



CONCORDIA UNIVERSITY INTERNATIONAL/OFF-CAMPUS PROGRAMS APPLICATION

Please type or print clearly in **ink**.

GENERAL INFORMATION:

Program: _____

Term: Fall Spring Summer Year: _____ Other _____

Do you expect to apply for financial aid and grants and loans? (circle): No Yes

STUDENT INFORMATION:

Name (as it would appear on your passport): _____

Concordia ID #: _____

Date of Birth: _____

Citizenship: _____

Phone: _____

E-mail: _____

Passport #: _____ Expiration Date: _____

CONTACT INFORMATION:

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Relationship to you: _____

ACADEMIC INFORMATION: - Attach Unofficial Transcript

Anticipated Graduation Date (Month/Year): _____ GPA: _____

Previous Foreign Language Training (Please list all foreign languages studied):

Student Signature _____	Date _____
Financial aid signature _____	Date _____
Director International Studies: _____	Date _____

Approved Date:

Comments: