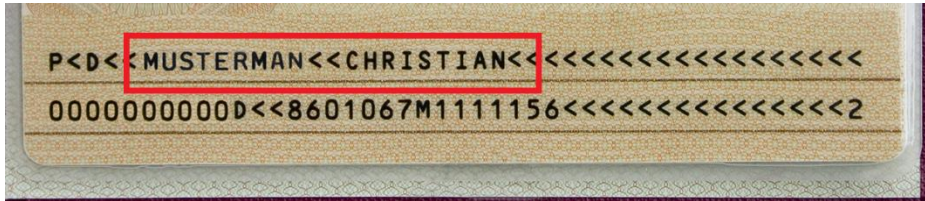


SLIPPERY ROCK UNIVERSITY (SRU)

STUDY ABROAD APPLICATION

APPLICANT INFORMATION

Insert names as they appear **on your passport** (Reisepass):



First Name*: _____
 Middle Name(s): _____
 Last Name*: _____
 Previous Last Name: _____
 Nickname: _____

 Citizenship*: _____
 US Social Security No: _____
 Gender*: _____
 Marital Status: _____
 Date of Birth*: _____

Month:	Day:	Year:

DESIRED STUDY PROGRAM

I want to apply for the following
 Study Program*: _____
 Workload*: Full time (International Students have to be enrolled full-time)

PERMANENT HOME ADDRESS

Street + No*: _____
 City*: _____
 State/Province/Region: _____

Country*: _____
Postal Code*: _____

Is your Mailing Address different than your Permanent/Home Address?

- ❖ Yes:
IEC Online GmbH
Marienstrasse 19-20
10117 Berlin
Germany

CONTACT INFORMATION

Phone Number*: _____
Mobile*: _____
Please indicate your preferred Phone No: _____

Do you wish to receive text messages?

- Yes No

Email Address*: _____

SECONDARY SCHOOL HISTORY

Secondary School Name*: _____
Graduation/Completion Date*: _____
Street + No*: _____
City*: _____
State/Province/Region: _____
Country*: _____
Postal Code*: _____

If you attended more than one Secondary School, please list on a separate sheet.

UNDERGRADUATE COLLEGE/UNIVERSITY HISTORY

Institution Name*: _____
Institution Address*: _____
Start Date*: _____
(Expected) End Date*: _____
University Degree*: _____
(Expected) Graduation
Date*: _____

GRADUATE COLLEGE/UNIVERSITY HISTORY

Institution Name*: _____
Institution Address*: _____
Start Date*: _____
(Expected) End Date*: _____
University Degree*: _____
(Expected) Graduation
Date*: _____

If you attended more than one College/University, please list on a separate sheet.

CITIZENSHIP AND VISA DETAILS

Citizenship*: _____
Country of Birth*: _____
City of Birth*: _____

If you are currently in the US,
what is your visa type? _____
what is your visa number? _____
when was your visa issued? _____
when does your visa expire? _____

CONNECTION INFORMATION

Please list parent or spouse

First Name*: _____

Middle Name: _____

Last Name*: _____

Street + No: _____

City: _____

State/Province/Region: _____

Zip or Postal Code: _____

Country: _____

Phone Number: _____

Email Address: _____

ENGLISH PROFICIENCY TESTS

Test Type*: _____
(e.g. TOEFL, IELTS, DAAD)

Test Date*: _____

Test Scores*: _____

Total Test Score*: _____

ACTIVITIES AND ADVISING TRACKS

Athletic Interests:
(e.g. Women's Field Hockey) _____

Extracurricular Interests:
(e.g. Arts) _____

Additional Activity Interests: _____

EMERGENCY CONTACT INFORMATION

If you enroll at Slippery Rock University, we need to know who to contact, on your behalf, in case you have an emergency.

Emergency Contact Name*: _____

Emergency Contact Phone*:

Emergency Contact Email*:

MISCELLANEOUS INFORMATION

Please list the names of relatives or close friends who have attended SRU:

Please list the names, addresses, and phone numbers for any close friends or relatives currently living in the USA:

Please identify your hobbies and interests*: (200 word maximum length – please write eligible!)

What attracts you to study in the USA and at SRU in particular?* (200 word maximum length – please write eligible!)

How did you first learn about SRU?* e.g. Agent (IEC Online)

How long do you intend to study at SRU?* e.g. one semester, full degree

APPLICATION FEE

Currently, IEC applicants to SRU do not have to pay the non-refundable \$30 USD application fee.

CERTIFICATION AND SIGNATURE

By entering my initials below, I certify that the information given on this application form is complete and correct and that I have attended no institutions other than those identified on this application. I understand that I am responsible for arranging for the forwarding of official transcripts from all schools that I have attended and all official standardized test results. I also understand that all application materials become the property of Slippery Rock University and will not be returned. I understand that any falsifications or omissions may result in my denial of admission if I am enrolled.

Applicant Signature*: _____
Signature Date*: (MM/DD/YYYY) _____

AUTHORIZATION FOR IEC TO PROCESS THIS APPLICATION

I hereby permit International Education Centre (IEC Online GmbH) to submit the information which I have provided on the Application Form of the Slippery Rock University via an electronic online application form created and maintained by the university.

Applicant Signature*: _____
Signature Place*: _____
Signature Date*: (MM/DD/YYYY) _____

* Mandatory



SUBMIT APPLICATION

Please submit all supporting documents and this application form to IEC Online GmbH via regular mail. Official documents and those that bear a signature, seal, or similar have to be submitted in original form or as certified copies.

IEC Online GmbH
z. Hd. Team Americas
Marienstrasse 19-20
10117 Berlin
Germany