

HIGH POINT UNIVERSITY

Norcross Graduate School

INTERNATIONAL STUDENT PROFILE

Desired Program (See program information) _____

Admission Term Year _____ Fall Spring Summer

Full Legal Name _____
Last First Middle Maiden/Former

Mailing Address _____
Street/PO Box County
City State Zip Code Country

Home phone ____/____/____ Cell phone ____/____/____ E-mail _____

Resident Status: U.S. Citizenship Resident Alien Non-Resident Alien Green Card Number: _____

What type of visa do you hold? _____ Visa number: _____

****Submit a copy of Visa or Permanent Resident Card with this profile****

Social Security number: _____ International Address: _____

Citizenship Country: _____

Resident Country: _____

Immigration Status: _____

Birth Country: _____

Birth City: _____

Native Language: _____

Primary Language: _____

Driver's License #: _____ For which state: _____

*** If you need assistance completing this form please contact the Graduate School Office at (336) 841.9198.***

I hereby attest that all information is accurate to the best of my knowledge. I fully understand that any falsification of facts will deny my admission to High Point University or, if accepted, will result in my dismissal from the University.

Applicant's Signature

Date