test.

4. I will take the Mathematics and College Writing Placement Tests, if required, which will determine my readiness to enroll in College Algebra (the minimum core mathematics requirement) and College Writing 1 (the minimum core English requirement). I will pay any fees associated with taking these tests.

5. I will supply the college with final, official copies of all transcripts prior to registering for classes.

6. I will obtain the approval and signature of my academic adviser prior to scheduling, adding, dropping or withdrawing from classes.

7. I agree to purchase the mandatory medical insurance provided through La Roche College or provide proof of acceptable coverage prior to the start of classes.

8. I understand my financial commitment, and I am prepared to maintain myself financially for the period of time necessary to complete my education at La Roche College.

9. I will abide by the United States immigration regulations that relate to my visa status. Note: Please visit http://www.uscis.gov for more information on USCIS regulations.

10. I agree to keep my passport valid at all times.

11. I will report to the Office of International Student Services within 48 hours of my arrival in Pittsburgh.

12. I will obtain permission and a signature on my I-20 from the Office of International Student Services, should I decide to travel outside the United States for any reason throughout the duration of my studies at La Roche College.

13. I will provide a current address, telephone number, email address and emergency contact information to the Office of International Student Services upon arrival in Pittsburgh. I will report any change in my contact information to the Office of International Student Services within 10 days of its occurrence.

14. I will establish and regularly check my La Roche College email account.

15. I will abide by the standards outlined in the La Roche College Student Handbook. Note: Access the Student Handbook at http://www.laroche.edu/student-online-handbook/handbook.htm. I verify that I have read the above conditions and fully understand and agree with them.

ADDITIONAL PERSONAL INFORMATION

- Have you applied to La Roche previously?  ☐ No  ☐ Yes:  ☐ FA 20  ☐ SP 20  ☐ SM 20

- Please list other universities to which you are applying. (This is for statistical purposes only; it has no bearing on the admissions process.)

- How did you hear about La Roche College? __________________________________________________________________________

- Please check each item on this application to ensure that you have provided all of the required information. Make sure to include the required application fee, official academic records and all information given in the checklist at the front of the application.

- Your signature below indicates that you have read this application carefully and that the information you have provided is correct and complete.

- All records become the property of La Roche College and cannot be returned or transferred.

- Signature ___________________________________________________________________________________________________________  Date _______  _______  _______

- MM  DD  YYYY