

# The University of Mississippi • Summer College For High School Students

## CHECK LIST FOR INTERNATIONAL STUDENTS

Dear applicant,

It is required that all forms are completely filled in and all additional documents submitted for an application to be considered for admission. The following checklist will help you keep track of what you are still missing. Be advised that a missing document will hold the entire admission process and the generation of your form I-20 may be delayed.

### Students Applying for **Intensive English Program**

- Parent / Student Consent form (page 1)
- Financial Certification (page 2)
- Medical Consent (pages 3a & b)
- Medical History (page 4)
- Immunization Record form (page 5)
- Immunization Compliance form (page 6)

### Additional Documents to support application

- Digital Picture passport style
- Copy of passport (biographical page only)
- Sponsor letter from school **OR** bank statement
- Copy of vaccination card showing 2 MMR shots

### Students Applying for **Any Other Program**

- Parent / Student Consent form (page 1)
- Financial Certification (page 2)
- Medical Consent (pages 3a & b)
- Medical History (page 4)
- Immunization form (page 5)
- Immunization Compliance form (page 6)
- Teachers' Recommendation letter (page 7)
- Principal or Advisor's Consent form (page 8)
- Language Proficiency Form (pages 9a & b) in case of not having a TOEFL score or other accepted Standardized English test, or not reaching the minimum score required.

### Additional Documents to support application

- Digital picture passport style
- Copy of passport (biographical page only)
- Sponsor letter from school **OR** bank statement
- Copy of vaccination card showing 2 MMR shots
- Copy of your latest TOEFL or other accepted English Examination score
- Copy of your transcript translated into English

The University of Mississippi • Summer College For High School Students  
**PARENT / STUDENT CONSENT FORM**

**COMPLETED BY PARENT**

I give my permission for the release of my child's transcripts, test scores, and academic information to the Summer College for High School Students at The University of Mississippi.

Student's Full Name \_\_\_\_\_

Parent/Guardian Name (PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PARENT / STUDENT CONSENT**

Do you give permission for your child to be: Photographed/videotaped for instruction/publicity?

Yes  No

Taken on class/weekend trips by The University of Mississippi?  Yes  No

Certification: I certify that all the information supplied for this form is true. I understand that giving false information or withholding information may make me ineligible for admission to The University of Mississippi.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

There is a non-refundable fee charge of \$100. To pay by credit card (VISA or MasterCard), please call the SCHS office at (662) 915-7621.

\* The University of Mississippi will not charge students unless they have been admitted to SCHS.

**Contact Information for the Office of Pre-College Programs:**

**Ari Lugo**

International Admissions Counselor

Email: [precollegeintl@olemiss.edu](mailto:precollegeintl@olemiss.edu)

Phone: (662) 915-7621

Fax: (662) 915-1535

Website: [www.olemiss.edu/SCHS](http://www.olemiss.edu/SCHS)

**Mailing Address:**

Summer College for High School Students

Outreach and Continuing Education

P.O. Box 1848

University, MS 38677-1848



THE UNIVERSITY of  
**MISSISSIPPI**

*The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age disability, veteran status, or genetic information.*

# The University of Mississippi • Summer College For High School Students

## FINANCIAL CERTIFICATION

In order to obtain a visa to enter the United States, international students must prove that they will have adequate financial support. The following is an ESTIMATED budget for a single student who is planning to attend the Summer College at The University of Mississippi:

Cost	4 weeks
Program Cost	\$2,600
Application Fee	\$100
<b>Total Base Price</b>	<b>\$2,700</b>
<b>Additional expenses</b>	
Books (estimated)	\$200
Weekend Meals (estimated)	\$200
Additional Class fees (if applicable)	\$200
<i>*Books, Weekend Meals, and any Additional Class fees are payable upon arrival.</i>	
<b>Total with additional expenses</b>	<b>\$3,300</b>
<b>Optional Expenses</b>	
Nashville Excursions	\$300
<b>Grand Total including additional and optional</b>	<b>\$3,600</b>

Once a student is admitted we will send an I-20 and an invoice with the remaining balance due to the student. That payment is due by May 1, 2017 for the first session and May 15, 2017 for the second session.

