

International Exchange Student Information Form

Please type the data on your computer. Pay attention to your birth date format.
E-mail this form to: K-Park@neiu.edu (students from Asia, Spain, and Turkey)
or W-Wloch@neiu.edu (students from all other countries)

GENERAL INFORMATION

- Male
 Female

_____ (Last/Family Name) (First Name) (Middle Name)

born _____ / _____ / _____ in _____ ,
(Mo.) (Day) (Yr.) (City) (Country)

a citizen of _____, and a legal permanent resident of _____
(Country) (Country)

Permanent Address: _____

Home Phone: _____ / _____ Fax Number: _____ / _____ E-Mail: _____
(Country/ City Code) (Country/ City Code)

Academic Status (choose one): Beginning from the Fall 2017 Semester, you will be a ...

- 2nd year university student, majoring in _____
 3rd year university student, majoring in _____
 4th year university student, majoring in _____
 5th year university student, majoring in _____

Name of Your Home Institution: _____

Applying for (choose one):

- 5-month Program I:** Fall 2017 Semester (August 28—December 18, 2017)
 10-month Program: Fall 2017 & Spring 2018 Semester (August 28, 2017—May 08, 2018)

I certify that the information furnished above is complete and accurate. I understand that withholding information requested on this form or giving false information may make me ineligible for admission to the program or subject to dismissal.

Student's Signature: _____

Date: _____