Candidate Information

Last Name ___________________________ First Name ___________________________

Permanent Home Address – Street/City/State/Country/Postal Code
__________________________ ____________________________

( ) ( )

Home Phone ___________________________ Cell Phone ___________________________ E-mail address ___________________________

Enrollment Information

I plan to enroll in:
○ Fall (August) 20_____
○ Spring (January) 20_____
○ Summer (May) 20_____

I will be a student in the:
○ Undergraduate Program
○ Graduate Program (enrolling in on-campus classes)
○ Program for Adult Learners

International Student Information

Please complete the following information in addition to your application for admission to the University of Saint Joseph. This information is required from our international students and will assist us in processing your I-20 form.

Country of Citizenship ___________________________ Place of Birth ___________________________

Date of Birth (Month/Day/Year) ________ / _______ / _______ Native Language ___________________________

Do you plan to live on campus? ○ Yes ○ No

If no, what will be your local address?

Street/City/State/Zip
__________________________ ____________________________

( ) ( )

Home Phone (of local address) ___________________________ Cell Phone ___________________________ E-mail address ___________________________

In case of an emergency, please list the name of a family member who should be contacted:

Last Name ___________________________ First Name ___________________________ Relationship to applicant (i.e. Father, Mother) ___________________________

Address – Street/City/State/Country/Postal Code
__________________________ ____________________________

( ) ( )

Home Phone ___________________________ Cell Phone ___________________________ E-mail address ___________________________

Visa Information:

Will you need an F-1 student visa? ○ Yes ○ No

Have you studied in the United States before? ○ Yes, on campus ○ Yes, online only ○ No

If yes, please indicate the dates of your studies.

Arrived: ________ / _______ / _______

Departed: ________ / _______ / _______ OR ○ Presently Studying

Name of Current College/University ___________________________

All students applying to the University of Saint Joseph need to demonstrate English language proficiency.

Did you take/do you plan to take the TOEFL test or IELTS? ○ Yes ○ No

If yes, please complete the following:

Test Date ________ / _______ / _______

Subscores: Listening (0-30) ______ Reading (0-30) ______ Speaking (0-30) ______ Writing (0-30) ______

IELTS Band Score ______