

Request to EPCA for Consideration of International Student

Is student proficient in English? _____ Yes _____ No

Home Country _____ Education Level Expected _____

Surname/Primary Name _____

Given Name _____ Suffix (circle one) First / Second / Third / Junior / Senior

Passport Name _____

Preferred Name _____

Birth Date – (MM)____ / (DD)____ / (YYYY)_____

Gender _____ Male _____ Female

Country of Birth _____ Country of Citizenship _____

Foreign Address _____

City _____ Province/Territory Postal Code _____

Country _____

Email address where student may be reached _____

U.S. Address _____

City _____ State _____ Zip Code _____

Foreign Telephone + _____ - _____ U.S. Telephone (____) _____ - _____

Date Student will report in United States _____

Date Student will begin classes _____

Funding:

Estimated Living Expenses \$ _____

Student's Personal Funds \$ _____

Funds from other sources \$ _____

Other source type _____
(scholarship,etc)

EPCA Office Use:

Tuition & Fees _____

Other Costs _____

School Funds _____

Fund Type _____