





MCNEESE STATE  
UNIVERSITY



INTERNATIONAL STUDENT ADMISSION  
**APPLICATION**

McNeese State University  
4205 Ryan Street  
Lake Charles, LA 70605

Please type or print legibly.  
Answer all questions.  
Indicate "NA" if not applicable.

*For Office Use Only*

U.S. SOCIAL SECURITY NUMBER (Optional)

Fee:

FAMILY NAME		FIRST NAME	MIDDLE
CURRENT STREET ADDRESS		APARTMENT, BOX, C/O	
CITY		STATE / COUNTRY	POSTAL CODE
SEX <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	FAX PHONE NUMBER	E-MAIL ADDRESS
DATE OF BIRTH (month / day / year)	STATE / COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP
CURRENT VISA TYPE: B-2, F-1, PRV, OTHER (specify type), NONE		U.S. ADMISSION NUMBER (Printed on Form I-94)	
ETHNIC BACKGROUND (For statistical purposes only) <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White			
NAME OF PARENT / SPOUSE / LEGAL GUARDIAN (Last Name, First, M.I.)		RELATIONSHIP <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify) _____	
STREET ADDRESS		CITY / STATE / POSTAL CODE / COUNTRY	
OCCUPATION	HOME PHONE NUMBER (   )	WORK PHONE NUMBER (   )	

**ENROLLMENT INFORMATION**

Enrollment Level: Beginning Freshman \_\_\_\_\_; Transfer \_\_\_\_\_; Graduate \_\_\_\_\_

\_\_\_\_\_ Intensive English & Undergraduate degree (major area of study) \_\_\_\_\_ ESLI Start Date \_\_\_\_\_

\_\_\_\_\_ Intensive English & Graduate degree (major area of study) \_\_\_\_\_ ESLI Start Date \_\_\_\_\_

\_\_\_\_\_ Intensive English Only    Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**EDUCATION**

NAME OF HIGH SCHOOL		<input type="checkbox"/> Public		<input type="checkbox"/> Private		
CITY		STATE / COUNTRY		YEAR OF GRADUATION (Month / Year)		
COLLEGE / UNIVERSITY (List most recent first)	CITY / STATE / COUNTRY	MONTH / YEAR		UNITS		TYPE
		From	To	Completed	In Progress	
						<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
						<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
						<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
						<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

Date TOEFL taken / to be taken: \_\_\_\_\_ Total Score: \_\_\_\_\_

Has any secondary school, college or university dismissed you or asked you to withdraw?  Yes  No

Have you been judged guilty of criminal or civil offenses other than minor traffic violations?  Yes  No

If you have answered "Yes" to either of the last two questions, please attach a brief explanation.

### SPONSOR'S FINANCIAL GUARANTEE

Name of Sponsor \_\_\_\_\_  
(Family Name) (Given Name)

I certify that I am financially able and willing to support the above named applicant while he/she is pursuing a course of study abroad. I hereby guarantee to provide each year US \$ \_\_\_\_\_ for tuition, fees, room, board and personal expenses.

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
Address of Sponsor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

Bank Letter Attached - A bank letter or statement of account must be provided by the Sponsor and attached to this form.

Please Check the appropriate box:  I plan to come alone  
 I plan to bring the following dependents with me:  
\_\_\_\_\_  
\_\_\_\_\_  
 I plan to have my dependents come later

#### IMPORTANT - PLEASE READ BEFORE SIGNING (Application must be signed and dated)

I hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding or giving false information will make me ineligible for admission to McNeese State University or ineligible to continue school if admission has been granted, in whole or in part, on the basis of such information.

X  
\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

X  
\_\_\_\_\_  
PARENT'S SIGNATURE (required for students under 18 years of age) DATE



EDUCATIONAL  
CREDENTIAL  
EVALUATORS

# APPLICATION FOR EVALUATION OF FOREIGN EDUCATIONAL CREDENTIALS

Address: P.O. Box 514070  
Milwaukee WI  
53203-3470 USA  
Phone: 414.289.3400  
Fax: 414.289.3411  
Website: www.ece.org  
Email: eval@ece.org

## 1. Person whose educational credentials are to be evaluated

Print clearly in black or blue ink

Name \_\_\_\_\_  
(print last or family name) (print first name) (print middle name)

\_\_\_\_\_ E-Mail address \_\_\_\_\_  
(print previously used names)

Applicant's direct-mailing address \_\_\_\_\_  
(in care of) (number & street) (apt.)

