SMU Student Cayman Islands Immigration Information

Congratulations on your acceptance to St. Matthew's University (SMU)!

Please review the following information to assist with your immigration process.

- THE MANDATORY DOCUMENTS SUBMITTEDFOR ENTRANCE TO GRAND CAYMAN MUST BE **COMPLETE** AND FORWARDED TO THE SMU ORLANDO, FLORIDA OFFICE FOR VERIFICATION OF COMPLETION. INCOMPLETE IMMIGRATION DOCUMENTS WILL NOT BE ACCEPTED**. SMU WILL FORWARD FINAL IMMIGRATION APPLICATIONS TO CAYMAN IMMIGRATION**. STUDENTS WILL RECEIVE THEIR STUDENT VISA FROM CAYMAN IMMIGRATION UPON ARRIVAL TO GRAND CAYMAN.
- **Students are required to have a round trip airline ticket upon entering Grand Cayman. You will not be granted admittance without one!**
- All forms submitted to the Orlando, Florida Administrative Office must be original documents and include the mandatory physician signatures and stamps where required.
- Faxed and emailed copies are not considered official and therefore will not be accepted.
- **Please keep a copy of all immigration paperwork for your records.**
- **Send** the complete Immigration Application with **all** supporting documents and lab reports via overnight delivery service or mail to:

St. Matthew's University
Attention: Immigration Department
12124 High Tech Ave., Suite 290
Orlando, FL 32817
407-488-1720

- Only complete applications will be accepted – students are encouraged to contact the SMU Immigration Department for assistance with document verification **prior** to the final application submission at: 407-488-1720
- Deadline: Complete immigration paperwork must be submitted to SMU Immigration no later than 6 weeks prior to the start of the semester. The Cayman Islands Immigration Department has the discretion to reject late submissions and apply late charges – please allow enough time to obtain mandatory police reports and labs – DO **NOT DELAY!**

STEP BY STEP STUDENT VISA APPLICATION GUIDELINES

APPLICATION FOR STUDENT VISA PAGE 1: entries 1 - 12

Portions of the application have been auto-populated for your convenience

1. Please use your legal name as it appears on your passport.
2. Nationality – the country that issued your passport
3. Marital status
4. Passport number, Place of Issue is the country, date and expiration
5. Mailing address if P.O. Box, (i): Physical address (if not a P.O. Box) – enter N/A for the one that does not apply to you.
6. Obtain Degree – auto-populated
7. St. Matthew's University – auto-populated
8. Yes
9. St. Matthew's University medical/veterinary degree program – auto-populated
   - (i)Three years – auto-populated
   - (ii)30 – auto-populated
   - (iii)month/year – auto-populated
   - (iv)month/year – auto-populated (will be 3 years from begin date)
10. Three years – auto-populated
11. Yes – auto-populated
12. Yes or No – include details as directed on form

APPLICATION FOR STUDENT VISA PAGE 2: entries 13 – 20, plus signature/date

13. Family resources and/or loan – auto-populated
14. Y/N – if yes, you must include details of conviction: official charge (misdemeanor, felony, etc.) case resolution, etc.
15. Y/N – if yes, details required include disease name/condition, disability, medications, and treatments.
16. Residence Hall or Residence Suites (for off-campus housing, provide name of facility or address)
17. Answer accordingly (example: $1,500-$2,000 per month based on room type or rental)
18. REQUIRED 10 year history for all places you have lived if other than stated in 5a. or N/A if same address for 10+ years.
19. Prior school information
20. Y/N

DECLARATION: Signature and Date – DOCUMENTS MISSING SIGNATURES WILL NOT BE PROCESSED BY CAYMAN IMMIGRATION

STEP BY STEP STUDENT MEDICAL EXAMINATION FORM GUIDELINES

*Part 1, Part 2, and Part 3 Medical Examination Forms must be signed, dated, and stamped by the Physician (referred to as the Medical Examiner by Cayman Immigration). A Physician or Physician's Assistant is acceptable. Please be sure the physician you have chosen has an official stamp. Please do not omit any answers.

