

## I-20 Application

**To obtain a new I-20, please provide all of the information requested on this form. Remember to write neatly and attach the letters of certification and financial documents as indicated.**

Date of Request: \_\_\_\_\_ Student ID/A: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Family or Last Name

Mailing Address: \_\_\_\_\_  
Number/Street

City State Zip Code Country

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
MM/DD/YYYY

Email Address Telephone Number

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

**I am requesting a new I-20 because (check all that apply): \* Indicates financial documents showing ability to cover expenses for minimum of one (1) year of study must be submitted with I-20 request form.**

\_\_\_\_\_ I have an existing I-20 but need to update my Program start/end date (*please provide copy of last I-20 issued*).

\_\_\_\_\_ My new start date is: \_\_\_\_\_

\_\_\_\_\_ My new end date is: \_\_\_\_\_

**Note: If it has been over 6 months since your last I-20 was issued, please re-submit all documentation (all documentation must be dated within the last 6 months of the new I-20 application submission date).**

\_\_\_\_\_ My major has changed (within the same level of studies. *No financial documents are necessary to update this change*)

Old Major \_\_\_\_\_

New Major \_\_\_\_\_

\_\_\_\_\_ I need to file a petition with the USCIS to change my status \*

\_\_\_\_\_ I need to seek reinstatement to F-1 status. \*

\_\_\_\_\_ I need more time to complete my degree program. Complete F-1 extension form signed by department. \*

\_\_\_\_\_ I need an I-20 so my dependents can join me or \_\_\_\_\_ My dependent(s) needs to request a change of status. \*

**List family member(s) information:**

Family or Last Name, First Name, Date of Birth (MM/DD/YYYY), Country of Birth, Relationship to you

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**Other reason** (please explain in detail and use additional paper if necessary) \_\_\_\_\_

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**\*Before we can issue you an I-20, we must determine that you have sufficient funds to cover the cost of tuition and living expenses. The amount of funding that you must document depends on your level of study and the number of dependents that are here with you. Remember:**

- If you are claiming funds from AAMU (athletic scholarships or graduate assistantships) as a source of your support, remember to include letters that state the actual amount of money you receive from the institution.
- Sources outside AAMU must include original bank documents and affidavit of support from sponsors.
- All financial documents must be original and must be dated within the last 6 months.
- Official bank statements will not be returned to you.
- To calculate an **estimate** of your expenses for an academic year (fall and spring), choose the appropriate items from each of the 4 categories. All students pay books, student health insurance and ISF. Please select the living expense and tuition amounts that apply to you.

Mark an X in the space to the right of the appropriate educational level & calculate the total.

<b>I. 2019-20 Est. Tuition &amp; Fees (boarding)</b>		
Undergrad. non-resident:	<b>\$13,078 per semester</b>	
Graduate non-resident:	<b>\$12,028 per semester</b>	
Graduate assistantship/resident tuition: *Include assistantship letter		
IEP: (total includes fall and spring)	<b>\$8000</b>	
<b>II. Living Expenses (totals include fall and spring)</b>		
Undergrad. Student:	<b>\$9300</b>	
Graduate Student:	<b>\$8400</b>	
IEP Student:	<b>\$7200</b>	
<b>III. Spouse and Dependant(s)</b> <b>(totals include fall and spring)</b>		
Spouse	<b>\$5000</b>	
Dependant Child (each)	<b>\$5000</b>	
<b>IV. Miscellaneous</b>		
*Books & International Student Fee (ISF) (totals include fall and spring)		
Undergrad.:	<b>\$2250</b>	
Graduate:	<b>\$2525</b>	
IEP:	<b>\$1350</b>	
Student Health Insurance	<b>\$2000</b>	
	<b>Total:</b>	

Degree Applied for \_\_\_\_\_

Program \_\_\_\_\_

Student Personal Funds \$ \_\_\_\_\_

Funds from other sources \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Source

Funds from Alabama A&M University \$ \_\_\_\_\_

**Must be notarized**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_

Print Name

Signature

Commission Expires \_\_\_\_\_

**[Certificate of Financial Responsibility to follow]**

**ALABAMA A&M UNIVERSITY**  
**CERTIFICATE OF FINANCIAL RESPONSIBILITY**

**Personal Information**

Please print legibly or type this form in its entirety. List your full name exactly as it appears on your passport or birth certificate. The Office of International Programs cannot issue your immigration document (I-20) until it receives this form from you. Please complete this form and attach all required documents. Any omitted items will result in a delay in the processing of your I-20.

