

Application for Admission Undergraduate International Student

PLEASE COMPLETE THIS FORM CAREFULLY AND FULLY IN ORDER TO AVOID DELAYS IN YOUR ADMISSION. ALL INFORMATION IS REQUIRED UNLESS OTHERWISE INDICATED. TYPE OR PRINT CLEARLY. SIGN IN INK.

Desired Entrance Date:	<input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January) Year _____
I Am Applying As A:	<input type="checkbox"/> New Freshman <input type="checkbox"/> Transfer Student <input type="checkbox"/> Non-Degree-Seeking Student <input type="checkbox"/> 2 nd Undergraduate Degree-Seeking Student

PERSONAL INFORMATION

Name <i>Write your name exactly as it appears on your passport. <u>Underline</u> your family name.</i>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Social Security Number <i>if applicable</i>
Permanent Home Address <i>Street and Number, City, Province/State, Postal Code and Country</i>	
Email Address	Telephone
	Fax
Present Home Address <i>if different from above</i>	
Date of Birth <i>mm/dd/yyyy</i>	Place of Birth <i>City and Country</i>
Country of Citizenship	Country of Residence
Are you a permanent resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, give your GREEN CARD NUMBER.</i>	Do you currently hold a U.S. visa? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, What kind? (F-1, J-1, H-1, etc.)</i>

Do you have any dependents who will accompany you to the U.S.? Yes No

If YES, list name, relationship and age of each.

Do you have any dependents who will remain in your home country and for whom you will be financially responsible while you are in the U.S.? Yes No

If YES, do you have enough funds to support them and pay for your studies? Yes No

Do you plan to live on-campus? Yes No

ALL students who have not turned 20 by the first day of Fall semester classes must live on-campus and participate in the university meal plan.

In case we have questions about your application, is there A PERSON IN THE U.S. to whom confidential information can be released? Yes No

If YES, list this person's full name and address, phone number (including area code) and email address.

This person is your Parent Other Relative Legal Guardian Friend

ACADEMIC INFORMATION

I plan to complete my bachelor's degree at UW-Superior.

I plan to study at UW-Superior for _____ semesters.

What is your intended major?

*For immigration purposes, this cannot be "Undecided."
It can be changed after enrollment.*

SAT/ACT/TOEFL/IELTS (circle one) Test Date (mm/dd/yyyy) and Score

Native English-speaking applicants are expected to submit an SAT, ACT or comparable score.

Please list all schools you have attended beginning with secondary school.
 If you need more space, attach a separate piece of paper.

Dates of Attendance	Name(s) of Secondary School(s)	Location <i>City and Country</i>	Certificate or Diploma
Dates of Attendance	Name(s) of Post-Secondary School(s)	Location <i>City and Country</i>	Certificate or Diploma

APPLICANT'S STATEMENT

If you feel that there is any important additional information that the admissions committee should know, please write a brief statement below. Information that may be important might include your aspirations, work experience, creative talents, factors which have affected your academic record or why you are applying to UW-Superior. You may wish to attach a separate page for your statement.

PAYMENT AND RETURN MAILING INSTRUCTIONS

- I have enclosed a check for the non-refundable \$44 application fee.
Make check payable to University of Wisconsin-Superior. REQUIRED for admission.

Please indicate your preference for return mailing of admissions notification:

- via regular U.S. mail service *No additional fee.*
- via express mail service *Requires an additional fee of \$50.*

SIGNATURES

I certify that I have read and understand the instructions and that the statements made in this application are accurate and complete to the best of my knowledge. Failure to provide full documentation, falsification of credential(s) or providing false information may result in cancellation of admission to the university.

Applicant's Signature

Date *mm/dd/yyyy*

If applicant is under 18 years of age, parent or legal guardian must also sign.

Parent's or Guardian's Signature

Date *mm/dd/yyyy*

**PLEASE SEND YOUR
APPLICATION TO:**

**International Admissions
University of Wisconsin-Superior, Main 337
Belknap & Catlin Avenues, P.O. Box 2000
Superior, WI 54880 USA**

How did you hear about the University of Wisconsin-Superior? *OPTIONAL*

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend/Family Member
Who? | <input type="checkbox"/> Advisor
Who? | <input type="checkbox"/> College Fair
Which one? |
| <input type="checkbox"/> Internet Search
Which one? | <input type="checkbox"/> School Representative
Who? | <input type="checkbox"/> Poster
Where? |
| <input type="checkbox"/> Study Abroad Publication
Which one? | <input type="checkbox"/> Other
Please explain. | |

FOR OFFICE USE ONLY

		ACT DATE	
FR 1	RES 1	ENG	DATE
SOPH 2	NR 2	MATH	
JR 3	MN 4	READ	DORM
SR 4	NEW 1	SCI	MEAL
SPEC 5	TRANS 3	COMP	
RECEIPT #	TRANS CR	RANK/SIZE	