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

______________/______________/______________ in ________________________________.
(Mo.) (Day) (Yr.) (City) (Country)

a citizen of ________________, and a legal permanent resident of ______________________
(Country) (Country)

Permanant 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: ________________