



INTERNATIONAL UNDERGRADUATE APPLICATION FOR ADMISSION

Please type or print clearly.

Please read and complete the entire Application for Admission and mail directly to:
Office of Admissions, Kansas Wesleyan University, 100 E. Claflin Ave. Box 20, Salina, KS 67401.
Fax to: (785) 404-1485 ATTENTION KWU ADMISSIONS.

Please include a **non-refundable U.S. \$30 Application Fee** at the time you submit your application. Only international money orders or U.S. Currency are accepted. We will not process your request for admission until receiving this fee.

GENERAL INFORMATION

Name _____ Preferred Name _____
FAMILY/SURNAME (English) FIRST/GIVEN NAME (English) NAME BY WHICH YOU PREFER TO BE ADDRESSED OR AMERICAN NAME YOU HAVE CHOSEN

Permanent Address _____
NUMBER, STREET OR BOX CITY COUNTRY POSTAL CODE (IF ANY)

E-mail Address _____ Fax number _____ Phone Number _____
(IF NONE, WRITE 0) (IF NONE, WRITE 0)

Date of Birth _____ Country where you were born? _____ Of what country are you a citizen? _____
(MO./DA./YR.)

What is your gender? Male _____ Female _____ What is your marital status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Name of parent, guardian or other relative _____ Phone Number _____

Permanent Address _____
NUMBER, STREET OR BOX CITY COUNTRY POSTAL CODE (IF ANY)

E-mail Address _____
(IF NONE, WRITE 0)

VISA INFORMATION

If you have a U.S.A. Social Security number, please write it here _____ What type of Visa will you have when you attend KWU? F1 _____ F2 _____ J1 _____ J2 _____

If you are currently in the U.S., what was your date of entry? _____ Type of Visa you held at entry _____
(MO./DA./YR.)

Current U.S. address: _____ Type of Visa you now hold _____

If you have an I-20 or IAP-66, what institution issued it? _____

Are you a Permanent Resident? Yes _____ No _____ **If Yes, enclose a notarized copy of your Alien Registration card.**

ENGLISH INFORMATION

Is English your first language? Yes _____ No _____ If No, What is your first language? _____

TOEFL / IELTS test score? _____ Date of test? _____ If you do not have a TOEFL/IELTS score, when will you? _____

ACADEMIC INFORMATION

Have you ever applied for admission to KWU? Yes _____ No _____ If Yes, have you ever attended KWU? Yes _____ No _____

When will you enter KWU? Year _____ Semester: Fall _____ Spring _____ What is your intended college major? _____

List all educational institutions you have attended or plan to attend prior to entering KWU.

High School _____ From _____ to _____
SCHOOL NAME CITY, STATE AND/OR COUNTRY GRADUATION YEAR DATE OF ATTENDANCE (MO./YR)

College or University _____ From _____ to _____
SCHOOL NAME CITY, STATE AND/OR COUNTRY GRADUATION YEAR DATE OF ATTENDANCE (MO./YR)

_____ From _____ to _____
SCHOOL NAME CITY, STATE AND/OR COUNTRY GRADUATION YEAR DATE OF ATTENDANCE (MO./YR)

_____ From _____ to _____

Note: You are required to submit official, translated copies of your diplomas, transcripts, and records from each of the institutions listed above. Official records are those issued by the school or certified true photo-copies of originals bearing an original seal of the issuing institution and signed by the institution's Registrar.

Transcripts from accredited U.S. institutions must be mailed directly from the school attended to the Office of Admissions, Kansas Wesleyan University, 100 East Claflin, Salina, Kansas 67401-6196, USA. Non-certified copies will not be accepted. All documents submitted will become the property of this University and are not returned.

LETTERS OF RECOMMENDATION

List the names and complete addresses of three instructors whom you have asked to submit letters of recommendation regarding your English proficiency and qualifications for working towards a undergraduate degree at Kansas Wesleyan University. All letters of reference must be confidential in nature and must be sent directly to: Director of Admissions, Kansas Wesleyan University, 100 East Claflin, Salina, Kansas 67401-6196, USA.