\_\_\_\_\_ (print city & state) \_\_\_\_\_ (zip or postal code) \_\_\_\_\_ (country)

Tel. Day: ( \_360\_\_\_\_ ) \_724-0547\_\_\_\_\_ Tel. Evening: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_360\_\_\_\_ ) \_724-0548\_\_\_\_\_

Birthdate: day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ In what country were the educational institutions located? \_\_\_\_\_

Male  Female Has this person submitted credentials to ECE before?  No  Yes If yes, Reference Number assigned: \_\_\_\_\_

Have arrangements been made to have a foreign educational institution mail credentials directly to ECE?  No  Yes

If yes, how is your name spelled on these credentials? \_\_\_\_\_

## 2. Types of evaluation reports & services

**Check (✓) the type of evaluation report needed and fill in the amount.**

General \$85 \_\_\_\_\_

General with 1-day rush service  
includes *General* report fee and courier delivery \$270 \_\_\_\_\_

\* Course-by-Course \$140 \_\_\_\_\_ 140.00

Subject Analysis \$175 \_\_\_\_\_

Catalog Match \$225 \_\_\_\_\_

Health Professions Licensure \$250 \_\_\_\_\_

**Check (✓) the additional services needed and fill in the extra amount.**

Rush Service (check one)

\* 5 Business days (*instructions p. 3*) \$80 \_\_\_\_\_ 80.00

12 Business days (*instructions p. 3*) \$45 \_\_\_\_\_

Extra copies of evaluation report \$10 each x \_\_\_\_\_ = \_\_\_\_\_

Unofficial copy sent via fax: \$10 \_\_\_\_\_  
Fax number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Courier Delivery to:  Address in item 1 \_\_\_\_\_  
(US and Canada - \$35)

(International - \$50)  Address in item 4 \_\_\_\_\_

TOTAL \_\_\_\_\_ 220.00\_

Method of Payment

Check or Money Order enclosed payable to ECE

VISA  MASTERCARD Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Billing Address (if different from item 1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Purpose of evaluation Check (✓) all that apply

*Further education:*

Freshman  Undergraduate or Transfer  Graduate

Field of Study \_\_\_\_\_

Desired Institution(s) \_\_\_\_\_

Professional Licensure  
State: \_\_\_\_\_ Profession: \_\_\_\_\_

Employment  Immigration

Military  Other: \_\_\_\_\_

## 4. Evaluation report mailing instructions

- Mail both copies of the evaluation report to the mailing address in item 1 above.
- Mail one copy of the evaluation report to the address in item 1 above, and one copy to the address below.  
(If you list more than one address below, a \$10 copy fee is required for each extra address. Attach an additional sheet if necessary.)
- Check here if additional addresses are on a separate sheet.

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



## 5. Educational history

List all educational institutions attended, beginning with the first year of primary school and ending with the last year of education (including the school in which you are currently enrolled, if any). Print the name of each certificate, diploma, or title in English **and** in the native language. Add additional sheets if necessary.

Name of Institution	City & Country	Dates of Attendance		Name of Diploma, Certificate or Title awarded (if any)
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### FEES

Payment must be made in U.S. dollars by money order, check, or credit card (Visa or Mastercard). If the money order or check is issued by a bank outside of the U.S., it must contain the printed name of the U.S. bank with which the bank is affiliated. We cannot accept bank drafts or cash.

*All fees are subject to change without notice.*

### REFUNDS

A refund will be made only when an applicant has paid to ECE more than the cost of the evaluation report prepared by ECE. No refund will be made when an application is canceled after the application form has been submitted, or when all required documentation is not provided.

### OTHER IMPORTANT INFORMATION

ECE reserves the right to contact educational and governmental institutions and agencies for additional information and/or verification of the authenticity of the credentials submitted.

ECE guarantees that each evaluation report will be prepared by its qualified professional staff.

