

# LEWIS UNIVERSITY INTERNATIONAL STUDENT APPLICATION



One University Parkway • Romeoville, IL 60446-2200  
1(800) 897-9000 • Office 1(815) 836-5567 • Fax 1(815) 836-5002 • Website www.lewisu.edu

## PERSONAL INFORMATION

Please Print

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Country Address \_\_\_\_\_

Street

City

State/Province

Country

Zip Code

Telephone Number (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Country code

City code

Mailing or Current U.S. Address \_\_\_\_\_

Street

City

State/Province

Country

Zip Code

Telephone Number (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Country code City code

City/Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  
*Month Day Year*

I Will Enroll as a:  Full-Time Student  Part-time Student

I Will Be:  Degree Seeking  Non-Degree Seeking  2<sup>nd</sup> BA/BS Degree

Do You Plan to Live on Campus?  Yes  No How Did You Hear About Lewis University? \_\_\_\_\_

Social Security Number (*if applicable*) \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Issuance \_\_\_\_\_

Visa Status (*if applicable*) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ I-94 Departure # \_\_\_\_\_

Will any dependents be accompanying you during your studies in the U.S.?  Yes  No

If yes, please provide the following information:

Name	Relationship to You	Date of Birth	Country of Birth	Country of Citizenship
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**Person to Contact in Case of Emergency:** \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Number (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Country code

City code

or U.S. Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Area code

## EDUCATION INFORMATION

**Term and Year of Entry**

Fall (August) Year 20\_\_\_\_

Spring (January) Year 20\_\_\_\_

**Intended Level of Study**

ESL Program (English as a Second Language)

Associate of Science Degree for Aviation Maintenance Program

Undergraduate (Bachelors) Degree

Graduate (Masters) Degree

**Intended Major/Concentration** \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of Secondary School \_\_\_\_\_  
Name City State/Province Country

Date Certificate Received \_\_\_\_\_

**Note:** All international transcripts must be sent to an evaluation service which is a member of the National Association of Credential Evaluation Services.

**Post Secondary Record:** List all colleges (universities) after high school/ secondary school.

*(Include Lewis University attendance, if applicable.)*

Name of University/ College	City/State/Province	Country	Dates of attendance	Degree

**Exams taken:** Please check the box of any exams you have taken and list the score you received.

TOEFL

ACT

SAT

GRE

GMAT

Score received \_\_\_\_\_ Date exam was taken \_\_\_\_\_

Have you ever applied for admission to Lewis University? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever registered for credit courses at Lewis? \_\_\_\_\_ Date of last attendance at Lewis \_\_\_\_\_

Have you applied for a scholarship or assistantship at Lewis? \_\_\_\_\_ If yes, to what department? \_\_\_\_\_

## WORK EXPERIENCE

**Work Experience:** Applicants must list a minimum of three (3) years full-time work experience beginning with the most recent employment. Include full-time, part-time, and homemaking experience.

Name of Employer	City/State	Dates	Position

**ALL INTERNATIONAL STUDENTS MUST HAVE PROOF OF HEALTH INSURANCE OR PURCHASE HEALTH INSURANCE THROUGH THE UNIVERSITY.**

*Lewis University does not discriminate against any applicant because of race, color, religion, sex, national origin, age, or disability.*

**Your signature below is required.** I understand that withholding information requested on the application or giving false information will make me ineligible for admission to Lewis University. I also understand that the submission of fraudulent academic records by a student for admission, transfer credit, or any other purpose shall be cause for dismissal from the University. I certify that the information given in this application is complete and accurate, and if admitted, I agree to comply with University regulations.

**SIGNATURE of APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

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# Lewis University

## Affidavit of Support

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**Please Print**

**PARENT, GUARDIAN OR SPONSOR: *Please read and sign below.***

I, \_\_\_\_\_ residing at \_\_\_\_\_  
Sponsor's Name (s) Street

\_\_\_\_\_  
City State/Providence Country Zip Code

Hereby state that I/we will be the sponsor(s) of the applicant listed below. I/we have reviewed the University's expense estimates and will take full financial responsibility for his/ her education and living expenses for the duration of his or her studies at Lewis University. I have attached bank statements to show my/our financial support of \$\_\_\_\_\_ U.S. dollars equivalency.

**Optional:** I intend to make specific contributions to the support of the applicant listed below. (*Indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board indicate this and whether this support is available for the duration of the applicant's studies at Lewis University. Please attach an apartment lease or mortgage payment on a home as proof.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Affidavit of Support is Executed in Behalf of:**

Applicant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Citizen of Country \_\_\_\_\_ Relationship to Sponsor \_\_\_\_\_

**I acknowledge that the above information is accurate and true, and I have attached financial bank statements as proof.**

**SIGNATURE of SPONSOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

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# Lewis University

## Bank Statement Form

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To: Bank Official

RE: \_\_\_\_\_  
Applicant's Name

Lewis University and the U.S. Citizen and Immigration Service (USCIS) require that foreign applicants to Lewis University submit documentation indicating that sufficient funds are available to cover tuition, fees, and living expenses for the first year of study.

It would be appreciated if you could certify the balance of the account held at your branch for the individual whose signature is below.

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Signature of Account Holder or Sponsor

We, \_\_\_\_\_ certify that the account in the name of  
(Bank Name)  
\_\_\_\_\_ has a balance of \$\_\_\_\_\_  
(Account Holder's Name) (Stated in U.S. Dollars)

At the close of business on \_\_\_\_\_.  
(Date)

**Signature of Bank Official** \_\_\_\_\_ **Date** \_\_\_\_\_

**Bank Stamp or Seal**

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