

# International Application for Admission\*



International Admissions  
Center for International Studies  
Western Illinois University  
1 University Circle  
Macomb, IL 61455-1390 USA

Phone: 309.298.2426  
Fax: 309.298.2405  
E-mail: [international-ed@wiu.edu](mailto:international-ed@wiu.edu)  
Website: [www.wiu.edu/international](http://www.wiu.edu/international)

## ADMISSION INFORMATION

Applying as:  WESL Student (Intensive English Program)  Undergraduate First Year Student (Freshman)  Undergraduate Transfer Student  Graduate Student  Exchange Student (Please indicate  1 semester or  1 year)

Apply for  Fall (August) 20  Spring (January) 20  Summer (May) 20

Program of Study/Major \_\_\_\_\_

Are you currently in the United States?  Yes  No

How did you learn about Western Illinois University? \_\_\_\_\_

## PERSONAL INFORMATION

**Full Name** (Please print your full name as it appears on your passport)

\_\_\_\_\_

Last (Family/Surname)

First (Given/Personal Name)

Middle

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender**  Male  Female **Marital Status**  Not Married  Married

month day year

**City and Country of Birth** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_

**Permanent Home Mailing Address** \_\_\_\_\_

Number & Street Name or Post Office Box Number

\_\_\_\_\_

City

Province, State, or Region

Country

Postal Code

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Country Code, City/Area Code, Number Country Code, City/Area Code, Number

**Current Mailing Address (if different from above)** \_\_\_\_\_

\_\_\_\_\_

City

Province, State, or Region

Country

Postal Code

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Country Code, City/Area Code, Number Country Code, City/Area Code, Number

**E-mail Address** \_\_\_\_\_

## CURRENT VISA INFORMATION If you are already in the United States, you are **required** to answer the following questions.

A. On what date did you enter the U.S.? \_\_\_\_/\_\_\_\_/\_\_\_\_ I-94 card admission number? \_\_\_\_\_

month day year

B. What visa type do you currently hold? Please check:  F-1 Student Visa  J-1 Visitor Visa  Other (please indicate) \_\_\_\_\_

C. If you hold an F-1 visa, which college/university issued your I-20? \_\_\_\_\_

Please include a copy of your current I-20 and I-94 card.

D. If you hold a J-1 visa, who is your sponsor? \_\_\_\_\_ Program Number? \_\_\_\_\_

Please include a copy of your current DS-2019 and I-94 card.

\*U.S. citizens living abroad, undocumented persons domiciled in the United States, or permanent residents (green card holders) are not international applicants for purposes of this requirement.

### FOR OFFICE USE ONLY

ID No.	Country Code	ADMU Status	Class
Last School	Degree School	ADST	ADPR
Transcripts H.S.	Z Y N	Transcripts Col.	Z Y N
WGPA	Orig. Adm. Type	Orig. Matric. Date	
Date	Initials		

**EDUCATIONAL HISTORY**

Secondary School Name(s)	Location (City/Country)	Dates of Attendance (Month/Year)	Name of Diploma/Degree/Certificate Earned and Date Earned
		___/___ to ___/___	
		___/___ to ___/___	

Please list, in chronological order, ALL institutions attended after secondary school including degree, non-degree, certificate, or diploma programs. You MUST INDICATE ALL INSTITUTIONS you have attended or are currently attending even if a degree or program was not or will not be completed. Failure to do so is viewed as academic dishonesty and may result in denial of this application or dismissal from Western Illinois University. If additional space is needed, please attach a separate sheet.

Official Name of Institution	Location (City, Country)	Dates of Attendance (Month/Year)	Field of Study	Degree/Certificate and Date Earned
		___/___ to ___/___		
		___/___ to ___/___		
		___/___ to ___/___		
		___/___ to ___/___		

**UNDERGRADUATE-LEVEL APPLICANTS:** Official academic transcripts or certified (attested true) copies of original academic records or mark sheets from all secondary schools attended must be mailed to this office in a sealed envelope from the issuing school. The results of any external examination taken for high school completion must be sent directly by the appropriate examination board or be attested to by the institution attended. **ALL APPLICANTS:** Official transcripts or certified (attested true) copies of all original academic records or mark sheets from all post-secondary institutions attended must also be mailed to this office in a sealed envelope by the Registrar, Controller of Examinations, or otherwise authorized university official at the degree-granting institution. Submitted post-secondary academic records should include all courses completed, all marks/grades received, as well as all final degrees, diplomas, or certificates awarded.

**EXPERIENCE** Teaching, research, professional, business, military, etc.

Position	Nature of Work (Duties)	Dates
		___/___ to ___/___
		___/___ to ___/___
		___/___ to ___/___

**STANDARDIZED TESTS** The following tests are optional, unless otherwise indicated

Please indicate the standardized tests you have taken or plan to take before enrolling at Western Illinois University.

TOEFL – Test of English as a Foreign Language Date of Examination \_\_\_\_\_ Score \_\_\_\_\_

ACT – American College Test Date of Examination \_\_\_\_\_ Score \_\_\_\_\_

SAT – Scholastic Aptitude Test Date of Examination \_\_\_\_\_ Score \_\_\_\_\_

Graduate applicants only:

GMAT – Graduate Management Admission Test Date of Examination \_\_\_\_\_ Score \_\_\_\_\_  
(Required for MBA and M.Acct)

GRE – Graduate Record Examination Date of Examination \_\_\_\_\_ Score \_\_\_\_\_  
(Required for Psychology. Strongly recommended for Biology, Communication Sciences & Disorders, Economics, Music, Sociology, especially if applying for a graduate assistantship)

**APPLICATION FEE & VERIFICATION** Applicant must personally sign and date his/her own application

**A nonrefundable application fee of \$30 (USD) must be received before your application will be processed.** Enclose a check or money order for \$30 (USD), payable to Western Illinois University, or complete the following if paying by credit card:

\_\_\_ Visa Card Number \_\_\_\_\_

\_\_\_ Mastercard Expiration Date \_\_\_/\_\_\_ Cardholder's Signature \_\_\_\_\_

I certify that I am personally seeking admission to Western Illinois University and all information supplied on this application and all credentials submitted are complete and accurate to the best of my knowledge and belief. I understand that withholding information requested on this application or giving **false** information on this or any WIU document may make me ineligible for admission to the University or subject to dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_