Equivalency conclusions stated in the evaluation report reflect the judgment of ECE based on in-depth research of applied comparative education.

If ECE determines that the education completed is not the equivalent of credit course work offered by a regionally-accredited postsecondary institution in the United States, a *General* evaluation report will be prepared. If a *Course-by-Course*, *Subject Analysis*, *Catalog Match*, or *Health Professions Licensure* report was requested, the difference in cost between the report requested and a *General* report will be refunded.

Education is dynamic, and changes occur in all countries. ECE's ongoing research may identify new equivalents for certain credentials from other countries, resulting in different statements of equivalence than were provided prior to the completion of such research. It is understood that all previous evaluation reports will have been based on the best information available to professionals in applied comparative education in the United States at that time. If copies of an evaluation report are requested at a later time, ECE has no obligation to review or revise the report in accordance with any changes that may have occurred in the interim.

## 6. Certification

- I certify that all of the information provided on the application is complete and correct to the best of my knowledge.
- I certify that I have read all of the information appearing on the application and instructions, and that I accept the terms and conditions stated therein.
- I understand that evaluation reports prepared by Educational Credential Evaluators, Inc. are advisory, and are not binding on any institution, organization, or agency which may use them.
- I release Educational Credential Evaluators, Inc. from any liability for damages resulting from the use of an evaluation report by me or any third party.
- I release Educational Credential Evaluators, Inc. from any liability for damage to or loss of any documents submitted.
- I understand that the information provided by Educational Credential Evaluators, Inc. on the application and instructions is subject to change without notice.
- I understand that if false information or forged, altered, or falsified documents are submitted to ECE at any time, no evaluation report will be prepared, no refund will be made, the designees for copies of the report will be notified, and the information will be shared with academic institutions, government agencies, professional organizations and other evaluation services.

This application creates a contract between Educational Credential Evaluators, Inc. and the person who has signed the application. If the signer is not the person whose educational credentials are being submitted for evaluation, the act of signing certifies that the signer is acting on behalf of the person whose educational credentials are involved, and has the authority to do so.

 Signature \_\_\_\_\_ Today's date \_\_\_\_\_

**(signature is required in order to process this request for an evaluation report)**

Name (Printed ) \_\_\_\_\_

If you are not the person whose educational credentials are being submitted for evaluation, what is your relationship to that person?

\_\_\_\_\_

Educational Credential Evaluators, Inc.  
P.O. Box 514070  
Milwaukee WI 53203-3470 USA

Type of Report	Includes...	Suggested for...
General	<ul style="list-style-type: none"> <li>Each educational credential and its U.S. equivalent</li> <li>Grade average if the purpose is further education</li> </ul>	<ul style="list-style-type: none"> <li>Further education (freshman or graduate)</li> <li>Immigration</li> <li>Employment</li> <li>American Dental Association, Joint Commission on National Dental Examinations</li> </ul>
Course-by-Course	<ul style="list-style-type: none"> <li>Each educational credential and its U.S. equivalent</li> <li>Each postsecondary course</li> <li>U.S. equivalent credits and grades for each postsecondary course</li> <li>Grade average</li> <li>Identification of upper level courses</li> </ul>	<ul style="list-style-type: none"> <li>Further education (undergraduate or transfer)</li> <li>Employment</li> <li>Professional Licensure</li> </ul>
Subject Analysis	<ul style="list-style-type: none"> <li>Each educational credential and its U.S. equivalent</li> <li>Each postsecondary course</li> <li>U.S. equivalent credits and grades for each postsecondary course</li> <li>Information regarding course content specified by the agency or institution requiring the report</li> <li>Grade average</li> <li>Identification of upper level courses</li> </ul>	<ul style="list-style-type: none"> <li>Further education (undergraduate or transfer)</li> <li>Professional licensure</li> </ul> <p><i>This type of report can be prepared only when ECE received specific instructions from the agency or institution that requires it.</i></p>
Catalog Match	<ul style="list-style-type: none"> <li>Each educational credential and its U.S. equivalent</li> <li>Each postsecondary course</li> <li>U.S. equivalent credits and grades for each postsecondary course</li> <li>Match of each postsecondary course to a U.S. university course catalog code</li> <li>Grade average</li> <li>Identification of upper level courses</li> </ul>	<ul style="list-style-type: none"> <li>Further education (undergraduate or transfer)</li> </ul> <p><i>This type of report can be prepared only when ECE has received specific instructions from the institution that requires it. Only two copies of the report can be prepared: one for the applicant and one for the institution</i></p>
Health Professions Licensure	<ul style="list-style-type: none"> <li>Each educational credential and its U.S. equivalent</li> <li>Each postsecondary course</li> <li>U.S. equivalent credits and grades for each postsecondary course</li> <li>Categorization of each postsecondary course according to guidelines specified by health professions licensing boards</li> </ul>	<ul style="list-style-type: none"> <li>American Society of Clinical Pathologists</li> </ul>