Student's Name: \_\_\_\_\_  
First Middle Family Name/Last Name in Capital Letters

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
MM/DD/YYYY

\_\_\_\_\_  
Email Address Telephone Number

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Foreign Residence Address (This information is required even if you are currently living in the United States): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

U.S. Address (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To which address would you like your I-20 mailed? \_\_\_\_\_

Previous or current AAMU identification number (if applicable) \_\_\_\_\_

Student Type: \_\_\_\_\_ Freshman \_\_\_\_\_ Transfer \_\_\_\_\_ Graduate

**Immigration Information**

Please attach a copy of your passport identification page or if your passport is unavailable, a copy of your birth certificate.

Are you currently in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please attach a copy of your current immigration document (Form (I-20 or other) and I-94 card/number.

1. What is your current immigration status? ☐ F-1 ☐ J-1 ☐ Other \_\_\_\_\_
2. What is your SEVIS ID number if you currently have one? \_\_\_\_\_
3. If currently in F-1 or J-1 status, please list the school or university you are attending  
\_\_\_\_\_
4. Are you planning to leave the United States before coming to Alabama A&M University?  
☐ Yes ☐ No
5. If yes, when? \_\_\_\_\_

### Information about Dependents and who will accompany you

If your family will accompany you, you must show evidence of an additional U.S. \$5,000 per year for your spouse and U.S. \$2,500 for each child. For each dependent, please attach a copy of the passport identification page or birth certificate.

Please check the following:

☐ I plan to come alone.

☐ I plan to bring the following dependents who will enter the United States with me (Complete below).

☐ The following dependents are currently with me in the United States and will remain with me.

Student's Name: \_\_\_\_\_

First

Middle

Family Name/Last Name in Capital Letters

### Dependent Information

Dependent's Name: \_\_\_\_\_

First

Middle

Family Name/Last Name in Capital Letters

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Sex ☐ Male ☐ Female

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Residence \_\_\_\_\_

Relationship (spouse or child) \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

First

Middle

Family Name/Last Name in Capital Letters

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Sex ☐ Male ☐ Female

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Residence \_\_\_\_\_ Relationship (spouse or child) \_\_\_\_\_

Dependent's Name: \_\_\_\_\_  
First Middle Family Name/Last Name in Capital Letters

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
MM/DD/YYYY

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Legal Permanent Residence \_\_\_\_\_ Relationship (spouse or child) \_\_\_\_\_

### Funding

You must demonstrate that you have sufficient funds available for your academic and living expenses. You or your sponsor will be responsible for all payments according to scheduled AAMU payment dates for each semester. The University is required to review your financial documentation prior to issuing an I-20. You must document sufficient funds available for your first year's academic and living expenses and assured sources of support for subsequent years. You are responsible for all payments to the university in accordance with the tuition/fee schedule in effect at the time of your enrollment for each semester of your attendance. **The amounts shown on this form and on your I-20 are estimates only.** Your academic costs may vary depending on your program of study, the number of credits for which you enroll, and the date you commence study. Your living expenses may vary depending on your housing and lifestyle choices. **All costs are subject to change.**

	Undergraduate	Graduate
Tuition	\$17,136	\$20,794
Fees	\$1,444	\$1,444
Required International Student Living Expenses (room, board, transportation, & personal expenses)	\$1784	\$1784
	\$8922	\$10,922
<b>Estimated Total Costs</b>	<b>\$29,286</b>	<b>\$34,944</b>

Students in F-1 status are required to enroll full time during each fall and spring semester but are not required to enroll for summer. The tuition costs shown are based on minimum enrollment for nine months of study and do not include summer tuition. Tuition figures listed are estimates and are subject to change. Tuition rates are set annually in late spring for the following academic year. An addition \$500 per month should be factored into the figure per adolescent dependent and \$500 per month for spouse.

## Sources of Funding

You must document your sources of funding for the full term of your study at Alabama A&M University. The funds for the first year must be guaranteed, either currently on deposit or document in a scholarship letter if you are a sponsored student. Funds for the subsequent years must be committed by your sponsor or scholarship source. This CFR along with applicable notarized proof of funds should be sent to the Office of Student Affairs, Patton Hall, Room 205, Normal, AL 35762 (Phone: 256-372-5233).

