



(Please type in English! List your name as it appears on your passport.)

Last Name	First Name	Middle Name
Permanent Home Country Address		Gender: _____
City	Country	Postal Code
Cell Phone	Email Address	Birth Date: ____/____/____ MM/DD/YY
Country of Birth: _____		Country of Citizenship: _____
Country of Residence: _____		Passport Number: _____
Starting Session: ____ Fall I ____ Fall II ____ Spring I ____ Spring II		
If you have taken TOEFL test list score: _____ If you have taken an IELTS test list score: _____		
If you have taken another type of English test - what test? _____ Score: _____		
What level would you rate your English abilities in each area: Rate as Low / Average / Good / Very Good		
Reading: _____	Writing: _____	
Speaking: _____	Listening: _____	
How did you find out about this program? _____		
Reason for applying to this program: _____		

Please indicate: ____ I am currently attending (name of school) _____
 ____ I will be attending (name of school) _____
 ____ I plan to attend Concordia University after completion of the IEP program.

Please read each statement below and initial yes to indicate your agreement.

- ____ I will assume the financial, personal, and campus responsibilities of participating in this program.
- ____ I will purchase insurance coverage (travel, health, medical evacuation) to cover illnesses, injuries, or emergencies that may occur while in the US.
- ____ I will be responsible for payment of my travel, insurance, meals, housing, program tuition and fees.
- ____ I will provide a financial statement to show I can afford the tuition and living costs for this program.
- ____ I will make F-I student visa and travel arrangements once accepted and then according to the details provided by Concordia.

Name of registrant	Signature	Date
Parent name (if participant is under 19)	Signature	Date