

International Student Admission Application



Southern Illinois University Edwardsville

Box 1047 | Edwardsville, Illinois 62026-1047

Phone: (618) 650-3770 | E-mail: intladm@siue.edu | www.siue.edu

I am applying as:

Undergraduate/
Bachelor's Degree

Graduate/
Master's Degree

Read the entire application and instructions before beginning. The family name, personal name and middle name must match on all other documents.

1. Name: _____
Family Name Personal Name Middle Name

2. Date of Birth: ____/____/____ 3. Country of Birth _____
Month Day Year

4. Gender: ____ Male ____ Female 5. Country of Citizenship _____

6. Permanent Address (must be your home country permanent address):

Street Address City

State/Province Country Postal or ZIP Code

7. Mailing Address (if in U.S., must be your current residence; P.O. Box may not be used):
All I-20s will be mailed to permanent address unless otherwise noted.

Street Address City

State/Province Country Postal or ZIP Code

8. Visa Type You Plan to Use at SIUE:

(Permanent residents of the U.S. must provide a copy of their Alien Registration Receipt Card I-551)

____ F-1 ____ J-1 ____ Other _____
Specify Type

9. If you are currently in the United States, what is your current visa type: (select one):

____ F-1 ____ J-1 _____
Name of School that Issued Your Current I-20/DS2019

____ B1/B2 ____ Other _____
Specify Type

10. U.S. Phone Number (if available): _____

11. E-mail Address: _____

12. Semester for Which You Are Applying: ____ Fall/August ____ Spring/January ____ Summer/May

FOR UNDERGRADUATE STUDENTS:

13. You Are Applying as (check one): ____ Freshman ____ Transfer ____ Readmission (Previously attended SIUE)

14. Requested Major (refer to list of undergraduate majors on p.7): _____

* Attach Application Fee Payment Here *

FOR GRADUATE STUDENTS:

15. Select the Graduate Degree Program to Which You Wish to Apply (refer to program list on p. 22 for appropriate information):

____ Master's/Specialist Major: _____ Degree (MS, MBA, SD, etc.): _____

Specialization or Teaching Field (if appropriate): _____

____ Post-Baccalaureate Certificate / Concentration: _____

____ Post-Masters Certificate / Concentration: _____

ACADEMIC HISTORY:

16. This section must be completed by all applicants. Please list all institutions attended beginning with secondary schools to the present. Please list in chronological order. It is essential that we have your complete academic history, including the dates of attendance and the exact title of any diploma or certificate earned or planned with the appropriate date (i.e., General Certificate of Education, Secondary School Leaving Certificate, Higher Secondary School Certificate, Matriculation Certificate, etc.). Missing information will delay the review of your application.

Secondary Schools Attended Through High School

Name of School (no abbreviations)	City, State, and Country	From Mo / Yr	To Mo / Yr	List Diplomas / Certificates / Etc. Earned or Planned and Dates (use complete titles)

Post-Secondary Schools Attended with Degrees, if any

Name of School (no abbreviations)	City, State, and Country	From Mo / Yr	To Mo / Yr	List Diplomas / Certificates / Etc. Earned or Planned and Dates (use complete titles)

CERTIFICATION:

17. The application must be signed and dated by the applicant before action can be taken. Southern Illinois University Edwardsville is committed to maintaining a safe environment for all members of the University community. The University requires applicants who are under current indictment or have been convicted of a crime (other than a routine traffic offense or in a juvenile proceeding) to disclose this information as a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by Certified Mail at the time of application for admission to: Southern Illinois University Edwardsville; Office of Admissions/Review Committee; Campus Box 1600; Edwardsville, IL 62026. Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, a location (city, state, country) of conviction or current indictment, dates and court disposition. This statement also must include a grant of permission to the University for complete access to criminal records, if any. For more information about this requirement, call (618) 650-3705. *I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that the statements I have made on this application are correct and complete.*

Signature of Applicant

Date

International Student Financial Sponsorship Form



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All applicants must submit proof of adequate financial resources. Financial arrangements must be approved in advance of admission. Complete all items on the form in ink. Use additional forms if you have more than one sponsor. Missing information will delay the review of your application. Please note that the form is not considered complete until both applicant and sponsor have provided proper signatures in the certification section, and the sponsor has provided a current bank statement or award letter (for scholarships, grants, and loans) verifying available funds. This form and all appropriate financial documents must be returned to the above address. For additional information, call (618) 650-3770, or e-mail intladm@siue.edu. Please refer to page 16 of this brochure for cost information.

1. Name of Applicant (please print): _____

Family Name

Personal Name

Middle

2. Applicant's U.S. Social Security Number (if available, voluntary): _____

3. Applicant's Date of Birth (mo/day/yr): _____

4. Name of Sponsor (print): _____ Relationship: _____

5. Address of Sponsor: _____

6. Funds (in U. S. dollars) that will be Provided, per Year, by Sponsor: _____

7. Indicate Source of Funds: _____ Family Funds _____ Personal Funds _____ Scholarship/Grant/Loan

_____ Other (please explain): _____

8. List any dependents (spouse or children) accompanying you to the United States:

(Please note that additional funds are required for dependents; if more space is required, list additional names on a separate attachment.)

Name (Family / Personal / Middle)	Date of Birth	Country of Birth	Relationship

9. Applicant Certification: I hereby certify that the above statements concerning financial support are correct.

I also guarantee that the financial support indicated above is available to me.

Signature of Applicant

Date

10. Sponsor Certification: I certify that I will provide sufficient funds to sponsor the applicant's entire period of study at SIUE. I am not merely acting as a guarantor, but I will actually remit the funds to the applicant while he/she is studying in the United States. Furthermore, I agree to pay directly to the University all sums incurred by the student if not paid by the student when due. I also agree to include with this form a bank statement verifying available funds in the amount listed in #6 above.

Signature of Sponsor

Date

(over)