Medical Examination Form Part 1: *COMPLETE ALL SECTIONS*

1. Name – legal name as appears on your passport
2. Nationality – the country that issued your passport

COMPLETE REMAINING SECTIONS - Bottom of form MUST include applicant/student signature/date and Physician (Medical Examiner) signature/date and Physician's official stamp.

Medical Examination Form Part 2:

To be completed in entirety by the Physician or Physician's Assistant (Medical Examiner) and include Medical Examiner's signature/date and Physician's official stamp.

Medical Examination Form Part 3:

To be completed in entirety by the Physician or Physician's Assistance (Medical Examiner) and include Medical Examiner's signature/date and Physician's official stamp.

- Physician must enter Chest X-ray results (the only required X-ray), the HIV blood test results, and the VDLR blood test results on this page.
- **All supporting Lab reports for the HIV test and the VDRL test, as well as the Chest X-ray radiology report must be included with each Lab report having the Medical Examiner's signature/date and Physician's official stamp. Medical Examinations Forms submitted without the accompanying lab reports with Medical Examiner's signature/date and Physician's official stamp will not be accepted.**

Additional Documents Required

Passport Photos: Original – NO photo copy or electronic version - 2 inch by 2 inch passport size photos 1 Frontal and 1 Side (Profile) photo – clothing and background must be the same in both photos.

Police Report: Criminal background check - you must request this on yourself from your local police department. To be considered official – the background check/report must be on **official agency letterhead and include an official signature, raised seal or police department stamp and contact information**. For example, if you reside in Orlando, Florida, you would need to obtain a local criminal activity letter from the City of Orlando Police Department. **ORIGINAL REPORT ONLY – COPIES AND ELECTRONIC VERSIONS WILL NOT BE ACCEPTED**.

V3

CAYMAN ISLANDS CUSTOMS AND BORDER CONTROL LAW

APPLICATION FOR A STUDENT VISA

An application for the grant of a Student Visa should be sent to Director of Customs and Border Control, Customs and Border Control Services, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

NOTES: (i) This form should be completed by all persons wishing to enter the Cayman Islands for the purpose of study. Please ensure that you have read the accompanying information sheet before completing this form. (ii) The form must be completed fully (even if the answer is in the negative) and in BLOCK LETTERS. An incomplete or illegible application will not be processed and will be returned to the applicant.

APPLICATION FORM CONTAINS 3 PAGES

1. Surname (Last Name) ______ Maiden Name ______ Given Names (First Names) ______

2. Nationality ______ Place of Birth ______ Date of Birth ______ Sex: Male ☐ Female ☐

3. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

4. Passport number ______ Place of Issue ______ Date Issued ______ Expiry Date ______

5.Mailing address: ______
PO Box | District/City | Country | Postal Code

(i).Physical address: ______
House/Apartment # | Street Name | District/City | Country

(ii) Telephone (Landline): ______ (iii) Telephone (Mobile): ______ (iv) Email Address: ______

6. Why do you wish to study in the Cayman Islands? **Obtain Degree**

7. Name of educational establishment where you wish to study **St. Matthew's University**

8. Have you been accepted by this educational establishment? Yes ☒ No ☐

9. Title of proposed course of study **St. Matthew's University medical/veterinary degree program**

(i) Duration of proposed course of study **Three years** (ii) How many hours of classroom study per week will you be required to undertake? **30**

(iii) When does the course begin? **April 2021** (iv) When does the course end? **May 2024**

10. How long do you propose to remain in the Cayman Islands? **Three years**

11. Do you intend to leave the Cayman Islands at the end of the period of study? Yes ☒ No ☐

12. Do you wish to be accompanied by dependant(s) whilst studying in the Cayman Islands? Yes ☐ No ☐

If so, please provide details:

Name	Date of Birth D/M/Y	Nationality	Relationship	Country of Residence

APPLICATION FOR A STUDENT VISA

An application for the grant of a Student Visa should be sent to the Director of Customs and Border Control, Customs and Border Control Services, P.O Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

13. Please provide details of how your study and stay in the Islands is being funded? Family Resources and/or loan

14. Have you or any of your dependants accompanying you ever been convicted of a crime or sentenced to any term of imprisonment? Yes ☐ No ☐

If Yes, please provide details:

15. Do you or any of your dependants accompanying you suffer from any disease or infirmity of mind and body? Yes ☐ No ☐

If Yes, please provide details:

16. Where will you and any accompanying dependant(s) reside whilst in the Cayman Islands?

17. How much does this accommodation cost per month (including utilities)?

18. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in your reply to question 5a?

From	To	Address

19. Please provide the details the the last educational institution you attended.

From	To	Course/Qualification	Name of Institution	Address of Institution

20. Are you a native English speaker? Yes ☐ No ☐

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature of prospective student ______________________

Date ______________________

STUDENT VISA - CHECKLIST

This list is a summary of general requirements for ALL applicants. The Visa Office reserves the right to request additional information or documentation as it sees fit.

APPLICANT REQUIREMENTS:

- ☐ Application form duly completed, signed and dated by the prospective student - original signature required. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.**
- ☐ Correct fee
- ☐ 1 full face passport sized photograph **AND** ☐ 1 profile passport sized photograph (See online guidelines)
- ☐ Evidence of Financial resources (see online guidelines)
- ☐ Written confirmation from the educational establishment:
  - ☐ Confirming that the applicant has been accepted as a student
  - ☐ Details of the proposed course of study, its duration and the number of hours per week in attendance
  - ☐ Details of the fees per year
- ☐ If sponsored by an individual, evidence of sponsor's employment or source of income
- ☐ Original medical questionnaire, including original lab report showing HIV/VDRL results
- ☐ Original signed and sealed, Police Clearance certificate - less than 6 months old, from last place of residence. (If you are a British citizen and you have been resident in the UK for the last six months we will accept an original notarized affidavit of character attesting to your criminal history).

DEPENDANT REQUIREMENTS:

- ☐ Application form duly completed, signed and dated by the prospective student or current holder of a valid student visa - original signature required. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.**
- ☐ Correct fee
- ☐ 1 full face passport sized photograph **AND** ☐ 1 profile passport sized photograph (See online guidelines)
- ☐ Evidence of financial resources (other than for course tuition)
- ☐ Evidence of relation to student (Birth Certificate, Marriage Certificate)
- ☐ Original medical questionnaire, if over 18 years of age
- ☐ Original signed and sealed, Police Clearance certificate, if over 18 years of age - less than 6 months old, from last place of residence. (If you are a British citizen and you have been resident in the UK for the last six months we will accept an original notarized affidavit of character attesting to your criminal history).

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

MEDICAL EXAMINATIONS FORM

1. Medical examinations are required with the initial work permit application. The Medical examinations are valid for three (3) years.
2. Laboratory tests have to be repeated with each medical examination. The Laboratory Reports are valid for six (6) months.
3. Chest X-rays are required with the initial work permit application. Chest Xrays are valid for five (5) years.
4. Laboratory Reports have to be attached for HIV and VDRL tests.
5. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
6. The Medical Examinations Form must be signed and stamped or sealed by Physician.
7. The Laboratory Report must be signed and stamped or sealed by Lab Technician or Physician.
8. WORC Department reserves the right to require additional medical examinations at any time.