## ADDITIONAL SERVICES

### Rush service - in addition to the basic fee:

- 1-Business day:** Available for *General* reports only. *1-day Rush* reports are completed one Business day following receipt of all required documents. **Includes cost of general report and courier delivery to address in item 4.**
- 5-Business days:** Available for *General, Course-by-Course, Subject Analysis, Catalog Match,* and *Health Professions Licensure* reports. *5-day Rush* reports are completed within **5 business days** following receipt of all required documents.
- 12-Business days:** Available for *General, Course-by-Course, Subject Analysis, Catalog Match* and *Health Professions Licensure* reports. *12-day Rush* reports are completed within **12 business days** following receipt of all required documents.
- Allow for reasonable mailing time if courier delivery is not requested.**

**Extra Copies** - Two copies of the evaluation report are included in the report fee. Additional copies requested with the initial application cost \$10 each. Copies requested after the report has been prepared cost \$30 for the first copy and \$10 for each additional copy ordered at that time. Copies may be requested by the person who paid for an evaluation report, or by the person whose credentials were evaluated. ECE reserves the right to deny a request for a copy of an evaluation report after the report has been prepared. Extra copies of Catalog Match reports are not available.

**Courier Delivery** - If you submit original documents and would like them returned via courier, please submit an additional \$35 for courier delivery to the US and Canada or \$50 for international courier delivery and special handling. **If you do not request this service, we will return your original documents via regular mail.**

## FREQUENTLY ASKED QUESTIONS

### What if I'm not sure what type of report to request?

Contact us and we will help you determine what type of report to request.

### What if I submit insufficient documentation?

We will contact you if we need additional documentation to prepare your evaluation report.

### What if it takes me a long time to collect the additional documents that you request?

We will keep your application active for six months, but you may request an extension. If we don't hear from you within six months, we will inactivate your application. There is a \$60 re-activation fee. If an application is inactive for six months, all documentation will be discarded. **After that date, all documentation and a new evaluation fee are required.**

### Will you return my documents?

ECE will return original documentation sent in response to the instructions in item **A** of **Required Documentation** (on the next page), and any other original documentation specifically requested by ECE. You may request courier delivery for their return. All non-original documents, documents issued directly to us by academic institutions, original curricula and syllabi, and all photocopies become ECE's property and will not be returned.

### How long will it take to prepare my evaluation report?

Most reports are prepared within three weeks of receiving all required documentation. If you need it sooner, you may request rush service for an additional fee.

### What if I have questions about my evaluation report after it is prepared?

Write, email, fax or phone us if you have any questions. There is no fee to review your evaluation report within six months of the date it was prepared. After six months, there is a \$60 re-activation fee.

### What if I don't include all of my education and decide at a later date that I want it added to my report?

There is a \$350 re-evaluation fee for evaluating academic work not included with the initial application form.

### What if I need two different types of evaluation reports?

If two different types of evaluation reports are requested (at the same time or at different times), two evaluation fees are required.

## REQUIRED DOCUMENTATION

At any time during the evaluation process, ECE reserves the right to request the following: Original documents; documents to be sent directly to ECE by issuing institutions; and/or a plan of studies that includes the units, credits, or number of hours of instruction for each subject.