**These are estimated based on minimum expenditures and current fees.** Estimates do not include travel from the home country or in the United States. Students make choices about miscellaneous expenses, which greatly affect the total amount spent (weekend meals, snacks, entertainment, clothing, excursions, souvenirs, etc.). These personal expenses are not included in the I-20 amount.

Before we send you an I-20, we must receive one of the following:

1. Students who will be sponsored by a friend or family member must have the sponsor complete and sign the Declaration of Sponsor below. The sponsor must provide a bank letter showing savings or bank deposits equal to the total amount of the estimated expenses indicated in item one (1).
2. Students who have official government or agency sponsors should submit the standard sponsorship documents used by them to guarantee financial support.

## Declaration of Sponsor

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Sponsor

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address of Sponsor

*I have read the estimated budget for the Summer College for High School Students Program at The University of Mississippi. I agree to support the applicant named above during his/her period of study.*

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

The University of Mississippi • Summer College For High School Students  
**TREATMENT AND MEDICAL CONSENT**

This form grants permission to the Summer College for High School Students and The University of Mississippi to seek medical treatment for a student in case of emergency or the need to see a physician arises. **A copy of all insurance forms needed for treatment must be included with this form.**

Student Name \_\_\_\_\_ Birth Date (Month/Day/Year) \_\_\_\_\_

Custodial Parent or Guardian Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

International Insurance Company\* \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ International Insurance Policy Expiration \_\_\_\_\_

Name of Person Carrying Insurance \_\_\_\_\_

*\* Please attach a copy of the card, and any other documents needed to seek treatment in the United States.*

Home Family Physician \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Physician's Office Telephone Fax

Date of Last Tetanus Immunization or Booster Shot: \_\_\_\_\_

Please list any medical condition for which your child is being treated at this time:

\_\_\_\_\_  
\_\_\_\_\_

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues?  Yes  No

*If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.*

Also if yes, please list any medication taken: \_\_\_\_\_

List any other medications taken: \_\_\_\_\_

*Continued*

List any food or medications your child is allergic to:

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List any restrictions of physical activity that may apply to your child:

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Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? If yes, what kinds of accommodations are needed?

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## **Medical Treatment Consent and Liability Release**

*I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment, and give permission to The University of Mississippi Pre-College Program Staff to seek treatment for said student, in the event of an injury or illness while at The University of Mississippi. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



The University of Mississippi • Summer College For High School Students  
**IMMUNIZATION RECORD FORM**

**To Be Completed by Physician or Health Care Provider**

**Immunization Requirement:** Any student entering The University of Mississippi whose birthday is after January 1, 1957, is required to submit proper documentation of immunization for measles, mumps, and rubella prior to registering for University courses. Please have your physician or local health department either fill out the Certificate of Compliance form or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician's office). **NO OTHER TYPE OF IMMUNIZATION RECORD WILL BE ACCEPTABLE.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>1st MMR Vaccination</b>	<b>2nd MMR Vaccination</b>
_____ Month / Day / Year	_____ Month / Day / Year

**OR** Measles, Mumps, and Rubella may be given instead of MMR immunizations.

Vaccine	1st Vaccination	2nd Vaccination
Measles	_____ Month / Day / Year	_____ Month / Day / Year
Mumps	_____ Month / Day / Year	_____ Month / Day / Year
Rubella	_____ Month / Day / Year	_____ Month / Day / Year

**OR** Proof of immunity may be provided through serologic testing, or from record of having all of the diseases:

<input type="checkbox"/> Serologic confirmation of immunity to Measles. <i>Copies of lab results must accompany form.</i> <input type="checkbox"/> Serologic confirmation of immunity to Mumps. <i>Copies of lab results must accompany form.</i> <input type="checkbox"/> Serologic confirmation of Rubella. <i>Copies of lab results must accompany form.</i> <input type="checkbox"/> Had Measles. <i>Attach office records.</i> <input type="checkbox"/> Had Mumps. <i>Attach office records.</i> <input type="checkbox"/> Had Rubella. <i>Attach office records.</i> <input type="checkbox"/> Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised, etc. List Reason(s): _____ If temporary, when can the vaccination be given? _____
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**Other recommended but not required immunizations:**

