

# International Student Application for Graduate Admission

## Concordia University Wisconsin

12800 North Lake Shore Drive  
Mequon, WI 53097-2404 U.S.A.  
Fax: 262-243-4545

Web: [www.cuw.edu](http://www.cuw.edu)

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Please mail the following documents to International Admissions Office at the address above

1. The application form.
2. The application fee of \$35.00 U.S. dollars in money order or cashier's check.
3. The original transcripts of your 4-year bachelor's degree and the diploma of the bachelor's degree. If the transcripts and the diploma are not in English, have them translated in English and notarized.
4. Original TOEFL score report.
5. Two reference letters on company letterhead or with individual's home address and phone number, commenting on your ability to finish the degree.
6. Your current resume.
7. A short essay, explaining why you want to pursue the degree.
8. An official bank statement with the balance converted into U.S. dollars. If a company or an individual is your sponsor, have the company or the individual send a letter of affidavit together with the company's assets report or the individual's bank statement.

Please type or print very neatly.

Name (family/sir) \_\_\_\_\_ (first/given) \_\_\_\_\_ (middle) \_\_\_\_\_

Dependable information for correspondence:

(street number & name) \_\_\_\_\_

(apartment number) \_\_\_\_\_ (city) \_\_\_\_\_

(province) \_\_\_\_\_ (postal code) \_\_\_\_\_ (country) \_\_\_\_\_

Home telephone: \_\_\_\_\_ work telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth \_\_\_\_\_ Citizenship: \_\_\_\_\_

Planned start date: (month) \_\_\_\_\_ (year) \_\_\_\_\_ Gender: female \_\_\_\_\_ male \_\_\_\_\_

Do you need campus housing? yes \_\_\_\_\_ no \_\_\_\_\_

If you are currently in the U.S., what is your legal status: F-1 \_\_\_\_\_ B-1/B-2 \_\_\_\_\_ J-1 \_\_\_\_\_ H-1/H-4 \_\_\_\_\_

Other \_\_\_\_\_, specify: \_\_\_\_\_ Please attach documents about your legal status in the application.

**PLEASE TURN OVER**

Please list ALL the colleges and universities you have attended, starting from the most recent.

University 1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

University 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

University 3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

Please check your intended program of study from the list below:

**Business Administration**

Church Administration  Chinese Language  Finance  Health Care Administration  Human Resource  International Business

Management  Marketing  Management Information Systems  Managerial Communication  Public Administration  Risk Management

**Church Music (on-campus only)**  Organ  Choral  Handbell

**Master of Health Science**

**Education**

Administration  Curriculum/Instruction  Early Childhood (on-campus only)  Family Studies (on-campus only)  Education

Counseling  Education Reading  Student Personnel Administration (on-campus only)

**Nursing**

Family Nurse Practitioner  Nurse Educator  Geriatric Nurse Practitioner

**Occupational Therapy**

Master of Occupational Therapy (on-campus only)

**Physical Therapy (on campus only)**

Entry level of Doctor of Physical Therapy

Concordia University Wisconsin reserves the right to refuse admission to any applicant who, in the University's judgment, is not qualified. CUW reserves the right to require withdrawal of any student at any time for any reason deemed sufficient under the rules and traditional practices of the University. I certify that the above information is correct and I have listed all the schools I have attended. This application is valid for only one year from the date signed below.

Signature \_\_\_\_\_ Date (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Thursday, April 10, 2008

Finance Department  
Stamfordonline

Dear Sir,

**AUTHORISATION FOR CHARGES TO CREDIT CARD**

I, \_\_\_\_\_ with Identification number \_\_\_\_\_,  
hereby authorize Stamford College Group Sdn Bhd to charge RM \_\_\_\_\_ to my credit card for  
my registration payment

My card details are as follows:

Cardholder's Name: \_\_\_\_\_  
Credit Card Type: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
3 digit Security No \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Contact No (H/P) \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you.

Yours sincerely