1 _____

2 _____

3 _____

CONFIRMATION OF FINANCIAL RESOURCES

Kansas Wesleyan University requires confirmation of financial resources from each applicant who is not a United States citizen or holding a permanent resident(immigrant) visa at the time of application for admission. This statement, plus certified or validated documents supporting your financial resources, must be on file in the Office of Admissions before application evaluation begins. Preference in admissions is given to those students who meet the international admissions requirements, and can supply evidence of ability to support all, or a substantial portion of, their educational expenses.

Indicate on the **Sources of Funding** section of the application that you have more than the minimum financial amount needed to cover all university expenses required in the United States for a calendar year, including tuition, fees, books and supplies, housing, personal spending, travel, non-enrollment periods, health insurance, and emergency funds, or your application will not be considered. Failure to send a summary of adequate financing and by whom, which is required by the U.S. Government, will result in automatic denial.

Upon acceptance to the University, all international undergraduate applicants are required to wire transfer \$1,000 (US dollars) to KWU, to be credited to their coming semester tuition. One hundred percent (100%) of the total balance for the coming semester must be paid at or before the orientation session and each subsequent semester payment is due in full at the beginning of each semester. A \$200 (US Dollars) non-refundable deposit is required for all applicants who are accepted for admission before an 1-20 will be issued. All deposits must be received by the Office of Admissions 30 days prior to enrollment for the semester attending.

Sources of Funding to study at Kansas Wesleyan University

Indicate below, in US Dollars, the financial sources and amounts available to you from each of these sources to cover yearly expenses. Enter the anticipated amount of support.

Source of funds to study at KWU	1 st year	2 nd Year	3 rd year	4 th year	Documentation required
Student Personal Checking or Savings					Letter from the bank signed by an official indicating specified amount available for overseas education.
Parent Personal Checking or Savings					Letter from the bank signed by an official indicating specified amount available for overseas education.
Personal Sponsors (Money available from sources other than parents.)					Provided signed statement of support and documentation of funds (i.e., official bank statement)
Government Funding					Provide a signed copy of approved funds.
Agencies and Foundations					Provide a signed copy of approved funds.
Total Amount Expected					

CONFIRMATION OF FINANCIAL RESOURCES

How will you pay for your transportation to the U.S.? (Source of transportation funds)

What is the present exchange rate of your country's currency to the U.S. Dollar?

Do you have a source for emergency funds once you arrive in the U.S.? ___ Yes ___ No

If yes, name of source:

Name: _____

Address: _____

Relationship to you: _____

Amount available in U.S. Dollars: _____

I certify that I will have to provide additional funding for each summer session I choose to attend. I certify that I have adequate funds for my travel to and from the United States. I certify that I can make the necessary arrangements to have all the funds transferred to the United States. I will provide a letter from a bank showing that ample funds are available to meet the expenses of the applicant. This bank letter does not constitute a statement of liability on the bank or its employees.

Applicant's Name (Please print) _____ Date _____

Applicant's Signature _____

Sponsor's Name (Please print) _____ Date _____

Sponsor's Address _____

Sponsor's Relationship to Student _____ Sponsor's Signature _____

AGREEMENT

•Before signing this application, be certain that you understand and agree to the following requirements.

I have filled in each blank on this application and enclosed all items described under the Admission Requirements or requested that the items be sent to Kansas Wesleyan University. I understand that incomplete applications cannot be processed. I understand that if I am admitted to the University, I will report by the date specified on my 1-20. I also understand that I will be required to purchase the health insurance required for non-immigrants in the United States.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION, AND THAT ALL INFORMATION THAT I HAVE SUPPLIED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT WITHHOLDING INFORMATION OR GIVING FALSE INFORMATION WILL MAKE ME INELIGIBLE TO ENROLL IN KANSAS WESLEYAN UNIVERSITY.

Signature of Applicant _____ Date _____