



# 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 \_\_\_\_\_  
SCHOOL NAME CITY, STATE AND/OR COUNTRY GRADUATION YEAR DATE OF ATTENDANCE (MO./YR)

**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.

**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 pay their international student fee & enrollment fee of \$1,700 KWU, before an I-20 can will be issued. 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.

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

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 \_\_\_\_\_