



## APPLICATION FOR ADMISSION

Please type in the requested information and print the completed application.

### PROGRAM INFORMATION

International program to which you are applying:  
(List choices in order of preference.)

1. \_\_\_\_\_  
Country University

2. \_\_\_\_\_  
Country University

Indicate proposed length of study:

Fall semester Year \_\_\_\_\_

Spring semester Year \_\_\_\_\_

Full year Year \_\_\_\_\_

Summer session Year \_\_\_\_\_

### PERSONAL INFORMATION

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

Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  F  M

Citizenship: \_\_\_\_\_ Visa Status (if non-US): \_\_\_\_\_

Local Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Effective Until: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

Permanent Phone Number: (\_\_\_\_\_) \_\_\_\_\_



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**ACADEMIC INFORMATION**

Major: \_\_\_\_\_

Year:  1st  2nd  3rd  4th  Undergraduate  Graduate

Present Cumulative Grade Point Average: \_\_\_\_\_ Honors:  Yes  No

Number of credits you will have prior to studying abroad: \_\_\_\_\_

Courses in which you are currently enrolled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the foreign languages you have studied (in college or high school) and/or the languages you speak fluently:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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How did you learn about our programs?

- |   |   |
|---|---|
| <input type="checkbox"/> UM Website                   | <input type="checkbox"/> UM Breezeway                       |
| <input type="checkbox"/> Non-UM Website (Name): _____ | <input type="checkbox"/> Previous Participant (Name): _____ |
| <input type="checkbox"/> Publication (Name): _____    | <input type="checkbox"/> Academic Advisor (Name): _____     |
| <input type="checkbox"/> Information Session          | <input type="checkbox"/> Faculty Member (Name): _____       |
| <input type="checkbox"/> Study Abroad Fair            | <input type="checkbox"/> Word of Mouth                      |
| <input type="checkbox"/> Classroom Visit              | <input type="checkbox"/> Other: _____                       |

How do you anticipate meeting the cost of this program? (Check all that apply.)

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Financial Aid     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Personal Funds   | <input type="checkbox"/> Tuition Remission |                                |
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## BACKGROUND INFORMATION

List any campus or community activities in which you are involved:

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Previous Overseas Travel:

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Work Experience:

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Contact in case of emergency: \_\_\_\_\_  
*Full Name* *Relationship*

\_\_\_\_\_  
*Address: Number and Street*

\_\_\_\_\_  
*City* *State* *Zip Code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home Phone* *Business Phone* *Fax*

\_\_\_\_\_  
*Email* *Occupation*

\_\_\_\_\_  
*Other Emergency Contact* *Relationship*

\_\_\_\_\_  
*Address: Number and Street*

\_\_\_\_\_  
*City* *State* *Zip Code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
*Home Phone* *Business Phone* *Email*

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**A COMPLETED APPLICATION INCLUDES THE FOLLOWING ITEMS:**

*(The application must be complete upon submission.)*

1. Essay: Explain in approximately 300 words why you want to participate in the proposed international program through the University of Miami. What academic, career, and personal goals will the program fulfill? Please attach the essay as a separate sheet.
  2. Recommendation Forms: Have two faculty members who are familiar with your work complete the recommendation forms or write a letter of recommendation.
  3. Advisor's Signature: Discuss your proposed program with your academic advisor and ask him/her to sign this form.
  4. Transcript: Submit your official university transcript(s) showing all work completed.
  5. Language Evaluation Form: Have the enclosed form completed by a faculty member in your foreign language department (not required for English-speaking programs).
  6. Proposed Courses: On a separate sheet list the major academic areas in which you wish to take courses.
- In addition, the following requirements also must be met:
7. Personal Interview: You will be contacted for the interview.
  8. Upon acceptance, submit a nonrefundable \$500 deposit to confirm your place in the program.
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I confirm that I will comply with the University of Miami *Student Rights and Responsibilities*. I also understand that engaging in any illegal activities may result in dismissal from the program.

I hereby give my consent and authorization to the University of Miami to release my educational records

to \_\_\_\_\_ in connection with my participation in the University of Miami's  
(exchange institution)

International Education and Exchange Programs including, without limitation, academic and disciplinary records.

I understand that any missing information or documentation may impact my ability to participate in the program.

I certify that all information on the application is true to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have discussed and approved the proposed international program with the student.

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed application and supporting materials to:**

University of Miami  
INTERNATIONAL EDUCATION AND EXCHANGE PROGRAMS  
P.O. Box 248263, Coral Gables, FL 33124-1610

Express Mail Address:  
111 Allen Hall, 5050 Brunson Drive, Coral Gables, FL 33146

Tel: 305-284-3434 · Fax: 305-284-4235 · Email: [ieep@miami.edu](mailto:ieep@miami.edu)  
Web site: <http://www.miami.edu/studyabroad>