

Adler University

International Admissions, 17 N. Dearborn, Chicago, IL 60602 USA

Phone: 312-662-4100 Website: www.adler.edu

International Student Application and Information Record Request for form I-20

Please fill out this confidential application form completely regarding your country of residence (Where you reside out of the United States).

1. US Social Security Number (leave blank if you do not have one) _____

2. Family/last name _____ Given/first name _____

3. Previous (or maiden) name _____

4. Street address (foreign address) _____

City _____ State/province _____ Postal Code _____

Country _____ Email _____

Phone _____ Fax _____

5. Best time to contact you by phone (day and time) _____

6. Gender ___ Male ___ Female ___ Other 7. Date of Birth _____
Month/Day/Year

7. _____
Country of Citizenship Country of Birth Country of Legal Permanent Residence

8. If you are currently in the United States, what is your visa type? (F-1, B-2, M-1, A, etc.) _____

9. Program of Study

- ___ Doctor of Psychology (PsyD) in Clinical Psychology
- ___ Doctor of Philosophy (PhD) in Counselor Education and Supervision
- ___ Doctor of Couple and Family Therapy (DCFT)
- ___ Master of Arts – Counseling: Clinical Mental Health Counseling
- ___ Master of Arts – Couple & Family Therapy
- ___ Master of Arts – Counseling: Art Therapy
- ___ Master of Arts – Counseling: Specialization Sport and Health Psychology
- ___ Master of Arts – Counseling: Specialization Rehabilitation Counseling
- ___ Master of Arts – Counseling: Forensic Psychology
- ___ Master of Public Administration
- ___ Master of Public Policy

10. When do you plan to begin your studies? Month _____ Year _____

11. Please list each educational institution that you have attended (all colleges and universities).

<u>Name of institution</u>	<u>Country</u>	<u>Dates of attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Have you taken the Test Of English as a Foreign Language (TOEFL) or other English proficiency test? (explain)

13. If you would like to authorize someone to submit and receive documents on your behalf, please complete the information below.

Family/last name _____ Given/first name _____

Address _____

Home phone _____ Work phone _____

Email _____

What is this person's relationship to you (friend, relative, etc.)? _____

14. I certify that the information provided on this form is true and accurate.

Applicant signature _____ Date _____

Adler University subscribes to a policy of nondiscrimination. We do not discriminate on the basis of age, ancestry, citizenship, color, creed, mental or physical disability, gender, gender identity, marital status, military status, national origin, parental status, race, religion or sexual orientation. Release of student information will comply with federal regulations.