DT/DTaP: Last Date \_\_\_\_\_   
  Polio: Last Date \_\_\_\_\_   
  Meningitis: Date \_\_\_\_\_   
  Varicella: Date \_\_\_\_\_  
 Hepatitis B Series: 1st Date \_\_\_\_\_ 2nd Date \_\_\_\_\_ 3rd Date \_\_\_\_\_

**All documentation MUST be signed by a physician or authorized health care provider and accompanied by an office stamp with address.**

\_\_\_\_\_  
Signature of Health Care Provider

Address \_\_\_\_\_ City / State / ZIP Code \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

# The University of Mississippi • Summer College For High School Students

## IMMUNIZATION REQUIREMENT COMPLIANCE FORM

Before enrollment, some immunizations and tests are required in order to meet Mississippi State Department of Health and Institutions of Higher Learning guidelines.

Any international student entering the University of Mississippi, whose birthday is after January 1, 1975, is required by law to show proof of the following immunizations:

- Measles
- Mumps
- Rubella

These immunizations are typically administered in the form of a single vaccine (MMR) given in two doses. The first dose must have been given AFTER the first birthday. Immunizations taken prior to the first 12 months of birth will not count towards the required doses.

The student must show proof of vaccinations **OR** provide official lab results showing serologic confirmation of immunity, **OR** provide medical records of having had these diseases. Students who fail to provide the required documentation to prove immunity from Measles, Mumps and/or Rubella will be required to take one or more doses of the MMR vaccine upon arrival.

The cost of one dose of the MMR vaccine is US \$10 for students under the age of 18, and US \$95 for students over the age of 18.

**Medical Exemptions:** Exemptions for the required MMR doses will be accepted only on medical grounds with a written statement from the family doctor explaining the conditions that do not allow the student to take this vaccination. If there is a temporary restriction, the doctor should also establish when the student can receive the shot.

**TB Skin Testing:** It is also a requirement for students to get a **blood test (interferon gamma release assay)** and a **chest X-ray** upon arrival. These two tests are given at the Student Health Center on campus during a single visit. The cost of the test is already included in the cost of the program.

**Please note:** The student will be unable to enroll to any class if the MMR immunizations and the TB tests are not completed. If any immunization is missing, we strongly encourage to get the needed doses before coming to the program.

I have read and understood the health and immunization requirements for attendance in the Summer College for High School Students program at the University of Mississippi.

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Signature of Parent

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Signature of Student

The University of Mississippi • Summer College For High School Students  
**TEACHER RECOMMENDATION**

**TO THE TEACHER:**

This student is applying for admission to The University of Mississippi’s Summer College for High School Students. Your evaluation of the student will be considered by the admission committee to determine the student’s eligibility for the program. Your responses are confidential, so please be candid.

STUDENT’S NAME: Last First Middle

1. What words come to your mind to describe the student’s academic ability?

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2. What specific strengths and weaknesses have you seen in the student?

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3. How would you describe the student’s work in your class(es)?

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Teacher’s Name (Please Print Name Here) Teacher’s Signature

Position School

School Address: No. and Street City State ZIP Code

**MODIFIED RENZULLI-HARTMAN SCALE**

**DIRECTIONS:** Please read the statements carefully and score according to the scale located below:  
 Seldom or never observed this characteristic, score: 1; Observed this characteristic occasionally, score: 2; Observed this characteristic to a considerable degree, score: 3; Observed this characteristic almost all of the time, score: 4; IF UNSURE of characteristic’s presence, score as: X

STATEMENT	SCORE	STATEMENT	SCORE
1. Displays a great deal of curiosity about many things; constantly asking questions.	_____	10. Has rapid insight into cause-effect relationships; tries to discover the how & why of things; asks many provocative questions.	_____
2. Generates a large number of ideas or solutions to problems and questions; often offers unique, clever responses.	_____	11. Is a keen and alert observer; usually “see more” or “gets more” out of a story, film, etc., than others.	_____
3. Is uninhibited in expression of opinion; is tenacious.	_____	12. Reads a great deal on his/her own; does not avoid difficult material.	_____
4. Displays intellectual thoughtfulness; is often concerned with adapting, improving, & modifying institutions, objects, and systems.	_____	13. Carries responsibility well; can be counted on to do what he/she has promised.	_____
5. Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion.	_____	14. Adapts readily to new situations; flexible in thought and action; not disturbed when the normal routine is changed.	_____
6. Needs little external motivation to follow through in assignments.	_____	15. Tends to lead others; generally directs the activity in which he/she is involved.	_____
7. Strives toward perfection; is not easily satisfied.	_____	16. Participation in activities connected with the school; can be counted on to be there if anyone is.	_____
8. Is interested in many “adult” problems such as religion, politics, gender, race—more than usual for age level.	_____		
9. Has an advanced vocabulary; verbal behavior characterized by richness of expression, elaboration & fluency.	_____		