When the Office of Student Affairs receives the CFR and proof of funds, the documents will be reviewed for accuracy. All documents must be notarized. The notary seal must be apparent.

Acceptable Proof of Funds are:

- AAMU Awards (scholarships, grants, GSI/GSR). The letter must:
  - Be printed on OFFICIAL AAMU letterhead
  - Indicate the amount and length of support
  - Be signed by the sponsoring department
  - It must show the account number and approval of the Business Office
- Personal Funds – bank statements in your or your sponsor's name showing balance of accounts (see below for criteria)
- Private sponsors: including parents (must include the following)
  - The Sponsor's bank or other financial statements (see below for criteria)
  - Letter(s) indicating the relationship between you and the sponsor
- Other Institutional support/award letters:
  - Letter from an employer or another institution on official business letterhead including a signature showing amount and length of support
  - Salary Statements are not accepted.
- Loan certificates/letters
  - Must indicate this student or sponsor's name and the amount of approved or pre-approved loan
- Bank/Financial Statement Criteria:
  - Indicate the financial institution's name
  - Indicate the account holder's name
  - Clearly show the account balance
  - Be translated into English
  - Clearly show the type of currency
  - Be from statements that show liquid assets that can be converted to cash
  - Not be salary statements or tax documents

Unacceptable proof of funds are income or salary statements, credit cards, insurance policies, property, machinery, funds that are not immediately accessible, assets that are not in liquidated form, pension funds, tax return forms or documents, or **any documents(s) older than 6 months**. All documents must be translated into English and notarized.

Applicant: I certify that the information provided here is correct and complete. I will be responsible for adhering to all university tuition, fees, room and board, and health insurance payments.

**[Signature page to follow]**



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Signature of Applicant

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Applicant's printed name

Date

Parent/Sponsor: This is to certify that I have read the information provided by the applicant on this form. It is true, accurate, and complete and the funds are available and will be provided as stated.

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Signature of parent/sponsor

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Sponsor's printed name

Date

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Relationship to applicant

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**[Affidavit of Financial Support to follow]**

**Affidavit of Financial Support for  
Alabama A&M University**

Note: Colleges and Universities in the United States are required to have documentation of adequate financial support before they may legally admit an international student for study. Proper completion and submission of this form by the financial sponsor is thus required.

This form must be **TYPED** or **PRINTED CLEARLY** in **INK**

This form is to be completed by prospective **STUDENT'S FINANCIAL SPONSOR ONLY**

1. Student's Name: \_\_\_\_\_  
First Middle Family Name/Last Name in Capital Letters

2. Sponsor's Name: \_\_\_\_\_  
First Middle Family Name/Last Name in Capital Letters

3. Mailing Address of Sponsor: \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Relationship to student Date of Birth

5. \_\_\_\_\_  
Country of Citizenship Country of Birth

6. Source[s] of income and net amount [U.S. Dollar] received per year.

\_\_\_\_\_ \$ \_\_\_\_\_ Per Year  
Source

\_\_\_\_\_ \$ \_\_\_\_\_ Per Year  
Source

7. \_\_\_\_\_  
Position or Job Title

8. Persons dependent upon sponsor for financial support [other than prospective student]

**Name of Person** **Date of Birth** **Age** **Relationship to student**

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

9. Number of persons named above who are or will be studying in the United States \_\_\_\_.
10. Alabama A&M University has a policy which prohibits students from registering for classes unless the student pays all tuition and fees at registration. Do you anticipate any difficulty in assuring that this prospective student will have sufficient funds in his/her possession at each registration? \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain \_\_\_\_\_

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**DECLARATION BY FINANCIAL SPONSOR**

I, \_\_\_\_\_, financial guarantor for

Print Sponsor's full name

\_\_\_\_\_,  
Print prospective student's full name

certify that I will PROVIDE FUNDS to pay for **ANY** and **ALL** educational and living expenses of the above named prospective student and certify that the prospective student **WILL NOT** become public charge during his/her stay in the United States of America.

I am aware that the official **MINIMUM** estimate of the total cost of an international graduated student attending Alabama A&M University for one academic year is \$35,000.00. Additional funds in the amount of \$2,500.00 are required for each dependent student.

