

Looking for a fast response? This form can be faxed to: 972-721-4110

PERSONAL DATA	A	Last or Family Name <input style="width: 100%;" type="text"/>		First or Given Name <input style="width: 100%;" type="text"/>		Middle Name <input style="width: 100%;" type="text"/>		
	Previous Last or Family Name <input style="width: 100%;" type="text"/>	Email Address <input style="width: 100%;" type="text"/>						
PERMANENT ADDRESS (HOME COUNTRY) Enter a maximum of 6 lines of data.								
Street, Apartment, City, State, Prov. Country, Postal Code <input style="width: 100%;" type="text"/>				Telephone Number (include area code) <input style="width: 100%;" type="text"/>				
				Alternate Telephone Number (include area code) <input style="width: 100%;" type="text"/>				
				Fax Number (include area code) <input style="width: 100%;" type="text"/>				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE) Enter a maximum of 6 lines of data.								
Street, Apartment, City, State, Prov. Country, Postal Code <input style="width: 100%;" type="text"/>				Telephone Number (include area code) <input style="width: 100%;" type="text"/>				
				Alternate Telephone Number (include area code) <input style="width: 100%;" type="text"/>				
				Fax Number (include area code) <input style="width: 100%;" type="text"/>				
Last High School, College or University Attended: <input style="width: 100%;" type="text"/>								
Highest Level of Education Completed: <input style="width: 100%;" type="text"/>		City: <input style="width: 100%;" type="text"/>		Country: <input style="width: 100%;" type="text"/>				
Date of Birth (MMDDYY): <input style="width: 100%;" type="text"/>		Native Language: <input style="width: 100%;" type="text"/>						
<input type="radio"/> Male <input type="radio"/> Female		Country of Citizenship: <input style="width: 100%;" type="text"/>		Country of Birth: <input style="width: 100%;" type="text"/>				
STATUS	B	Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No If Yes, proceed to section C.						
	Are you a United States Permanent Resident? <input type="radio"/> Yes <input type="radio"/> No If Yes, please include a copy of your green card with this application and proceed to section C.							
	If neither of the above are true, complete the following Visa Information :							
	Are you in the U.S. now? <input type="radio"/> Yes <input type="radio"/> No If yes, answer the following:							
What is your current visa status? <input type="radio"/> F-1 <input type="radio"/> J-1 <input type="radio"/> B1/B2 <input type="radio"/> Other <input style="width: 100%;" type="text"/>								
On what visa status will you attend the University of Dallas?								
<input type="checkbox"/> The status checked above.		<input type="checkbox"/> I want to apply for a change of status to:		<input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>				
If you are on an F-1 visa, where are you currently going to school in the US? <input style="width: 100%;" type="text"/>						(attach a copy of your I-94)		
STUDY PLANS	C	How many months do you plan to study English at the University of Dallas? <input style="width: 100%;" type="text"/>						
	Do you plan to continue your education in the United States after the English program? <input type="radio"/> Yes <input type="radio"/> No							
	Do you plan to study at the University of Dallas after the English program? <input type="radio"/> Yes <input type="radio"/> No If yes, then:							
	To which UD program will you apply? <input type="checkbox"/> GSM <input type="checkbox"/> Pre-MBA <input type="checkbox"/> Undergraduate <input type="checkbox"/> Braniff Graduate <input type="checkbox"/> Theological Seminary							
How did you hear about us? <input style="width: 100%;" type="text"/>								
TERM	D	Beginning Year: 200 <input style="width: 100%;" type="text"/>		Beginning Term: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall				
	Beginning Session <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04							
CERTIFICATION	E	I certify that the information given in this application is complete and accurate. I recognize the right of the University of Dallas to deny my admission and/or enrollment if I have misrepresented any information in this application. I have read and fully understand the instructions in this application, and I will have all required documents sent to the University as outlined in the application instructions.						
	Signature of Applicant _____				Date of Application _____			
	<i>Applicants should send or fax the required documents to:</i>		University of Dallas English Language Program 1845 East Northgate Drive Irving, Texas 75062-4736 U.S.A. Fax: 972-721-4110 Telephone: 972-721-5075					