- A. All official educational credentials issued in the official language of the country, beginning with the final year of secondary school (diploma, certificate, degree, title, transcript, grade report, study book or statement of marks). Follow the instructions in the table below.
- B. **Photocopies of English translations.** You may prepare the translations yourself, as long as they are complete, literal, word-for-word, and in the same format as the original document. **No English translations will be returned.**
- C. **Subject Analysis, Catalog Match and Health Professions Licensure reports** require a syllabus or other type of course descriptions to be submitted for all postsecondary academic subjects.
- D. Some institutions require original documents to be submitted directly to ECE. Please check with the institutions for specific documentation requirements.

	One set of photocopies of all official documents, issued in English.	All original official documents, issued in English, and <b>one complete set of photocopies.</b>	All original documents in the official language of the country, one complete set of photocopies and photocopies of <b>English translations.</b>	All documents must be mailed directly to ECE from the issuing institution via the regular postal service. <b>Documents sent via courier delivery will not be accepted.</b>
Afghanistan		■		
Bahrain	■			
Bangladesh		■		
Bulgaria			■	
Cambodia		■		
Cameroon		■		
Canada				■
Democratic Republic of the Congo (Former Zaire)			■	
Egypt	■			
Eritrea		■		
Ethiopia		■		
Ghana				■
Greece			■	
Haiti			■	
India	■			
Iran			■	
Iraq		■		
Israel	■			
Japan	■			
Jordan	■			
Kenya	■			
Korea	■			

	One set of photocopies of all official documents, issued in English.	All original official documents, issued in English, and <b>one complete set of photocopies.</b>	All original documents in the official language of the country, one complete set of photocopies and photocopies of <b>English translations.</b>	All documents must be mailed directly to ECE from the issuing institution via the regular postal service. <b>Documents sent via courier delivery will not be accepted.</b>
Kuwait	■			
Liberia		■		
Malaysia	■			
Myanmar		■		
Nigeria				■
Oman	■			
Pakistan		■		
Philippines		■		
Puerto Rico				■
Qatar	■			
Saudi Arabia	■			
Sierra Leone				■
Singapore	■			
Somalia			■	
Sri Lanka	■			
Sudan		■		
Taiwan	■			
Tanzania	■			
Thailand	■			
Uganda	■			
United Arab Emirates	■			
Vietnam			■	
Yemen	■			

*If you studied in a country not listed in this table, then submit clear and legible photocopies of original documents with English translations.*



565 Beauregard Dr. • Lake Charles, LA 70609

ph: (337) 475-5606 • fax: (337) 562-6504

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ (mo/day/year) Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender  Male  Female

Current Class Standing at MSU (check one):  Grad  Senior  Junior  Sophomore  Freshman

Anticipated Graduation Date: \_\_\_\_\_ Anticipated Move-In Date: \_\_\_\_\_

**Parent, Guardian or Emergency Contact: (Required Information)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Floorplan Options: Rank preferences below by placing a 1 for your 1<sup>st</sup> choice, 2 for your 2<sup>nd</sup> choice, etc. Assignments are based on availability upon receipt of completed application and security deposit.**

**Modern Housing**

- \_\_\_\_ 4 Private Bedroom 2 Bath Apartment
- \_\_\_\_ 2 Private Bedroom 1 Bath Suite

**Requested Roommates**

**4 Bedroom 6 Person Suite**

- \_\_\_\_ 2 Bedroom – Private
- \_\_\_\_ 2 Bedroom – Semi Private

**Traditional Housing**

**Collette Hall**

- \_\_\_\_ Semi Private Room  
(Community Style Bathrooms)

**INSTRUCTIONS: To complete the application process,  
All fees should be in the form of (2) checks/money orders**

**MODERN HOUSING - \$175 & \$150**

**TRADITIONAL HOUSING - \$175 & \$150**

Complete application and mail to address above or bring to the leasing office. **MODERN \$325** (\$25 non-refundable application fee and \$150 reservation fee also non refundable) **\$150 Security Deposit** (refundable) and **TRADITIONAL \$325** (\$25 non-refundable application fee and \$150 reservation fee also non refundable, \$150 security deposit refundable)