**ALL SIGNATURES MUST BE NOTARIZED/GUARANTEED**

\_\_\_\_\_  
Sponsor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
Notary's Signature

Notary Commission Expires \_\_\_\_\_

## DECLARATION BY SPONSOR'S BANK

Sponsor's Name: \_\_\_\_\_  
First Middle Family Name/Last Name in Capital Letters

Date: \_\_\_\_\_

This is to certify that, in view of our professional relationship with the above named client, who has had an account and/or conducted other business transactions through this bank for \_\_\_\_ year(s), it is our conviction that he/she has sufficient financial means to provide at least the amount of money indicated on page 3 of the I-20 Application submitted for the purposes of study in the United States of America. Further, to best of our knowledge, he/she should experience no difficulty in transferring the required funds from our country to the student in the United States.

It is understood that this **DECLARATION** is being made without incurring any risk, obligation or responsibility on the part of this banking institution.

\_\_\_\_\_  
Signature of Bank Official

\_\_\_\_\_  
Printed Name of the Bank Official

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address of Bank

\_\_\_\_\_  
Phone Number of Bank

### **ALL SIGNATURES MUST BE NOTARIZED/GUARANTEED**

\_\_\_\_\_  
Name of the Notary (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
Date Signed

### Instructions to File I-20 Application Form

1. Ensure that this I-20 Application has been notarized and all information corresponds with the financial documentation presented at time of application.
2. If transferring from another U.S. institution, please speak with the DSO at that institution about transferring your SEVIS record. Complete and submit the International Student Transfer Form for that school to this office. Your I-20 **cannot** be processed until your SEVIS record has been released from your previous institution.
3. If you have dependents that will accompany you, **please add an additional \$5,000/per dependent**. Also list them on a separate sheet including their **name, date of birth, relationship and passport/visa number**.
4. To receive your I-20, please immediately send the following to the Office of Student Affairs:
  - **A completed I-20 application (with appropriate documentation attached);**
  - **A copy of last I-20 issued (if applicable);**
  - **A copy of your Letter of Acceptance from AAMU**
  - **A copy of completed Enrollment [Response] Form and documentation of payment of Enrollment Fee (Undergraduate students);**
  - **A copy of completed Health Form(s);**  
Note: once you have been assigned a University assigned email address, you must ensure that your medical records are uploaded online to MedProctor; and
  - **A self-addressed, postage paid envelope to the Office of Student Affairs:**  
**Alabama A&M University**  
**Office of Student Affairs**  
**Patton Hall, Room 205**  
**Normal, AL 35762**

It is very important that all information on your I-20 is identical to that of your passport, therefore, please print legibly on all documents in blue or black ink. Please do not attempt to come to the campus prior to receiving your I-20.

### Paying the I-901 SEVIS Fee

Before you pay the I-901 Student and Exchange Visitor Information System (SEVIS) Fee, you must receive the Form I-20 from Alabama A&M University. You will need information from the Form I-20 to pay the fee. The I-901 SEVIS Fee is mandatory and must be paid before you enter the United States and must be paid before you can register/enroll for classes. Once you have paid your I-901 SEVIS Fee, please forward a copy of your payment receipt to the Office of Student Affairs, Patton Hall, Room 205, Normal, AL 35762.

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### Attachments

- (1) Health Form(s)
- (2) Enrollment [Response] Form (Undergraduate students)

## Health Form(s)

Please see the attached form consisting of all required medical records as well as detailed steps as to how to upload the records to the online health system (MedProctor). It is very important that you make sure you have met all the requirements, which include;

- The date the TB Skin test was administered, read – and the results (which is only good for one year); and
- A Meningococcal vaccine or MCV4 (given at the age of 16 years or older); and
- Two doses [two different dates] of the MMR vaccine; and
- A Medical Physical [Athletic Physicals/Clearances are not acceptable] (only good for one year); and
- A Medical History Form.

Please note that your medical records must be uploaded online to MedProctor. Once all appropriate information is complete, please take a clear picture of each sheet and you'll be ready to upload your medical records!

Note: If you have a medical hold and wish to speed up the release process, upon successfully uploading the records to MedProctor, please forward via email to [studenthealth@aamu.edu](mailto:studenthealth@aamu.edu), your name, A# and DOB in order to notify the Health and Counseling Center. You may disregard this if you do not have a medical hold.





