

# Adler University

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

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

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## 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 Art Therapy

\_\_\_ Doctor of Philosophy (PhD) in Counselor Education and Supervision

\_\_\_ Doctor of Philosophy (PhD) in Couple and Family Therapy

\_\_\_ 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 Human Performance

\_\_\_ Master of Arts – Counseling: Forensic Psychology

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.