The University of Mississippi • Summer College For High School Students  
**PRINCIPAL'S CONSENT AND SCHOOL INFORMATION**

**COMPLETED BY PRINCIPAL**

I, \_\_\_\_\_ give my permission for this student to attend The  
Please Print First and Last Name  
University of Mississippi's Summer College for High School Students. I certify that this student is in  
good academic and conduct standing at our school.

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**COMPLETED BY COUNSELING STAFF\***

Name of School \_\_\_\_\_

College Counselor \_\_\_\_\_

Email \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
School Phone

(\_\_\_\_\_) \_\_\_\_\_  
School Fax

\*Please provide a copy of this student's standardized test scores and his/her academic transcript covering credit granted from the beginning of high school until the present, including the Fall Semester. Also include a copy of the student's Spring Semester course schedule. This information, along with the Teacher Recommendation forms and the English Proficiency form, should be mailed to **precollegeintl@olemiss.edu** by the School Counselor.



THE UNIVERSITY of  
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# The University of Mississippi • Summer College For High School Students

## LANGUAGE PROFICIENCY VERIFICATION FORM

This form should be completed by a representative of an English language school or by the applicant's home academic institution language instructor, or Language Department director, or academic advisor.

### Section A

**Name of Applicant:** \_\_\_\_\_

is applying for admission to the University of Mississippi's Summer College for High School Students. To verify the candidate's language proficiency, the applicant must prove proficiency in English by one of the following methods. Please mark the one you are presenting:

- \_\_\_\_\_ Candidate is from an English speaking country \*
- \_\_\_\_\_ Candidate has proven English proficiency through an approved standardized test score  
\*\* (attach scores)
- \_\_\_\_\_ Candidate attends to a school in his/her home country where English is the language of all course instruction. (If you select this option, please complete section B)

\*American Samoa, Australia, Bahamas, Barbados, Belize, Canada (Except Quebec), Dominica, Grenada, Grand Cayman, Guyana, Ireland, Jamaica, Liberia, Malta, Monserrat, New Zealand, St. Kitts and Nevis, St. Lucia, St. Vincent & the Grenadines, Sierra Leone, Trinidad/Tobago, Turks and Caicos Island, United Kingdom, U.K. Virgin Islands, U.S. Virgin Islands.

**\*\* Approved Test Scores:**

TOEFL Internet Based Test (iBT): 79 or higher

IELTS: 6.5 overall band score or higher

PTE-A: 53 or higher

### Section B *(only required if option 3 above was selected)*

Students will be required to attend lectures, participate in class discussions, write assignments, take notes, and understand written texts at a collegiate academic level. It is in the student's best interest that you give us a candid assessment of his/her English language abilities to not only determine eligibility to the program, but also possibility of success in his/her classes.

*Note: Students who do not meet the language requirement would still be eligible to participate in the Summer College for High School Students through the Intensive English Program.*

Use the following scoring criteria to describe his/her abilities.

Based on your academic knowledge of the applicant, score his/her language abilities as follows: (Criteria taken from TOEFL iBT rubrics)

- |                                                 |                                                          |
|-------------------------------------------------|----------------------------------------------------------|
| 1. IF UNSURE of this characteristic presence    | 4. Observed this characteristic to a considerable degree |
| 2. Observed this characteristic seldom or never | 5. Observed this characteristic almost all of the time   |
| 3. Observed this characteristic occasionally    |                                                          |

Reading Skills	
Uses a high command of academic vocabulary and grammatical structures	
Understands and connects information, makes inferences, synthesizes ideas from conceptually dense and complex texts	
Abstracts major ideas from conceptually dense academic texts	
Recognizes the organization of a text and how specific information serves within the larger text	

*Continued*

