

APPLICATION FORM

UNIVERSITY OF WISCONSIN - MILWAUKEE

PROGRAM SELECTION

1. Study Abroad Application on **Bachelor** level (Global Scholars Program):

Spring Year: _____
 Fall

Are you applying for one or two study abroad semesters? _____

2. Full Degree Application:

Bachelor Year: _____
 Master

Program Name: _____

STUDENT INFORMATION

Applicant Information – Name as it appears on passport!

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Gender: Male
 Female

Place of Birth (City,
State/Province): _____

Country of Birth: _____

Country of Citizenship: _____

Student's Permanent Address in Home Country

Street Address: _____

City: _____

State/ Province: _____

Country: _____
Postal Code: _____
Student Email: _____
International phone
number: _____

High School

Name of High School: _____
Street Address: _____
State/ Province: _____
City and Zip Code: _____
Graduation Date: _____
Attendance Dates
(Month/Year): From: _____ Until: _____

Undergraduate University / College

Name: _____
Street Address: _____
State/ Province: _____
City: _____
Postal Code: _____
Attendance Dates
(Month/Year): From: _____ Until: _____
(Expected) Graduation
Date: _____
Current Semester: _____
Semesters Completed: _____
Which semester of your
program will you study
abroad? _____

Graduate University (if applicable)

Name of University: _____
Street Address: _____
State/ Province: _____
City: _____

Postal Code: _____

Attendance Dates
(Month/Year): From: _____ Until: _____

Expected Graduation
Date: _____

Current Semester: _____

Semesters completed: _____

Which semester of your
program will you study
abroad? _____

CITIZENSHIP/VISA INFORMATION

Place of birth: (City, State, Country): _____

An F-1 Student Visa is required for full time studies in the United States. If you are NOT a U.S. citizen, please provide the following information:

Are you a permanent resident of the U.S., (do you own a Green Card)?

- Yes
 No

If you are not a permanent resident, do you already hold a visa?

- Yes
 No

If yes, what type? _____

FINANCIAL INFORMATION

Name of Sponsor: _____

Relationship to
Sponsor: _____

APPLICATION FEE

All applicants must pay a non-refundable application fee.

Method of Payment

Please choose one of the following Credit Card Type:

- Visa
- MasterCard
- Other: _____

Total amount to be charged:	\$ _____	USD _____
Credit Card Number:	_____	
Expiration Date (month/year):	_____	
CVV2 (security code):	_____	
Cardholder's name:	_____	
Billing Address (Street):	_____	
Billing Address (City and Zip Code):	_____	
Billing Address (Country)	_____	
Cardholder's Relationship to Student (e.g. self, friend, father)	_____	
Cardholder's Signature:	_____	

By signing above, I authorize the University of Wisconsin - Milwaukee to charge my credit card for the amount I have entered above.

CERTIFICATION

All applicants must sign below.

I certify that the information I have provided on this application is complete and accurate. I understand that failure to disclose correct information may result in the cancellation of my application or admission. Important Reminder: Only complete applications will be reviewed.

Student' Signature: _____
City, Date (mm/dd/yyyy): _____



Authorization for IEC to process the application

I hereby permit International Education Centre (IEC Online GmbH) to submit the information I have provided on this Application Form to the University of Wisconsin - Milwaukee via an electronic online application system created and maintained by the University of Wisconsin - Milwaukee.

Student's Signature: _____

City, Date (mm/dd/yyyy): _____

Please submit your application with all required documents to IEC:

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