



LENGTH OF EXCHANGE:

One Semester _____

Two Semesters _____

INTERNATIONAL APPLICATION FOR UNDERGRADUATE ADMISSION FOR NON-USA CITIZENS

Term and year you wish to enter the university:

____ Fall (August) _____ YEAR ____ Spring (January) _____ YEAR ____ 1st Summer (May) _____ YEAR ____ 2nd Summer (June) _____ YEAR

Name: _____ FAMILY NAME (SURNAME) FIRST/GIVEN NAME MIDDLE NAME

Address (where visa form can be mailed):

Telephone number where you may be reached (include country and city code): _____

If you have access to a fax machine, please list the complete number (include country and city code):

If you have access to e-mail, please list your e-mail address:

Permanent address in home country:

Date of Birth _____ DAY/MONTH/YEAR Male Female Single Married

I plan to come to the university: Alone With spouse With children

If a spouse or children will be coming with you, please give the full names and date of birth below:

Spouse _____ FAMILY NAME FIRST/GIVEN NAME MIDDLE NAME DATE OF BIRTH (MM/DD/YYYY)

Children _____ FAMILY NAME FIRST/GIVEN NAME MIDDLE NAME DATE OF BIRTH (MM/DD/YYYY)

Children _____ FAMILY NAME FIRST/GIVEN NAME MIDDLE NAME DATE OF BIRTH (MM/DD/YYYY)

Children _____ FAMILY NAME FIRST/GIVEN NAME MIDDLE NAME DATE OF BIRTH (MM/DD/YYYY)

Country of residency _____ Country of citizenship: _____

City and Country of birth: _____

Parent's name: _____
FAMILY NAME (SURNAME) FIRST/GIVEN NAME MIDDLE NAME

Address: _____
POSTAL ADDRESS CITY STATE/PROVINCE POSTAL CODE COUNTRY

Language spoken at home: _____

Indicate when you have taken or will take the Test of English as a Foreign Language (TOEFL). Month _____ Year _____

How did you learn about East Carolina University: _____

Expected area of study: _____

Indicate the academic level at which you are requesting an exchange. Undergraduate Graduate

Do you plan to live in campus housing? Yes No

Would you like campus housing information? Yes No

EDUCATION RECORD

List names and dates of attendance of all secondary schools, colleges, universities, and specialized institutions (including intensive English programs) you have attended. An official transcript from each institution is required to complete your application. Transcripts from the international institutions must be translated into English. For evaluation purposes, all international college transcripts should be accompanied by appropriate course descriptions and grade key.

NAME OF INSTITUTION	LOCATION (CITY, COUNTRY)	ATTENDANCE (FROM—TO)	DEGREE/DIPLOMA/ CERTIFICATE RECEIVED
SECONDARY/HIGH SCHOOL			
POST SECONDARY (COLLEGE, UNIVERSITY, OTHER)			

Person to be notified in an emergency:

In the USA:

NAME	RELATIONSHIP	TELEPHONE NUMBER		
POSTAL ADDRESS	CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

In your home country:

NAME	RELATIONSHIP	TELEPHONE NUMBER		
POSTAL ADDRESS	CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

CERTIFICATION INFORMATION

Have you been convicted of a criminal offense other than a minor traffic violation?

Yes No

Are there such criminal charges pending against you at this time?

Yes No

Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea to a criminal charge?

Yes No

Have you otherwise accepted responsibility for the commission of a crime?

Yes No

Have you ever been dismissed, suspended, or placed on probation by any school?

Yes No

If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?

Yes No Currently Serving Never Served

I certify that the statements made in this application are accurate and complete to the best of my knowledge. If admitted, I agree to comply with the rules and regulations of the university. I understand that falsification of credentials or failure to provide full documentation may result in the cancellation of my admission.

Signature of Applicant _____ Date _____