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:**
- □ Fall (August)
- □ Spring (January)
- Year __________

**I Am Applying As A:**
- □ New Freshman
- □ Transfer Student
- □ Non-Degree-Seeking Student
- □ 2nd Undergraduate Degree-Seeking Student

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**PERSONAL INFORMATION**

**Name**
Write your name exactly as it appears on your passport. Underline your family name.

**□ Male   □ Female**

**U.S. Social Security Number**
*if applicable*

**Permanent Home Address**
Street and Number, City, Province/State, Postal Code and Country

**Email Address**

**Telephone**

**Fax**

**Present Home Address**
*if different from above*

**Date of Birth** mm/dd/yyyy

**Place of Birth** City and Country

**Country of Citizenship**

**Country of Residence**

**Are you a permanent resident of the U.S.?**
- □ Yes   □ No  *If YES, give your GREEN CARD NUMBER.*

**Do you currently hold a U.S. visa?**
- □ Yes   □ No  *If YES, What kind? (F-1, J-1, H-1, etc.)*
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.

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<tr>
<th>Dates of Attendance</th>
<th>Name(s) of Secondary School(s)</th>
<th>Location</th>
<th>City and Country</th>
<th>Certificate or Diploma</th>
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<th>Dates of Attendance</th>
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<th>Location</th>
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**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.*
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

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

□ Friend/Family Member Who?
□ Internet Search Which one?
□ Study Abroad Publication Which one?
□ Advisor Who?
□ School Representative Who?
□ Other Please explain.
□ College Fair Which one?
□ Poster Where?
□ Internet Search Which one?
□ School Representative Who?
□ 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