**By signing below, I represent that:**

- a) All information contained herein is true and correct.
- b) I authorize verification of creditworthiness by means of reference and/or credit checks.
- c) My Security Deposit will be forfeited in full if my application is approved but I choose not to execute a lease agreement (applicable state laws apply) in 3 days.
- d) I understand a financially responsible Guarantor is required for every lease and that this Guarantor must also meet all approval requirements. Failure to provide a Guarantor will entitle us to refuse your application for that reason and to retain applicable fees agreed for liquidated damages.
- e) My permission is not required to lease vacant bedrooms in the apartment assigned to me.
- f) Roommate compatibility is not guaranteed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please let us know if you need special accommodations**



565 Beauregard Dr.  
PO Box 90015  
Lake Charles, LA 70609  
(337) 475-5606  
(337) 562-6504 fax

# McNeese

STATE UNIVERSITY

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STUDENT HOUSING & RESIDENCE LIFE

## Guaranty of Lease

STATE OF LOUISIANA  
PARISH OF CALCASIEU

FOR VALUE RECEIVED, and in consideration of and as an inducement for the execution and delivery of that certain Lease Agreement between COWBOY FACILITIES, INC., – as “LESSOR” and \_\_\_\_\_ as “LESSEE”. It is understood that Lessee is one of the parties to and has signed a Lease Agreement with Lessor, regarding the premises known as McNeese Student Housing (Unit Number identified in Lease Agreement), \_\_\_\_\_, Lake Charles, Louisiana (the "Lease"); the undersigned Guarantor, either a parent, legal guardian or indemnitor of the Lessee named herein hereby absolutely and unconditionally guarantees to Lessor, the full and prompt payment of all rent, additional rent, and any and all other sums and charges payable by Lessee under the Lease, and the Lease to be performed and observed by the Lessee. Guarantor hereby covenants and agrees that if default shall at any time be made by the Lessee in the payment of any such rent or of the covenants, terms, conditions or agreements in the Lease, the Guarantor will pay within 10 days of notification of managing agent such rent and other sums and charges to the Lessor, and/or perform and fulfill all of such terms, covenants, conditions and agreements, and will pay the Lessor all damages and expenses, including Lessor's attorney's fees, that may arise in consequence of any default by the Lessee under the Lease or by the enforcement of the Guaranty. If more than one guarantor delivers the guaranty, their obligations herein shall be joint and in solido.

This Guaranty is an absolute and unconditional guaranty of payment and of performance. It shall be enforceable against the Guarantor, without the necessity of any suit or proceedings on the Lessor's part of any kind or nature whatsoever against the Lessee or any other Guarantor and without the necessity of any notice of nonpayment, non-performance, non-observance, or acceptance of the Guaranty, or any other notice or demand, all of which the Guarantor hereby expressly waives. The Guarantor hereby agrees that the validity of the Guaranty and the obligations of the Guarantor hereunder shall in no way be terminated, affected, diminished or impaired by reason of the assertion of failure to assert by the Lessor against the Lessee any of the rights and remedies available to the Lessor, or by the relief of Lessee from any of the Lessee's obligations under this Lease by the rejection of the Lease in connection with proceedings under any bankruptcy law now or hereafter in effect or otherwise.

This Guaranty may be enforced against Guarantor without the necessity of recourse against Lessee or any other parties responsible. Guarantor consents that any proceedings to enforce this Guaranty or related rights may be brought in any court sitting in Parish of Calcasieu, Louisiana and guarantor consents to personal jurisdiction of such courts and agrees that they may be served with process by certified mail addressed to them at the shown below. Any actions to enforce this Guaranty shall be governed by the laws of the State of Louisiana.

This Guaranty shall be a continuing guaranty, and the liability of the Guarantor hereunder shall in no way be affected, modified or diminished by reason of any assignment, renewal, modification or extension of the Lease or any subleasing thereof or by reason of any modification or waiver of or change in any of the terms, covenants, conditions or provisions of the Lease, or by reason of any extensions of time that may be granted by the Lessor to the Lessee or by reason of any other accommodations, alterations, modifications or other indulgences granted by Lessor to Lessee, whether or not the Guarantor has knowledge or notice thereof.

The Lease together with this Guaranty may be assigned by Lessor without notice to Guarantor. The assignment by Lessor of the Lease and/or the rents and other receipts thereof made either with or without the Guarantor's knowledge or notice shall in no manner whatsoever release the Guarantor from any liability hereunder.

