

Questions? Visit our website at iapply.iupui.edu
 Application Fee is \$60. Make check payable to IUPUI–International Affairs

1. Information About You

Full legal name exactly as it appears on your passport: _____
Last or Family Name/Surname First or Given Middle-Maiden

Variations of your name: _____
If different from above, give EXACT names (last, first, middle) as they appear on TOEFL and other test reports and academic records sent to IUPUI.

Previously issued 10-digit Indiana University ID: _____ / _____ / _____
If none, leave blank U.S. Social Security Number - if none, leave blank

Gender: Male Female Date of birth: ____ / ____ / ____
(Western calendar) month day year What is your native language? _____

Country of citizenship: _____ City and country of birth: _____
(Country that will issue your passport)

If you are in the U.S. now, what is your immigration status? Please send a photocopy of your current visa documents.

- F-1 J-1 Other-specify: _____ SEVIS ID Number _____ (If none, leave blank)
 Permanent Resident Refugee Political Asylee I-485 Pending Permanent Residency
 B-2 If you checked “B-2” or “Other”, do you plan to apply for a student visa? Yes No

Ethnicity and Race: If you are a U.S. Citizen, Permanent Resident, Refugee or Political Asylee, please respond

Select one or more (Go to iapply.iupui.edu for more information on ethnicity and race policy)

- Asian Black/African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White
 American Indian or Alaska Native – Tribal affiliation? _____ and Tribal Enrollment Number: _____

2. Your Contact Information

Current Address (as it should appear on an envelope)

Permanent Home Address (Foreign street address required of F-1 and J-1 students.)

City: _____ State: _____

City: _____ State: _____

Postal Code: _____ Country: _____ Telephone: _____
Country Code – Area Code – Local Number

Postal Code: _____ Country: _____ Telephone: _____
Country Code – Area Code – Local Number (Required for express mail)

E-mail: _____
This is our primary means of contacting you.

E-mail: _____

Name a person authorized to communicate with the OIA on your behalf about your application (optional). Information will be released **only** to you and person listed here.

Last or Family name/Surname First or given name Middle initial E-mail Relationship to you

Address: Number/street (not P.O. Box) City State and Country Zip/Postal Code Phone, Including Area Code

3. Indiana Residence *Complete this section only if you reside in the U.S. and believe that you qualify for Indiana Residence*

1. I have lived in Indiana: From Birth to Present From ____ / ____ to ____ / ____
Month / Year Month / Year

2. Name of Parent: _____

3. Parent’s Home Address: _____
Street Address City State and country Zip/Postal code

4. Your Academic Study Plan

Program: Associate Bachelor’s Other _____

What will be your major subject of study (Academic Plan)? _____

When do you want to begin? August, 20 ____ January, 20 ____ May, 20 ____ June, 20 ____
(Please indicate the year which you would like to attend.)

Which campus do you plan to attend? Indianapolis Columbus

Please complete the back and sign at the bottom.

Full legal name: _____
Last or Family Name/Surname First or Given Middle-Maiden

5. Previous Applications

Have you applied for admission to IUPUI before? No Yes If yes, when? ___ ___ / ___ ___ ___ and to which program? _____
Month / Year

How did you obtain this application? IUPUI Website Education Fair (Location) _____ Other _____

6. Test Information

Use this space to record information about the tests you have taken or will take. You **must** also have the testing agency send scores directly to IUPUI.

Test Name	Testing Status	Test Date Month/Day/Year	Scores		
TOEFL (school code 1325)	<input type="checkbox"/> Have taken <input type="checkbox"/> Will take				Composite
SAT I (school code 1325)	<input type="checkbox"/> Have taken <input type="checkbox"/> Will take		Verbal/CR	Math	
ACT (school code 1214)	<input type="checkbox"/> Have taken <input type="checkbox"/> Will take		Verbal	Math	Composite

7. Previous Education

If you are **currently enrolled** in school, please list your entire course schedule. Do not leave this section blank and do not refer us to your schedule or transcript.

Course Names:	

In chronological order, list **ALL high schools or upper secondary schools** that you have attended (grade 9 or later)

High School/Secondary School	City/State/Country	Attendance Dates		Emphasis	Name of diploma expected or received	Date or expected date of diploma awarded	
		From mo/yr	To mo/yr			mo	yr
						mo	yr
						mo	yr
						mo	yr

In chronological order, list **ALL universities, colleges, technical schools, or other post-secondary educational programs** you have attended or are attending. **Include any current or previous Indiana University attendance.** Forward official transcripts from each school except Indiana University. If you need more space, attach an additional sheet.

College/University/School	City/State/Country	Attendance Dates		Major	Name of degree expected or received	Date or expected date of degree awarded	
		From mo/yr	To mo/yr			mo	yr
						mo	yr
						mo	yr
						mo	yr

Documents are converted to electronic file format and retained in paper form for only one year from the date the document is received. After that, all documents are destroyed.

For a small fee, you may retrieve submitted academic documents by completing a Request Form.

8. Signature and Date

Please read the following, and sign and date below.

The application must be signed by the applicant. By signing, you acknowledge the following:

Have you been convicted of a felony, been subject to formal disciplinary action at any college or university or have you engaged in behavior that resulted in injury to person(s) or personal property? Yes No

I certify that all statements on this application are correct and complete, **including a list of all schools attended.** I understand that withholding pertinent information requested on this application or giving false information constitutes grounds for immediate withdrawal of my application from further consideration and cancellation of my admission and/or registration. I understand that providing false information could also impact the classification of tuition residency status for fee-paying purposes and scholarship eligibility.

If necessary, I have enclosed a letter describing any criminal or disciplinary history as described in this application. The letter and application will be sent by certified mail, and I will keep the receipt certifying it was received by IUPUI. The letter contains a statement granting my permission to officials at all institutions and agencies involved to release information needed by IUPUI to substantiate statements I have made in my application or my letter.

X _____ Date _____
Your full legal signature

If you wish to inform IUPUI about a disability and wish to receive information about auxiliary aids and services for students with physical, mental, and/or learning disabilities, contact Adaptive Educational Service at 317-274-3241, voice/TDD 317-278-2050.