

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

C.W. POST CAMPUS

LONG ISLAND UNIVERSITY

Address all correspondence to:
International Admissions
C.W. Post Campus/Long Island University
720 Northern Blvd.
Brookville, NY 11548-1300 USA
Fax: (516) 299-2418

All questions must be answered before your application can be processed. Please print or type your information. Fall (September) applications should be submitted by July 1 and Spring (January) applications by November 1 unless otherwise indicated on page 3. All applications must be submitted with a non-refundable \$30 USD application fee.

Section A – Admissions Information

1. Application for: Fall Entry (September), Year _____ Spring Entry (January), Year _____
2. Entry Status: Freshman Transfer Graduate
3. Intended Major: _____

Section B – Personal Information

1. Name in full:

(Last/Family Name)

(First/Given Name)

(Middle or Maiden Name)

2. If you have a U.S. Social Security Number or C.W. Post Student Number, enter it here:
(Students who do not have either number will be assigned a nine-digit C.W. Post Student Number)

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3. Date of Birth: (Western Calendar) _____
month day year

4. Gender: Male Female

5. Addresses: (as they should appear on an envelope)

Mailing Address (include postal code):

Telephone: _____

Fax: _____

E-mail: _____

Permanent Address:

Telephone: _____

Fax: _____

E-mail: _____

6. Citizenship Information:

Country of Birth: _____

Country of Citizenship: _____

Country of legal permanent residency (if different from citizenship): _____

7. Visa Information: If you are not in the U.S. now, indicate the type of visa you will seek: _____
If you are in the U.S. now, indicate the date you entered, the immigration status you hold (F-1, B-2, J-1, etc.), and the expiration date: Date Entered: _____ Type of Visa: _____ Expiration Date: _____

8. Which of these best describes your background? (OPTIONAL QUESTION)

Hispanic/Latino American Indian Asian Black/African American Pacific Islander White