**Please note that you will need a university assigned email address to register your account on MedProctor. If you do not have one as yet, the Information Technology Services Department will be more than happy to assist.**

**Note that all international students will automatically be enrolled in and billed for the Alabama A&M University International Student Health Insurance Plan. All international students are required to remain enrolled in the Alabama A&M University International Student Health Insurance Plan. There is no option to waive coverage.**

### Attachments

- (1) Incoming Students/Transfer Students Medical Requirements
- (2) Student Medical Examination Record Form

# Incoming Students/Transfer Students Medical Requirements

 <b>Alabama A&amp;M University</b> Health and Counseling Services P. (256) 372-5601	
<b>Registration Medical Requirements</b>	
<input type="checkbox"/> Student Medical Examination Record Form (Front Side)	<input type="checkbox"/> TB Skin Test: Date Administered
<input type="checkbox"/> Physical completed within past 12 months (Back Side)	<input type="checkbox"/> TB Skin Test: Date Read
<input type="checkbox"/> Meningitis (MCV4) given at age 16 or older	<input type="checkbox"/> TB Skin Test: Results
<input type="checkbox"/> MMR: Two doses or Dates	<input type="checkbox"/> Clinic Stamp/MD/NP License #
<input type="checkbox"/> MD/NP Signature	<input type="checkbox"/> Student/Guardian Signature
<input type="checkbox"/> Other: Immunization Records	
 (256) 372-5599	 <a href="mailto:studenthealth@aamu.edu">studenthealth@aamu.edu</a>
 P.O. Box 96 Normal, AL 35762	

## Clinic Hours

### Monday-Friday

**8am-11:00am & 1:30pm-5pm**

To register for AAMU online health system, visit the website at [www.aamu.edu](http://www.aamu.edu).

1. Select the Campus Life tab from the home page
  2. Select Student Support Link.
  3. Select Student Health and Counseling Services link.
  4. Select Incoming Student link
  5. Follow step-by-step instructions using MedProctor
  6. When completed email your Name, Date of Birth, A # and state that you have completed and upload all the Medical Requirement to [studenthealth@aamu.edu](mailto:studenthealth@aamu.edu) please allow the 24 to 48 hours for The Medical Hold to be removed.
- Physicals & TB Skin Test are valid for one year
  - Physicals- \$50.00 (Mon- Fri) and TB Skin Test- \$25.00 (Mon - Wed)
  - Students can **pay for services online follow steps one & two above** or at the cashier's office located in Patton Hall 1<sup>st</sup> floor and bring the receipt and a Picture ID with them on the day of service
  - Students that sit out a semester will need a new physical and TB Skin test if it's over a year old

t.256.372.5601/5800  
[studenthealth@aamu.edu](mailto:studenthealth@aamu.edu)  
 Follow us @aamuhealth



## ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY

## Student Medical Examination Record Form

(256) 372-5601/5800 (Telephone) (256) 372-5599 (Facsimile) [Studenthealth@amu.edu](mailto:Studenthealth@amu.edu) (E-mail)

## Part I: Medical History: COMPLETED BY STUDENT OR PARENT/GUARDIAN

## Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ A#: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mark Y (yes) and N (no) for each condition or activity. Attach supporting document for any response marked (Yes)**

Y	N	Y	N	Y	N	Y	N
Allergies		Bronchitis		Head Injury		High or low Blood Pressure	
Chills		Joint Problems		Seizures		Fever	
Sinusitis		Hemorrhoids		Back Pain		Kidney Stones	
Paralysis		Dizziness		Ear Infections		Excessive Fatigue	
Anemia		Chest Pain		Heart Disease		Chronic Swelling	
Diabetes		Cancer		Tremors		Shortness of breath	
Thyroid		Convulsions		Vomiting		Sexually Transmitted Disease	
Anxiety		Meningitis		Epilepsy		Frequent Urinary Tract Infections	
Eczema		Depression		Chronic Cough		Sickle Cell	
Arthritis		Constipation		Chronic Colds		Diarrhea	
Nausea		Fainting		Pneumonia		Hernia	
Insomnia		Dizziness		Malaria		Heartburn	
Asthma		Nervousness/panic		Appendectomy		Ulcers	
Smoke		Drink Alcohol		Use Recreational Drugs		Surgery/Hospitalizations	

Are you allergic to any medications, food, or other substances? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_Any known physical restrictions? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_Have you been or are you currently being treated for a medical illness or mental condition? ☐ Yes ☐ No If yes, please list and attach supporting documents (including diagnosis and dates of treatment) \_\_\_\_\_

## List of all current medications. Attach additional sheets if necessary

Name	Dosage	Frequency
1)		
2)		
3)		

Student, Parent or Guardian's Signature

Date

I agree that all information on this form is true and to the best of my knowledge. I also understand that submitting false information or omitting information could potentially impact by standing with the University.

