

WILLIAM JESSUP UNIVERSITY

International Graduate Student Admission Application

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

Term for which application is being made: ☐ Spring ☐ Summer ☐ Fall 20____

How did you hear about William Jessup University? Friend

Personal Data

Full Name: Kotha Vamshi Vishnu Sex: ☐ Male ☐ Female
(Family Name) (First Name) (Middle Name)

Date of Birth: 01 11 1992 Home Country Phone Number: +91 9700 921 321
(Month/Day/Year)

Country of Birth: India Country of Citizenship: India

Permanent Address (in home country):
7-1-41 Mochi Bazar, Jagtial Telangana India
505327
(City) (District or Province) (Country)

Marital Status: ☒ Single ☐ Married Are you planning to be? _____

Email Address: Vamshi Vishnu .k@gmail.com

Ethnicity, Race, and Religious Affiliation (Optional-if supplied, this information will be used for statistical information only.)

Asian ☒ Black or African American _____ Hispanic//Latino _____ Two or More Races _____

Native Hawaiian or Other Pacific Islander _____ White _____ American Indian or Alaska Native _____

Name of Church you attend _____ Denomination _____

Immigration and Visa Information

Visa Type: _____ ☐ No Visa ☒ F-1 ☐ F-2 ☐ F-3

☐ Other (Please explain): F1-OPT

Family Information

Father's Name: Kothai Venu gopal Occupation: Govt Employee
 Mother's Name: Kotha Roja Rani Occupation: -
 Address: 7-1-41 Mochi Bazar Jagtial Telangana
505 327

EMERGENCY CARE

Who may we contact in case of emergency? Please print name and phone number of a contact person in your home country and or in the U.S.

U.S. Contact (optional): GANDEEP 618 413 1559
 (Name) (Phone)
 Home Country Contact: +91 9494357223
 (Name) (Phone)
Venu gopal

Educational Background

In chronological order, list any colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page. You must provide transcripts (with an English translation) from any college or university that you have attended.

	Institution #1	Institution #2
Name	<u>Northwestern polytechnic university</u>	
Location	<u>Fremont CA</u>	
Dates Attended		
Major	<u>Master C.S</u>	
Degree Received		

Program of Study

Master of Arts in Business Administration:Check here (☒)

Optional Concentration: (Check if applicable)

☒ Information Systems & Technology☐ Finance☐ Project management**Master of Arts in Education**Check here (☐)**Master of Arts in Teaching**Check here (☐)

English Proficiency

Is English your native language? ☐ Yes ☒ No If "No," what is your native language?
_____What is your TOEFL or IELTS score? 5.5 Date taken: _____How many years have you studied English? 21 years****Submit official TOEFL or IELTS score report with application****

Personal Essay

Mission & Vision: In partnership with the Church, the purpose of William Jessup University is to educate transformational leaders for the glory of God. The William Jessup University vision is that our graduates will be transformed and will help redeem world culture by providing notable servant leadership; by enriching family, church and community life; and by serving with distinction in their chosen career.

Optional: If you would like to enhance our understanding of you, please feel free to tell us more about yourself. For example, previous applicants have written about the benefits that they expect to gain from attending a Christian university, particularly William Jessup University, and how those benefits fit into their personal goals in life. Thank you!

****Submit Personal Essay with application****Signature of Applicant: K-Vamsi Vihna Date: 11/09/2017



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Health & Medical

All international students are required to have health insurance before they are allowed to register for classes. You must either purchase health insurance with the assistance of our International Student Services office or provide proof of health insurance (that covers you while you are in the U.S.) at the time of registration.

Do you have health insurance? ☒ Yes ☐ No

If "Yes," what is the name of the insurance company? MEDI-cal

What is the policy number? 92242842617219

What are dates of coverage? (start & end dates) 08-07-17 - NO end date

STUDENT STATEMENT OF HEALTH (To be completed by *Applicant*)

Your application can only be processed after you have completed this form and the medical examination is completed by a physician.

Name: Katha Vamsi Vishnu ☒ Male ☐ Female

Address: 7-1-41 Molhi Bazar Jayshil Telangana India
(Number) (Street) (City/Town) (Country)

Date of Birth: 01 / 11 / 1992
(Month) (Day) (Year)

(a) Have you ever had any of the following conditions listed below? ☐ Yes ☒ No

Frequent Headaches, Hearing Difficulty, Rheumatism/Rheumatic Fever, Heart Disease, Lung Disease, Digestive/Stomach Pain, Frequent Abdominal Pain, Operation/Severe Injuries, Hernia, Arthritis, Frequent Dizziness/Fainting, Epilepsy/Seizures, High Blood Pressure, Kidney Disease, Nervousness or other condition.

✓ If "Yes," list the condition(s) on a separate page and give an approximate date for each condition you have had.

