

City University of Sioux Falls

APPLICATION FOR ADMISSION

CUSF has identified the following data as directory information as required by the Privacy Rights of Parents and Students Act. The University will release address, telephone number, date of attendance, major program, credit hours and degree earned, and honors received unless a student requests in writing that the information will not be released. All other data on the application will be held confidential and not released, except as required by law, without the student's permission. CUSF does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap. The university complies with the Civil Rights Act of 1964, related executive orders 11246 and 11375. Title IX of the Education Amendments Act of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974 and all civil right laws of South Dakota.

Please complete this form online and print a copy, or print a blank copy and fill out completely.

Applying for: **Term:** Winter (Jan. - March) Spring (April - June) Summer (July - Sept.) Fall (Sept. - Dec.)

Year: 20 _____

I am entering as: New Student Transfer Student

Returning Student

PERSONAL DATA:

Last/Family Name: _____ First Name: _____ M.I.: _____

Permanent/Foreign Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

U.S. Mailing Address (if any): _____ City: _____ State: _____ Zip Code: _____

Date of Birth Month: _____ Day: _____ Year: _____ Phone: _____ E-mail: _____

GENDER: Male Female

ETHNIC ORIGIN: (optional - for statistical purpose only)

CITIZENSHIP: U.S. Permanent Resident Other

Black, African American Asian or Pacific Islander

IF NOT U.S. CITIZEN: Country of citizenship: _____

American Indian or Alaskan Native Hispanic White, Non-Hispanic

PROGRAMS OF STUDY: (Please select one)

Master of Science in Computer Science (MSCS)

Master of Science in Information Management (MSIM)

Are you physically challenged? Yes No If Yes, please specify: _____

ACADEMIC HISTORY

I have achieved the following examination scores: **SAT** _____ **GMAT** _____ **GRE** _____ **TOEFL** _____ **IELTS** _____

Other _____ and will submit official scores to The CUSF.

High School:

Name of School: _____ Year of Graduation: _____

City: _____ State/Province: _____ Country: _____

Colleges, universities, or post-secondary institutions attended (Please list the most recent first): None

<i>Institution</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Last Attended</i>	<i>Major</i>	<i>Degree Earned</i>

How did you learn about CUSF? _____

Do you need housing arrangements? Yes No Are you eligible for Veteran Benefit? Yes No

BILLING INFORMATION

This Financial Plan Information Section does not constitute an application for financial aid. This information is to collect information about the person(s) who will be supporting your tuition and fee, books and living expenses in the United States. Please complete the Affidavit Support Form for each sponsor.

EMERGENCY CONTACT

<i>Name of Sponsor</i>	<i>Address</i>	<i>Phone Number</i>

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Relationship</i>

ADMISSIONS APPLICATION REQUIREMENTS

- 1) This application will not be reviewed until the Office of Admissions has received the following materials:
 - a) Completed Application Form.
 - b) Non-refundable application fee of \$75/\$100. Personal check/ bank draft is made payable to " City University of Sioux Falls".
 - c) Official transcripts from previous school(s) attended. English translation is required if transcript(s) in foreign language.
 - d) Two (2) Professional Reference Forms.
 - e) Completed notarized Affidavit of Support Form with the most recent bank statement(s)
 - f) Proof of U.S. citizenship/Permanent Resident and/or driver's license.
 - g) Proof of English proficiency (International Applicant).
 - h) Copy of passport, visa and/or driver's license (International Applicant).
- 2) If you are an international transfer student, City University of Sioux Falls must receive academic transcript(s) of all colleges and universities attended. The student is responsible for the transcript fees. After the student has been accepted for admission at CUSF, you are required to request your SEVIS record be released to CUSF from your former school, and a completed STU Transfer Release Form to be faxed to (605) 215-9039.

Mail all application materials to: CUSF, Office of Admissions, 519 West 22nd Street, Suite 100, Sioux Falls, SD 57105

***** For additional information, please contact our Admissions Office at (605) 215-9039 or WWW.CITYUSF.US *****
I understand that I will be charged tuition and fees at rates established by the City University of Sioux Falls and published in an addendum to the catalog. The tuition and fees printed may be subjected to change: City University of Sioux Falls evaluates institutional tuition and fees periodically. Students are legally responsible for all costs incurred at City University of Sioux Falls that is not covered by financial aids and alternative loans. Further, the university shall be entitled to recover attorney's and collection agency fees and interest associated with the collection of a delinquent account.

I certify that the information given in this application is complete and accurate. I understand that withholding or giving false information will make me ineligible for admission or result in immediate dismissal from City University of Sioux Falls. I understand that all application materials become the property of City University of Sioux Falls and are not returnable.

Student's Agreement

By signing below, I certify that I have read and understand that ALL statements contained in this form are true and accurate to the best of my knowledge. I understand that my admission to the program at City University of Sioux Falls is contingent upon my ability to pay all my tuition and fees during my attendance. I also understand that if I cannot meet my financial obligations or if I have given inaccurate information on this Affidavit of Financial Support that it may result in the termination of my application and my withdrawal from the University programs.

(The electronic signature consists simply of your name, typed by you on your keyboard. The signature is your confirmation that the application you have filled out is your own work and the information is factually true. Once you type in your name, this will count as your electronic signature.)

Printed Name of Student: _____ Date of Signature: _____

Signature of Student (Digital Signature Please type full name: _____