

Application for International Exchange Students

800 University Way, Spartanburg, SC 29303
864-503-5246 • 1-800-277-8727 • 864-503-5727 fax
admissions@uscupstate.edu • www.uscupstate.edu

Please type or print clearly in ink and complete all applicable sections. A \$10 non-refundable application fee must be submitted with this form.

Indicate the type of course(s) in which you plan to enroll:

Business Humanities/Sciences

Education Nursing

Term(s) you expect to take classes:

Fall semester (late August)

Spring semester (early January)

Maymester (early May)

Social Security Number _____ - _____ - _____ (if applicable)

Legal Last Name

Legal First Name

Middle Name

Other names under which we may receive your records

Permanent Mailing Address

Postal Code

City

State

Country

Permanent Phone: _____ Daytime Phone: _____

Email Address: _____

Birthdate (MM/DD/YY): _____ Sex: Male Female

Country of Birth: _____

CITIZENSHIP: U.S. Citizen Foreign, Citizen of _____ U.S. Perm. Resident*

Country Visa Status

**Send a copy of resident alien card (both sides)*

ETHNIC BACKGROUND**

White, not of Hispanic origin Black, not of Hispanic origin Hispanic Asian or Pacific Islander

** Admission decisions are not affected by this information. It is requested for statistical reporting only and is optional, but will help us better serve your needs. It will be kept confidential.

What language is spoken in your home? _____

Have you taken the TOEFL? (Month: _____ Year: _____)

What is the name of the institution where you are currently enrolled? _____

In which city and country is it located? _____

Are you eligible to return to your home institution after completing coursework at USC Upstate? Yes No
If no, explain:

Have you earned a baccalaureate degree? Yes No If yes, from which college and why do you wish to earn additional undergraduate or graduate credit? _____

Have you earned graduate credit? Yes No If yes, from which college? _____

I certify that all information provided in this application is complete and correct, and I understand that withholding or falsifying information on this application is cause for immediate cancellation of registration at the University of South Carolina Upstate.

I further understand that the University may find it necessary to request additional information from my previous colleges or schools, and I grant permission to my previous schools to release this information to the University of South Carolina Upstate.

Student's Signature: _____ Date (MM/DD/YY): _____

Name of person to notify in case of an emergency:

In the USA:

Name _____

Postal Address: _____

City

State

Zip Code

Telephone Number

Relationship

In your home country:

Name _____

Postal Address: _____

City

Province

Postal Code

Country

Telephone Number (with int'l access code)

Relationship