All of the rights and remedies of Lessor under the Lease or under this Guaranty are intended to be distinct, separate and cumulative, and no such right or remedy therein or herein shall be construed as a waiver or exclusion or any other remedy available to Lessor.

This Guaranty shall be binding upon the heirs, administrators, executors, successors and assigns of the Guarantor and shall inure to the benefit of the Lessor, its successors and assigns. Guarantor hereby consents to Lessor performing a credit check on Guarantor. Guarantor's social security number is # \_\_\_\_\_ and Guarantor's date of birth is \_\_\_\_\_, 19\_\_.

IN WITNESS WHEREOF, the undersigned Guarantor has executed this Guaranty of payment, under seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC  
Print Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

SEAL

GUARANTOR  
Print Name: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_



# McNEESE STATE UNIVERSITY

*A Member of the University of Louisiana System*

## MEMORANDUM

Office of Student Services  
Box 92535  
Lake Charles, LA 70609  
337/475-5706 Fax 475-5603

TO: Prospective Residence Hall Occupants and/or Lease Agreement Guarantors  
FROM: Toby Osburn, Dean of Student Services *[Signature]*  
RE: Student Housing Contracts—Important Legal & Financial Notice

\* \* \* *Read and Sign Before Signing Your Lease Agreement* \* \* \*

McNeese State University and Cowboy Facilities, Inc. have contracted with Ambling Companies, Inc., 348 Enterprise Drive, Valdosta, Georgia, 31601, to provide management of all on-campus housing, except Pinehaven Apartments, since 2002. Financial agreements between Ambling and resident occupants constitute a legally binding contractual relationship between the renter (student resident & guarantor) and property manager (Ambling). Residents are also subject to the University's rules pertaining to on-campus residency, financial responsibility, and all other institutional regulations.

It is very important that you understand the nature of this relationship before signing any documents or agreements related to on-campus housing. You and your guarantor (usually a parent or other person who agrees to "co-sign" your lease agreement with you) enter a legally binding contract upon signing a lease agreement with Ambling. This lease agreement is enforceable for the period of time set forth within it. *You are liable for the full amount of the lease agreement even if you never move into on-campus housing or you decide to move off campus prior to fulfilling your obligations under the lease. You are liable for costs related to collection agency action and court fees if you break your lease agreement with Ambling. There are no early termination provisions in your lease.*

The Office of Student Services recommends the following before signing any lease agreement:

- Read all documents in their entirety before signing them.
- Ask questions about items, terms or language you don't understand.
- Ask what happens if you decide to live elsewhere after signing your lease.
- Obtain written, signed confirmation of anything that varies from your signed lease agreement from no one other than the Ambling Property Manager.
- Contact the Housing and Residence Life Office staff (Beauregard at Jeff Davis Drive) if you have questions or concerns regarding your lease.
- Strongly consider purchasing renter's insurance from an agent you know and trust. Neither the State of Louisiana, McNeese State University, Cowboy Facilities, nor Ambling provide for repair or replacement of lost, stolen, or damaged personal property.
- Be advised that all students (except in married/family housing) must purchase a meal plan for the academic term(s) in which they reside on the campus (fall, spring, summer).

Enjoy living on the campus, and be sure to contact my office if I can ever be of assistance to you during your career at McNeese State University.

STUDENT PRINTED NAME	SIGNATURE	DATE
GUARANTOR PRINTED NAME	SIGNATURE	DATE
AMBLING WITNESS NAME	SIGNATURE	DATE

*Memo Effective July 15, 2004; updated February 15, 2007*

## Roommate Profile Form

The following information will be used for roommate matching only. Please complete this form honestly so that you can avoid conflicts next year.

2008-2009 Class:     Freshman     Sophomore     Junior     Senior     Graduate Student

Mr. or  Ms. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Major(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Requested Roommate(s): \_\_\_\_\_

Smoking:             I smoke.             I do not smoke.             I prefer to live in a smoke-free environment.

Drinking:             I drink.             I do not drink.             I cannot drink, as I am not of age.  
 I prefer to live in an alcohol-free environment.

Noise:                 Other people consider me to be a quiet person.  
 Other people consider me to be a average person.  
 Other people consider me to be a loud person.

