International Student Admission Application



Campus Box 1047 | Edwardsville, Illinois 62026-1047 Phone: 618-650-2240 | Email: intladm@siue.edu | siue.edu

I am applying for: Undergradua	ate/Bachelor's Degree	Graduate Degree			
The family name, personal name and middle name					
1. Name:Family Name	Personal Name	Middle Name			
•	3. City and Country of B	irth			
2. Date of Birth://///					
4. Country of Citizenship:					
5. Legal SexFemaleMale (The federal goal If you choose not to self-identify your legal sex.	•	, .			
6. Gender Identity:AgenderGenderTransgender ManTransgender Wom.					
7. Pronouns:He/Him/HisShe/Her/He Per/Per/PersVe/Ver/VisXe/Xer					
8. Permanent Address (must be your home count	try permanent address):				
Street Address	City	City			
State/Province	Country	Postal or ZIP Code			
9. Mailing Address (if in U.S., must be your curre	ent residence; P.O. Box may not	be used):			
Street Address	City				
State/Province	Country	Postal or ZIP Code			
10. U.S. Phone Number (if available):					
11. Email Address (required):					
12. Visa type you plan to use at SIUE	their Alien Degistration Descipt	Cord I [[1]).			
(Permanent U.S. residents must provide a copy of		Card 1-551):			
F-1 J-1 Other Specify 7	 Гуре				
13. If you are currently in the United States, wha		ct one):			
F-1 J-1 Other					
	Specify Ty	ype			
Name of school th	at issued your current I-20/DS20	019			
14. Semester for which you are applying:					
	Summer20	(year)			
FOR UNDERGRADUATE STUDENTS					
15. Are you transferring from another U.S. Institution	on? Yes No				
16. Requested Major (for a listing of undergraduate	majors, visit siue.edu/academics):			

	Master's/Specialist	Major:		Degre	e (MS, MBA, S	SD, etc.):			
		Concentration or Teaching Field (if appropriate):							
	Post-Baccalaureate Certificate / Concentration:								
	Post-Master's Certificate / Concentration:								
	Doctoral Degree (PhI), EdD, Pha	rmD, DNP):						
18.	Please complete ONLY if yo	ou have pri	or enrollment at SIUE as a	graduate stude	ent but have no	ot been enrolled for the past three			
			ed graduate student seeking						
	I am applying for a nev	v graduate	major and understand that			JE (for returning students only). n record will be dropped (for			
	returning and currently	_							
	enrolled graduate stud	-	te major and understand th	at my current	graduate majo	r will be retained (for currently			
ACA	DEMIC HISTORY	ciito oiiiy).							
ent. the e Scho	Please list in chronological exact title of any diploma or	order. It is e certificate	essential that we have your earned or planned with the	complete acad appropriate da	lemic history, i ate (i.e., Gener	with secondary schools to the pres including the dates of attendance a ral Certificate of Education, Seconda ng information will delay the review			
	Secondary Schools Atto	ended thr	ough 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 Name of School (no abbreviations)	s Attended	d with Degrees, if any City, State and Country	From Mo / Yr	To Mo / Yr	List Diplomas / Certificates / Etc. Earned or Planned and Dates (use complete titles)			
	TIFICATION								
	for felony charges? This	question i	crime, pleaded guilty to a s required in order to prolony crime \(\bigcap \) No, I have a	ocess this app	olication.	y under an indictment/information			
	•					nembers of the University communi			
	The University requires appli or in a juvenile proceeding) indictment does not automat Mail at the time of application Box 1600; Edwardsville, IL 62 certifying submission. Inforr indictment, dates, and court	cants who a to disclose to ically bar ad in for admiss 2026. Applica nation to be disposition.	are under current indictment this information as a mandat lmission to the University, bu ion to: Southern Illinois Univ ants are responsible for verify e submitted includes: a brief	or have been co ory step in the t does require re ersity Edwardsv ing receipt by the explanation, a cclude a grant of	onvicted of a cri application pro eview. Complet ville; Office of A he University an location (city, of permission to	ime (other than a routine traffic offen ocess. A previous conviction or curre e information must be sent by Certifi dmissions/Review Committee; Camp and for maintaining a copy of the receistate, country) of conviction or curre to the University for complete access			
1	CERTIFICATION: This certification must be signed and dated by the applicant before action can be taken on this admission application understand that withholding information requiested or giving false information may make me ineligible for admission to the University subject to dismissal. I certify that the statements I have made on this application are correct and complete.								
			and state legislation and is omplete disclosure statemer		naintaining stu	dent privacy and security.			
	Signatur	re of Applic	cant			 Date			