

International Exchange/Visiting Student Application

Please have the student fill out this form. Please do not forget to sign.
Submit this form by September 1 for Spring Semester or May 1 for Fall Semester.
When complete, please email it to Claudia Gonzalez at c-gonzalez2@neiu.edu.

STUDENT INFORMATION

Last Name (Surname):

First Name (Given Name) Middle Name:

Gender: Female Male

Date of Birth (MM/DD/YYYY):

City of Birth:

Country of Birth:

Country of Citizenship:

Country of Legal Permanent Residence:

Permanent Address:

(City):

(Province/Territory):

(Postal Code):

(Country):

Home Phone +Country Code (City Code):

Email Address:

Do you currently have a valid Passport: Yes No

SCHOOL INFORMATION

Name of your Home Institution:

Academic Status: Undergraduate Graduate (must submit proof of 4-year degree)

Beginning of this semester I will be a.... 2nd Year Student 3rd Year Student 4th Year Student 5th Year Student

Major:

I am Applying for: 5-month Program: Fall Semester _____ (yr) 5-month Program: Spring Semester _____ (yr) 10-month Program: Fall & Spring or Spring & Fall _____ - _____ (yr)

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: _____

MM/DD/YYYY