Cleaning:             I prefer that the apartment be cleaned every night.  
 I prefer that the apartment be cleaned once a week.  
 I prefer that the apartment be cleaned every month.  
 I prefer that the apartment be cleaned once a semester.

Cooking:             I plan to cook every night.             I plan to cook once a week.             I do not plan to cook.

Studying:             I prefer to study in my bedroom.  
 I prefer to study at the dining room table or in the living room.  
 I prefer to study at the library, in a classroom or another on-campus building.  
 I study 0-2 times per week.             I study 2-5 times per week.             I study daily.

Schedule:             I have mostly morning classes.             I have mostly evening classes.  
 I am a morning person.             I am a night person.

On most weeknights I like to:     Watch TV             Go Out             Study             Entertain Friends  
 Listen to Music             Talk on the Phone

On most weekends I like to:     Watch TV             Go Out             Study             Invite Friends to Come Over  
 Listen to Music             Talk on the Phone

Please list any interests, hobbies, sports, acitvites... \_\_\_\_\_

**MSU Housing has my permission to release this information to prospective roommates.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# F-1 Student Visa Transfer Form

(The International Student Advisor at your school must complete this form)

If you are planning to attend **McNeese State University** and are coming from a high school or university in the United States, please ask the international student advisor at the school you are currently attending or last attended to complete this form and return it to the following address:

**International Student Affairs Office**

**McNeese State University**

**P.O. Box 92495**

**Lake Charles, LA 70609**

**or fax to: (337) 475-5151**

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## Section I (to be completed by student)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby grant permission to the Designated School Official at the school I am currently attending or last attended to release information regarding my enrollment to McNeese State University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Section II (to be completed by DSO)

? Student was issued a SEVIS I-20 Form. We will change his/her SEVIS record to reflect "transfer out" to McNeese State University. The release date will be \_\_\_\_\_.

? Student was NOT issued a SEVIS I-20 Form. Student does not and will not have a SEVIS record from our school.

Please complete the following:

- 1.) Student's Admission Number \_\_\_\_\_
- 2.) Level of education being pursued at your school \_\_\_\_\_
- 3.) Student's major at your school \_\_\_\_\_
- 4.) Last semester enrolled at your institution \_\_\_\_\_
- 5.) To the best of your knowledge is the student in status with the INS \_\_\_\_\_ yes \_\_\_\_\_ no. If "no" please explain \_\_\_\_\_
- 6.) Does the student have a pending reinstatement case with the INS? \_\_\_\_\_
- 7.) Has the student ever been granted CPT or OPT from your institution? \_\_\_\_\_

If yes, please complete the following:

Type of Practical Training: CPT or OPT (circle one)/ Full-time or Part time (circle one)

Began \_\_\_\_\_ Ended \_\_\_\_\_

## THIS FORM WAS COMPLETED BY:

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Name and Address of the Institution \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



USA



CANADA

Eastern University  
 McNeese State University  
 New Mexico Tech  
 Texas A&M University – Corpus Christi  
 University of Southern Indiana  
 West Texas A&M University  
 Western Kentucky University  
 Bowling Green Community College at  
 Western Kentucky University

4528 Humphrey Hill Road  
 Sedro Woolley, WA 98284

Email: [esli@esli-intl.com](mailto:esli@esli-intl.com)  
 Website: [www.esli-intl.com](http://www.esli-intl.com)

TEL: 360-724-0547  
 FAX: 360-724-0548

Trinity Western University  
 Langley, British Columbia

Redeemer Pacific College  
 Langley, British Columbia

## ESLI

### CREDIT CARD AUTHORIZATION

NAME OF STUDENT: \_\_\_\_\_

I authorize ESLI to debit on my credit card details as follow:

CREDIT CARD HOLDER: \_\_\_\_\_

( ) MASTERCARD ( ) VISA ( ) AMERICAN EXPRESS

CREDIT CARD NUMBER: \_\_\_\_\_

**SECURITY CODE (3 digits):** \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

The amount of \$ \_\_\_\_\_

That refers to the payment of the enrollment fee at the ESLI Language Center.

\_\_\_\_\_  
 Credit Card Holder's Signature

\_\_\_\_\_  
 City, and Date