

EAST-WEST UNIVERSITY

PLEASE USE CAPITAL LETTERS

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

1. Name _____
LAST FIRST MIDDLE

2. Permanent Address in your Home Country _____

City _____ State/Country _____ Zip/Postal Code _____

3. Current Mailing Address in USA if any _____

City _____ State/Country _____ Zip/Postal Code _____

4. Telephone: Home _____ Cell _____

5. E-mail _____

6. Date of Birth: mm/dd/year _____ 7. Sex: Female Male

8. Emergency Contact Person _____
LAST FIRST PHONE#

9. Ethnic Origin: Asian/Pacific Islander White (Non-Hispanic) African Hispanic Other

[East-West University complies with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment). Federal Regulations require the collection of statistical information concerning ethnic origin, age and sex of our applicants. East-West University admits student without regard to age, race, color, sex, religion, physical handicap and national or ethnic origin].

10. Country of Citizenship _____

11. Social Security Number _____ Passport No _____ Expiration Date _____

12. If you are currently in the USA, what type of Visa do you hold _____

I-94 # _____ I-94 ExpirationDate _____

13. When do you plan to begin classes? Fall Quarter (End of September) Winter Quarter (January)
 Spring Quarter (April) Summer Quarter (End of July) Year: 20 _____

14. TOEFL Score _____ & Date Taken _____

15. You are now applying as (check one): Freshman Transfer Student For Second Degree

16. What is your major area of academic interest?

- Accounting Liberal Arts English/Communications
 Management Marketing Mathematics
 Criminal Justice General Business Electronics Engineering Technology
 International Business Physical and Biological Science Computer Science
 Behavioral and Social Sciences Other _____ Office Administration
PLEASE SPECIFY
 English as a second language (ESL)

9 months Certificates

- Medical Office Technology The New Digital Media Design
 General Office Assistant e-Commerce
 Neurotechnology Life Sciences

17. What type of degree are you seeking? 2 year degree 4 year degree 9 months Certificate

18. Please name the Board of Intermediate or College form which you obtained intermediate certificate or equivalent to US High School Diploma (12 years)

Name of High School _____ City _____

Country _____ Year of Graduation _____

19. List colleges, Universities or post-secondary schools attended.

Name	City	State	Date attended		Degree/Hours earned
			From M/D/Y	To M/D/Y	

I understand that withholding information requested or giving false information may render me ineligible for admission to East-West University or subject to dismissal. I certify that the information provided on this application is correct and complete.

Applicant's Signature _____ Date _____

PLEASE NOTE: Applicant born after January 1, 1957 are required by law to submit medical records showing immunization From certain communicable diseases; diphtheria , tetanus, measles, rubella, and mumps.

EAST-WEST UNIVERSITY

816 S. MICHIGAN AVENUE | CHICAGO | IL 60605 | USA

PHONE: 312-939-0111 ext. 1822 | FAX: 312-939-0083 | EMAIL: rashed@eastwest.edu

www.eastwest.edu