

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

PERSONAL DATA	A Last or Family Name <input style="width: 90%;" type="text"/> Previous Last or Family Name <input style="width: 90%;" 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: 95%; height: 60px;" type="text"/>	First or Given Name <input style="width: 90%;" type="text"/> Email Address <input style="width: 95%;" type="text"/> Telephone Number (include area code) <input style="width: 95%;" type="text"/> Alternate Telephone Number (include area code) <input style="width: 95%;" type="text"/> Fax Number (include area code) <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 90%;" type="text"/> Telephone Number (include area code) <input style="width: 95%;" type="text"/> Alternate Telephone Number (include area code) <input style="width: 95%;" type="text"/> Fax Number (include area code) <input style="width: 95%;" 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: 95%; height: 60px;" type="text"/>	Telephone Number (include area code) <input style="width: 95%;" type="text"/> Alternate Telephone Number (include area code) <input style="width: 95%;" type="text"/> Fax Number (include area code) <input style="width: 95%;" type="text"/>	Telephone Number (include area code) <input style="width: 95%;" type="text"/> Alternate Telephone Number (include area code) <input style="width: 95%;" type="text"/> Fax Number (include area code) <input style="width: 95%;" type="text"/>
Name of last High School, College or University Attended: <input style="width: 95%;" type="text"/> Highest Level of Education Completed: <input style="width: 25%;" type="text"/> City: <input style="width: 25%;" type="text"/> Country: <input style="width: 25%;" type="text"/> (High School, University) Date of Birth (MMDDYY): <input style="width: 25%;" type="text"/> Native Language: <input style="width: 25%;" type="text"/> <input type="radio"/> Male <input type="radio"/> Female Country of Citizenship: <input style="width: 25%;" type="text"/> Country of Birth: <input style="width: 25%;" 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: 50px;" 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: 50px;" type="text"/> If you are on an F-1 visa, where are you currently going to school in the US? <input style="width: 600px;" type="text"/> (attach a copy of your current I-20 & I-94)		
	C How many months do you plan to study English at the University of Dallas? <input style="width: 50px;" type="text"/> 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: 200px;" type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TERM	D Beginning Year: 200 <input style="width: 20px;" 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		
	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		
CERTIFICATION	Applicants should send or fax the required documents to:		
	Fax: 972-721-4110 Email: iep@gsm.udallas.edu Telephone: 972-721-5075 Website: www.udallas.edu/iep	University of Dallas English Language Program 1845 East Northgate Drive Irving, Texas 75062-4736 U.S.A.	