

## I-20 Request Form

Have you previously applied to Alabama A&M University for an initial Form I-20? \_\_\_\_\_

If yes, what is the approximate date that you first applied? \_\_\_\_\_

What is the approximate date that you last applied? \_\_\_\_\_

Have you previously received a Form I-20 from Alabama A&M University? \_\_\_\_\_

If not, what is the reason that you did not receive an I-20? \_\_\_\_\_

Are you presently in the United States? \_\_\_\_\_

**Complete this I-20 Request Form only if you have previously received an I-20 from Alabama A&M University or another institution.**

**If you have not previously received a Form I-20, please proceed to page 5 of this document and complete the Application for Initial Form I-20 on pages 5 through 16.**

Date of Request: \_\_\_\_\_ Student A-Number: \_\_\_\_\_

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):**

**Note that a description of the financial requirements begins on page 6.**

### **COPY WITH NO CHANGES**

\_\_\_ Reprint -- Reason(s): \_\_\_ Damaged \_\_\_ Lost \_\_\_ Stolen \_\_\_ Other: \_\_\_\_\_  
If other, please explain

### **DEFER PROGRAM START DATE**

\_\_\_ I need to defer my program start date: From \_\_\_\_\_ To \_\_\_\_\_  
Old start date New start date

Reason for delay: \_\_\_\_\_

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





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

\_\_\_ Update Finances (proceed to page 6 for financial requirements)

Instructions to file I-20 Request

1. Ensure that this I-20 Request has been notarized and all information corresponds with the financial documentation presented at time of Request.
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 Request (with appropriate documentation attached)**;
  - **A copy of last I-20 issued (if applicable)**;
  - **Financial Documents (proceed to page 6 for financial requirements)**
  - **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;
  - **A copy of your passport**; and
  - If you are requesting that your I-20 be mailed internationally, please include 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.

Attachments

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

**If your request for an I-20 requires financial documentation, please proceed to page 6 of this I-20 Request Form and complete pages 6 through 16.**

Note that non-applicable pages may be omitted in the submission of this document.

Office of the Vice President for Student Affairs  
I-20 Request Form on pages 1-4 and 6-15  
Application for Initial Form I-20 on pages 5-16  
Page 4 of 16 -- Revised on July 2, 2020

## Application for Initial Form I-20

To obtain a new I-20, please provide all of the information requested on this Application for Initial Form I-20 ("Application"). Remember to attach any necessary documents as indicated.

Have you previously received a Form I-20 from Alabama A&M University? \_\_\_\_\_

**Complete this Application for Initial Form I-20 only if you have not previously received an I-20 from Alabama A&M University.  
If you have previously received an I-20 from AAMU, please complete the I-20 Request Form which begins on page 1 of this document.**

Date of Request: \_\_\_\_\_

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 \_\_\_\_\_

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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>I. 2019-20 Est. Tuition &amp; Fees (boarding)</i></b>		
Undegrad. 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><i>II. Living Expenses (totals include fall and spring)</i></b>		
Undergrad. Student:	<b>\$9300</b>	
Graduate Student:	<b>\$8400</b>	
IEP Student:	<b>\$7200</b>	
<b><i>III. Spouse and Dependent(s)</i></b> <b><i>(totals include fall and spring)</i></b>		
Spouse	<b>\$5000</b>	
Dependent Child (each)	<b>\$5000</b>	
<b><i>IV. Miscellaneous</i></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 \$ \_\_\_\_\_

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

Date \_\_\_\_\_

Notary \_\_\_\_\_

Print Name

Signature

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

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

Note that non-applicable pages may be omitted in the submission of this document.

Office of the Vice President for Student Affairs  
I-20 Request Form on pages 1-4 and 6-15  
Application for Initial Form I-20 on pages 5-16  
Page 7 of 16 -- Revised on July 2, 2020





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 (copy this page for additional dependents)**

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)

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 documented 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 Certificate of Financial Responsibility ("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
  - Not be a letter from a bank official (a letter from the bank may accompany the Declaration by Sponsor's Bank, on page 15 of this document, if so desired, but a letter is not required)

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 document(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.

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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 Relationship to applicant Date

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



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 to follow]**

**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 to follow]**

**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 6 of this document 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

Note that non-applicable pages may be omitted in the submission of this document.

### Instructions to file Application for Initial I-20

5. Ensure that this I-20 Application has been notarized and all information corresponds with the financial documentation presented at time of application.
6. 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.
7. 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**.
8. 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;
  - **A copy of your passport; 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

- (3) Health Form(s)
- (4) 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

Alabama A&M University 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 98, 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 (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)

Table with 4 columns of conditions and 2 columns (Y/N) for each. Conditions include Allergies, Chills, Sinusitis, Paralysis, Anemia, Diabetes, Thyroid, Anxiety, Eczema, Arthritis, Nausea, Insomnia, Asthma, Smoke, Bronchitis, Joint Problems, Hemorrhoids, Dizziness, Chest Pain, Cancer, Convulsions, Meningitis, Depression, Constipation, Fainting, Dizziness, Nervousness/panic, Drink Alcohol, Head Injury, Seizures, Back Pain, Ear Infections, Heart Disease, Tremors, Vomiting, Epilepsy, Chronic Cough, Chronic Colds, Pneumonia, Malaria, Appendectomy, Use Recreational Drugs, High or low Blood Pressure, Fever, Kidney Stones, Excessive Fatigue, Chronic Swelling, Shortness of breath, Sexually Transmitted Disease, Frequent Urinary Tract Infections, Sickle Cell, Diarrhea, Hernia, Heartburn, Ulcers, 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

Table with 3 columns: Name, Dosage, Frequency. Rows 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.



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)	
<b>Skin Test</b>	<b>Date Administered</b>	<b>Date Read</b>	<b>Results</b>	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 <sup>2</sup> 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