MEDICAL FORM CONTAINS 3 PAGES

PART 1 - QUESTIONNAIRE (to be completed by Applicant)

1. (a) Surname (Last Name) ______ Given Names (First Names) ______ Maiden Name ______

(b) Nationality ______ (c) Country of Birth ______ (d) Date of Birth D/MMM/YY (e) Passport no ______

(f) Gender Male ☐ Female ☐ (g) Marital Status Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

2. Have you ever had or currently have

	Yes	No
(a) Nervous or mental trouble	☐	☐
(b) Fits or convulsions?	☐	☐
(c) Heart trouble or raised blood pressure?	☐	☐
(d) Lung tuberculosis, Asthma or hay fever?	☐	☐
(e) Contact with a case of tuberculosis?	☐	☐
(f) Frequent or prolonged indigestion?	☐	☐
(g) Malaria, dysentery or any other tropical illness?	☐	☐
(h) A sexually transmitted disease?	☐	☐
(i) Eye trouble?	☐	☐
(j) Any serious operation?	☐	☐
(k) Diabetes?	☐	☐
(l) Rheumatic Fever?	☐	☐
(m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	☐	☐
(n) Any illness or injury not mentioned above?	☐	☐
(o) A physical defect?	☐	☐

If you have answered Yes to any part of questions 2, explain ______

3. Do you consume alcohol? ☐ Yes ☐ No

If Yes, how many alcoholic drinks do you typically consume in 1 week ______

4. Do you take habit forming drugs? ☐ Yes ☐ No

If Yes, explain ______

5. Have you ever applied for or received disability benefits? ☐ Yes ☐ No

If Yes, explain ______

6. Are you now in good health? Yes ☐ No ☐ If No, give details ______

7. Are you now pregnant? Yes ☐ No ☐ Not Applicable ☐ If Yes, how many months ______

Date (dd-mmm-yy) D/MMM/YY Signature of Applicant ______

Date (dd-mmm-yy) D/MMM/YY Medical Examiner/Physician ______

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

MEDICAL EXAMINATION FORM

PART 2 - MEDICAL EXAMINATION (to be completed by Medical Examiner)

	Yes	No
1. Is the Examinee personally known to you?	☐	☐
If No, did you check ID?	☐	☐

2. Height ________ feet ________ in. Weight ________ lbs. (in under clothes) Waist ________ in.

Chest measurements on respiration ________ in, on expiration ________ in.

3. Blood pressure (two readings: at rest (sitting) ________ lying down ________ Pulse rate ________

4. Date and report of last E.C.G. if any ________________

5. Are the following free from any pathological condition or abnormality;	Yes	No
(a) Skin	☐	☐
(b) Throat & Mouth	☐	☐
(c) Eyes	☐	☐
(d) Ears	☐	☐
(e) Nose	☐	☐
(f) Abdomen	☐	☐
(g) Cardiovascular System	☐	☐
(h) Respiratory System	☐	☐
(i) Locomotor System	☐	☐
(j) Nervous System	☐	☐
(k) Genito-Urinary System	☐	☐

If No to any of the above questions, provide details ________________

____

____

6. Is the examinee on any drug therapy at present? Yes ☐ No ☐ If Yes, give details ________________

____

____

7. Give details of any operations ________________

____

____

8. Medical conditions a)________________ b)________________

c)________________ d)________________

Date of Examination (dd-mmm-yy) D/MMM/YY Signature Medical Examiner ________________

WORC
WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

MEDICAL EXAMINATIONS FORM

PART 3 - XRAY AND LABORATORY INVESTIGATIONS (to be completed by Medical Examiner

(a) Hospital Xray No. ______ Date D/MMM/YY Result ______

(b) Urine: Date D/MMM/YY Albumin ______ Sugar ______

(c) Blood Tests (attach laboratory reports)

TESTS	DATE	RESULT
VDRL	D/MMM/YY	
HIV SCREEN	D/MMM/YY	

(d) Other tests (depending on history and disease prevalence in the country of origin)

TESTS	DATE	RESULT
	D/MMM/YY	
	D/MMM/YY	
	D/MMM/YY	

Name and address of Medical Examiner

______

Qualifications ______ Medical Registration Number ______

______

______

Address of Registering body ______

Date of Examination (dd-mmm-yy) D/MMM/YY Signature Medical Examiner ______

Attach Passport Photos Here