

## **International Office**

1151 N State St – Elgin, IL 60123 +1-847-628-1546 (office)

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If you have any questions throughout these next steps in the process, please refer to the website:  $\frac{https://travel.state.gov/content/travel/en.html}{}$ 

Name EXACTLY as it appear	s on your pa	assport: _				
			First	Middle	Last	
Gender:						
Date of Birth:			City of Bi	irth:		
Month						
Country of Citizenship:			Country	of Birth:		
Permanent <u>Foreign</u> Addres	s: Required					
Number and Street						
City or Town	Province/State/Territory			ry Postal Co	Postal Code	
Country	Phone			Email	Email	
<u>USA</u> Address: If you are alr	eady in the	states or	know where y	ou will be living:		
Number and Street						
City		State		Postal Code		
Emergency Contact: In the your behalf, who would you		_		or there is a need to contac	ct someone on	
Name:			Phone	::		
Email:			Relationship to Applicant:			

Term A	pplying for (check one and enter year):				
	Spring (January) Year				
	Summer (May) Year				
	Fall (September) Year				
Anticip	ated graduation date (Month/Year):				
Acader	nic Program Information:				
My inte	ended major is:				
If you are transferring from another U.S. institution, indicate the institution name:					
Langua	ge Information:				
Native	Language:				
Basis o	determining English proficiency: (Please list your score for at least one of the following.)				
a	TOEFL bIELTS c Duolingo				