

		<b>DATE</b>	
<b>FULL NAME</b>	<b>GENDER</b>	<b>STUDENT ID #</b>	
<b>MAILBOX #</b>	<b>CAMPUS PHONE / CELL PHONE</b>	<b>ADVISOR</b>	
<b>ANTICIPATED YEAR OF GRADUATION</b>	<b>DATE OF BIRTH</b>	<b>MAJOR/S</b>	
<b>PASSPORT #</b>	<b>PASSPORT EXPIRATION DATE / PLACE OF ISSUE</b>	<b>MINOR/S</b>	
<b>PERMANENT ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>EMERGENCY CONTACT</b>	<b>PHONE NUMBER OF EMERGENCY CONTACT</b>	<b>RELATIONSHIP TO STUDENT</b>	

**PLEASE LIST THE PROGRAM/S IN WHICH YOU ARE INTERESTED AND THE SEMESTER/YEAR IN WHICH YOU WOULD LIKE TO PARTICIPATE.**

PROGRAM NAME	SEMESTER (FA, SP, OR SUM)	YEAR

**ACADEMIC LEVEL WHEN YOU BEGIN THE PROGRAM**  
(Check one)

Freshman	<input type="checkbox"/>
Sophomore	<input type="checkbox"/>
Junior	<input type="checkbox"/>
Senior	<input type="checkbox"/>

**ETHNICITY/RACE**  
(Check one)

American Indian or Alaskan Native	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>
White/Caucasian/Non-Hispanic	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
African-American/Non-Hispanic	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>

*As a Cedarville University student I understand that I represent the university and my fellow students. If accepted into a program, I agree to abide by the conduct policies as stated in the student handbook. I understand that I will receive letter grades for courses completed in a program and will strive to do my best academically.*

Signature \_\_\_\_\_

THE FOLLOWING INFORMATION IS OPTIONAL BUT WILL HELP WHEN WE SUBMIT DATA TO THE INSTITUTE OF INTERNATIONAL EDUCATION. ALL INFORMATION IS CONFIDENTIAL AND YOUR NAME WILL NOT BE INCLUDED IN ANY REPORT.

PLEASE CIRCLE ONE OF THE FOLLOWING CHOICES REGARDING DISABILITIES.

- A. NO DISABILITY
- B. DISABILITY (INCLUDES PHYSICAL, HEARING, VISION, MENTAL, CHRONIC HEALTH-RELATED, LEARNING, MULTIPLE & OTHER DISABILITIES)

IF YOU CIRCLED DISABILITY ABOVE, PLEASE CIRCLE ANY THAT APPLY.

- A. SENSORY DISABILITY (HARD OF HEARING, DEAF, LOW VISION, BLIND, OR DEAFBLIND)
- B. PHYSICAL DISABILITY (AMPUTEE, CEREBRAL PALSY, PARAPLEGIA, SPINA BIFIDA, WHEELCHAIR, ETC.)
- C. MENTAL DISABILITY (ANXIETY DISORDER, BIPOLAR DISORDER, DEPRESSION, SCHIZOPHRENIA, ETC.)
- D. ATTENTION DEFICIT DISORDER OR LEARNING DISABILITY (DYSLEXIA, AUDITORY PROCESSING DISORDER, ETC.)
- E. OTHER DISABILITY (E.G., BRAIN INJURY, SPEECH IMPEDIMENT, HEALTH-RELATED DISABILITY, AUTISM, ETC.)