Undergraduate International Admissions Application Shippensburg University of Pennsylvania

Please refer to Application Procedures before completing. 1. Name: ____ FAMILY NAME FIRST NAME MIDDLE NAME 2a. Mailing Address: b. Foreign Address (if different from mailing address): 3. Telephone Number: ______ (Include Country Code if outside the U.S.) E-mail Address: 4. Gender: _____ 5. Date of Birth: ______ MONTH - DAY - YEAR 6. U.S. Social Security Number (if applicable): ______ - ____ -7. Country of Birth: 8. Country of Citizenship: ______ VISA Status: ____ 9. Please provide information about your ethnic or racial background. We use this information solely to report data to the U.S. Department of Education, Office of Civil Rights, and to help us determine whether the university is being successful in its efforts to assure equal opportunity to all persons. This information is not used in an admission decision. What is your ethnicity?

Hispanic/Latino

Not Hispanic or Latino What is your race? Mark one or more races to indicate what you consider yourself to be: ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ American Indian or Alaska Native 10. Planned Enrollment: ______ Spring Summer Year______ 11. Freshman _____ Transfer _____ 12. Residence Preference; On Campus: _____ Off Campus _____ 13. Program of Study (Refer to page 14):

Major and Degree:

		_		*** *	
1	4.	Prev	zious	Edu	cation

Country	Mo./Yr. to Mo./Yr.	Diploma/ Degree	Language of Instruction
	/ to /		
	/to		
	Country	Mo./Yr. / to/	Mo./Yr. Degree / to//

unc	ertify that the statements in this application a derstand that credentials filed in support of tl t returnable.				
Wo	ould you like to be considered for the J.F.K. Scho	olarship: Yes	No		
17.	Use this space to inform us of your reasons for mation you feel will be beneficial to us.	wishing to attend Ship	pensburg Universi	ty and any addition	nal person
	* Dates of Optional Practical Training: From_	to	 •		
	Current Visa Status	Admission	n Number on Your	I-94	· · · · · · · · · · · · · · · · · · ·
	Phone Number	Fax Number			
	International Student Advisor		E-mail _		
	Name of College/University				
16.	Please provide the following information if you must submit a copy of your current I-20 and V		a college or univers	ity in the United S	tates. Al
	B. IELTS (International English Language	e Testing System)			
	A. TOEFL (Test of English as a Foreign L (Note: It is the applicant's responsibility to an		es to be sent to Ship	pensburg Univers	ity.)
	. Tests		Date of Tests		