Jan 2019





ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY

Student Medical Examination Record Form

(256) 372-5601/5800 (Telephone) (256) 372-5599 (Facsimile) [Studenthealth@aamu.edu](mailto:Studenthealth@aamu.edu) (E-mail)

Part II: Physical Examination: MEDICAL PERSONNEL USE ONLY

Patient's Full Name: \_\_\_\_\_ Patient's A#: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Medical History Form Reviewed: ☐ Yes ☐ No MD/NP/DO Signature: \_\_\_\_\_

Immunization Report

Required Immunization	Immunization Date			Recommended Immunization	Immunization Date
MMR	1) _____	2) _____		Varicella (Chicken Pox)	
Meningitis (MCV4)	1) _____	(GIVEN 18 YEARS OLD OR OLDER)		Tetanus (Td/Tdap)	
Skin Test	Date Administered	Date Read	Results	Hepatitis B Series	
Tuberculin Test TB (PPD)				HPV	
Chest X Ray (Only if positive)					

Vital Signs

Blood Pressure	_____/____	Temperature	_____°	Pulse	_____BPM
Weight	_____LBS	Height	_____'	Mood	_____
BMI	_____	Respiratory	_____	O <sub>2</sub> Stat	_____

Physical Examination

	Normal	Abnormal		Normal	Abnormal
General Appearance			Chest		
Skin			Cardiovascular		
Head			Abdomen		
Eyes			Genitalia		
Ears			Lymphatic		
Nose			Extremities		
Throat/Mouth			Musculoskeletal		
Neck			Neurological		

Other Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MD/NP/DO Signature

Date

License Number/Clinic Stamp

Once completed 1) Select Campus Life Tab from [aamu.edu](http://aamu.edu) 2) Select Student Health and Counseling Link 3) Select Incoming student Link 4) Follow steps to upload these documents into Med + Proctor 5) Please allow up to 48hrs for processing of medical holds.

# Enrollment Form



## Alabama A&M University Enrollment Response & S.O.A.R. Fee

You must complete and submit this form and mail your **\$115.00 non-refundable Deposit** to confirm your enrollment at Alabama A&M University (AAMU). **Financial Aid Cannot Be Used to Pay This Fee.**

**Chose one of the following options to make your deposit.**

### **Option 1: Online Payment** (*DO NOT MAIL THIS FORM*)

Pay and complete this form online at [www.aamu.edu/admissions](http://www.aamu.edu/admissions) \*\* If payment is made by a third party please provide them with your student identification number. \_

### **Option 2: Mail Payment** (*Mail this completed form*)

The deposit must be paid with a cashier's check or money order if sent by mail. Mail to: **Alabama A&M University  
Cashier's Office  
105 Patton Building  
Normal, AL 35762**

### **Option 3: In-Person Payment** (*Deliver this completed form to the Office of Admissions*)

Your deposit can be paid by cash, cashier's check, money order, or credit card at the University's Cashier's Office located on the 1st floor in Patton Hall Monday through Friday, between 8:30 a.m. and 4:00 p.m. If you choose to make your payment at the University cashier's office you will need to hand deliver the receipt to the Office of Admissions, which is also located in Patton Hall on the 1st floor in Room 111.

**Please Print Clearly**

Student ID # \_\_\_\_\_ (Provided on acceptance letter)

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Type: Freshman ☐ Transfer ☐

Accepted for: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**Please check appropriate space:**

\_\_\_\_ Yes! I accept your offer of acceptance and definitely plan to enroll at AAMU. I have paid the deposit at the University or I am enclosing a Certified Cashier's Check or Money Order payable to Alabama A&M University in the amount of \$115.00. I understand that this **NON-TRANSFERABLE, NON-REFUNDABLE** deposit will be used to reserve my space at AAMU. I understand that a separate form and deposit are required for housing.

\_\_\_\_ No, I decline your offer of acceptance.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please call the Office of Admissions if you have any questions.  
(256) 372-5245 or 1-800-553-0816**