

Please Attach \$50 Application Fee Here!

International Undergraduate Application

(for admission)

PERSONAL INFORMATION

please type or print

Name: _____
Last Legal First Middle

Preferred First Other name(s) on Academic Records

Mailing Address: _____
Street City

State/Province Zip Country

Permanent Address: _____
Street City

State/Province Zip Country

Mailing Address Phone: _____ Permanent Address Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ - _____ - _____ Gender: Male Female

Country of Citizenship: _____ Country of Birth: _____

1. I plan to enroll as a: Freshman Transfer (12 or more college credits post high school graduation)

2. Start Date: 20 _____ Fall Spring Summer 1 Summer 2

3. Have you previously applied for admission? Yes No Semester _____ Year _____ (Applications are valid for one calendar year.)

4. How were you encouraged to apply to Concordia University? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> CU Admission Counselor | <input type="checkbox"/> Employer | <input type="checkbox"/> Parent |
| <input type="checkbox"/> CU Alumnus | <input type="checkbox"/> CU Faculty & Staff | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Church or Clergy | <input type="checkbox"/> Friend | <input type="checkbox"/> CU Student |
| <input type="checkbox"/> Coach | <input type="checkbox"/> High School Counselor or Teacher | <input type="checkbox"/> CU Student Phone Call |
| <input type="checkbox"/> College Fair | <input type="checkbox"/> Information Night | <input type="checkbox"/> CU Web Site |
| <input type="checkbox"/> Other: _____ | | |

5. Please list other colleges you are considering: _____

6. Please list your academic interest. Select from our academic program list on page 16. If you are unsure, please write undecided. Applicants who intend to transfer into the Bachelor of Science in Nursing program need to apply using the Nursing Application. Please contact the Office of Admission to obtain that application.

7. I am planning a professional church work career in the LCMS: Yes No

ENROLLMENT PLANS

High school from which you have graduated or will graduate:

Name _____ City/State/Province _____ ZIP _____

Country: _____

Date of high school graduation: _____ - _____ - _____ or G.E.D.: _____ - _____ - _____
Month Day Year Month Day Year

TOEFL Score _____ If you do not meet TOEFL requirements please indicate the ELS program you plan to attend:

Have you completed (or will complete) 12 semester/18 quarter hours of college credit after high school? Yes No

List below all universities and colleges attended in order of attendance (no exceptions). Order all official academic transcripts to be sent to Concordia from each school attended. Add additional page if needed.

Institution	City	State	Dates Attended (Month/Year)	Degrees or Diploma Type	Completed	In Progress

Check the following areas of interest in which you would like to participate while attending Concordia:

Extra Curricular Activities

- Choir
 Christian Life Ministries
 Community/Volunteer Services
 Handbells
 Intramural Sports
 Music
- Student Activities
 Student Government
 Student Publications
 Tutoring
 Peer Mentor

Intercollegiate Athletics (NAIA):

- Men's Baseball
 Men's Basketball
 Men's Cross Country
 Men's Golf
 Men's Soccer
- Men's Track & Field
 Women's Basketball
 Women's Cross Country
 Women's Golf
 Women's Soccer
- Women's Softball
 Women's Volleyball
 Women's Track & Field
- Have you had contact with the coach?
 Yes No

By signing this application, I hereby certify that all the information I have provided is accurate. Furthermore, if I am accepted and subsequently attend Concordia University, I agree to abide by all policies and procedures stated in the Concordia University catalog and student handbook and any subsequent updates or revisions to such policies that are communicated to me during my tenure as a Concordia University student.

I authorize Concordia University admission representatives to request and receive my official transcripts from all high schools I have previously attended. This statement applies only to applicants under age 18.

Date: _____ - _____ - _____ Applicant's signature: _____

Concordia University admits students of any religion, race, color, national and ethnic origin, sex, age, sexual orientation, and disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of religion, race, color, national and ethnic origin, sex, age, sexual orientation, or disability in administration of its educational policies and programs, admission policies, merit scholarships and loan programs, and athletic or other university-administered programs. Complaints or charges should be filed with the University's Title IX coordinator.

Return all application materials to:

CONCORDIA UNIVERSITY
 2811 NE Holman Street
 Portland, OR 97211-6099

For more information contact us at:

Admissions 503-280-8501
 Toll-free 800-321-9371
 admissions@cu-portland.edu
 www.cu-portland.edu

Make application payment:

- Credit Card (circle one) MasterCard Visa
 Go to **WWW.CU-PORTLAND.EDU/INTERNATIONALFEE** to pay with a credit card online.
- OR -**
- Money Order or Check payable to **CONCORDIA UNIVERSITY.**
 (Please write the name of the applicant on the check memo line.)

Please Attach \$50 Non-Refundable Application Fee to Form