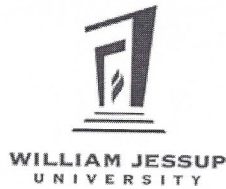
(b) To the best of your knowledge, are you now in good physical and mental health? ☒ Yes ☐ No

✓ If "No," give specific name of the disorder on a separate page and explain the current treatment.

MEDICAL EXAMINATION

Request that a physician complete the attached Medical Examination form. The form must be signed and dated by the physician. (An additional medical examination may be required prior to enrollment)

****Submit completed Medical Examination form with application****



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Supplemental International Graduate Student Admission Information

1. I understand that I am required to attend the **International Student Orientation** held at the beginning of each semester.
2. I understand that I must enroll in and complete a minimum of 9 units at the university each term with satisfactory grades or be subject to dismissal. Graduate students may enroll in a minimum of 6 hours in the MBA program in San Jose which requires a concurrent internship.
3. I understand that I must obtain **prior** permission from the Registrar or International Student Counselor and the Director of International Programs Office (IPO) to enroll for less than 9 units or take a Leave of Absence and must provide documentation for any compelling reasons.
4. I understand that I am required to purchase **Health (Medical) Insurance**, or provide proof of insurance, before being allowed to enroll in classes.
5. I understand that, to remain in good standing, I must maintain a cumulative grade point average of 3.0 (B) or better for the Master's programs. I am subject to academic dismissal if I remain on probation for two consecutive semesters.
6. I understand that unmarried cohabitation, and/or any form of sexual misconduct, is considered unacceptable behavior for students enrolled at Jessup.
7. I understand that students possessing, distributing, and/or using alcohol, narcotics, or other intoxicants, firearms, explosives or weapons (real or replicas) on Jessup premises or at University-sponsored activities will be subject to judicial action. William Jessup University reserves the right to confront behavior that is detrimental to the student, the community, the University, and/or others.
8. I understand that smoking or chewing tobacco is not permissible while on campus at the University.
9. I understand that in order to register each semester, I must pay my entire tuition before the beginning of each semester. I understand that there will be no deferment of payment, and that I must pay extra tuition and fees if I add courses after registration.
10. I understand that I must notify the International Programs Office (IPO) of any changes in my status including, but not limited to, changing my address or phone number, transferring to another college, or returning to my home country permanently. Failure to do so will threaten my student status.

Your signature indicates that you have read and agree to all of the requirements listed above and that all information provided is complete and accurate to the best of your knowledge:

Student Signature: K. Vamschi Vishnu

Date: 11/09/2017

Student Name (Please print): Kottha Vamschi Vishnu



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Declaration of Financial Support

SECTION ONE: Personal Information

Name: Kotha Kamshi Vohra
Date of Birth: 01/11/1992
Passport Number: J 7186161
Passport Expiration Date: 08/16/2021
Permanent Home Country: India
Address: 7-1-41 Mochi Bazar Jagdal Telangana India 505327
Country of Citizenship: India
Intended Major: MBA IT
Starting Semester: _____

SECTION TWO: Estimated Expenses & Sources of Funding

Estimated Expenses per Year for the 2016-2017 Academic Year (in \$US):

	<u>Graduate Semester</u>	
Tuition	\$ 10,800	
Student Fees	\$ 760	
Room and Board	\$ 12,706*	
Health Insurance	\$ Provided by student	
Books and Supplies	\$ 1,804	
Personal	\$ Up to student	
Total	\$ 26,070	

*Estimated Housing based on academic year. May be higher based on personal choice.

Your financial support can come from your personal funds, the funds of a sponsoring friend or family member, from government and or institutional scholarships, or from a combination of these sources. Your financial resources must meet or exceed the estimated totals listed above.

Declaration of Financial Support

Please check/complete each section that applies to your sources of funding:

- ☐ Personal funds (Amount in \$US Dollars)\$ _____
I shall have sufficient funds available to pay all my necessary annual expenses in the amount indicated above this statement, and I shall further be able to pay for travel to and from my home country. I certify that the statements made on this form are true. Also, I understand that I shall not receive any need based financial aid from William Jessup University.

Signature: _____ Date: _____

- ☒ Funds from a Sponsor (Amount in \$US Dollars): \$ 59,022.22
Sponsor's Full Name: Kotha Venugopal
Relationship: Father
Address: 7-1-41 MOCHI BAZAR Jaglidi Tekanana 505327
Phone: +91 9494357223
Email: _____

Please have sponsor read and affirm:

I hereby certify that I am able to provide the amount indicated above this statement annually to (student's name): K. Vamschi Vishnu to meet all direct and related expenses incurred during his/her studies in the United States, should that person require access to those funds. I authorize the release of supporting financial documents and certify that the information contained within the supporting documents is accurate.

Sponsor signature: [Signature]
Date: 11/08/2017

- ☐ Government/Institutional Sponsorships (Amount in \$US Dollars): \$ _____
Name of Sponsoring Institution: _____

Please provide a copy of your scholarship letter from the government agency or institution sponsoring your studies.