Millersville University

P.O.Box 1002 Millersville, PA 17551 admissions@millersville.edu Phone: 717-871-4625

1800 MU-Admit Fax: 717-871-7973

Undergraduate International Student Application Form

Surname	Given Name		Middle Name		
Other names by which you have been known:		·	Marital Status (check)	: Single Married	
Mailing Address:		Country	Country of Citizenship:		
		Country	of Birth:		
			Birth (mm/dd/yyyy): _		
			none:		
		Mobile I	Mobile Phone:Gender: _		
Email Address:					
Program of Study (Intended	Major):				
Starting Date for which you	are applying (check):				
Year: Fall	(Aug-Dec)	Spring (Jan-May)	Summer (Ma	ay/June/July)	
Expected Visa Classification (check): F1 J	1 Other:			
Student Type (check): Fi	rst Year (Freshmen)	Transfer	Second Degree	Re-Entry	
Are You Applying For Cond	itional Admissions th	rough the English	Language Institute	? Yes No	
If yes, please check which ap	ply to you.				
TOEFL Score lower t	han 70 IELTS S	Score lower than 6	No English l	Proficiency Score	
Housing Plans (check one):					
Residence Hall (required of	of freshmen under 21 y	ears old not living	with parent/guardian)	1	
Commuter (under 21 years	old not living on cam	pus, living with pa	rent/guardian within 4	40 miles of campus)	
Off-campus (over 21 years	old and does not live	with parent/guardi	an or in residence hall	D	
Parents/Spouse/Guardian:		1 8		,	
Father's Name:		Mother's	s Name:		
Spouse's Name (if applicable):			, I valle .		
If accepted, will you have depo			s place list them hal	OW.	
Name:	ndants (orniging fallin	•	s, please list them ber	Ow.	
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Millersville University

Educational Background:

Have you ever attended another college/university? If yes, please list in chronological order, most recent first, all of the colleges or post-secondary institutions attended.

Post-Secondary Institute (If App	olicable):			
Name of institution(s):				
Address:				
		Degree earned:		
Name of institution(s):				
From (mm/dd/yyyy):	To:	Degree earned:		
If no, provide secondary school	ol (High School) in	formation:		
Name of Institution(s):		Year of Graduation:		
Address:				
Which of the following	; influenced your d	lecision to apply for admission	to Millersville (check)?	
Website Admissions C	ounselor Reco	mmended by Family member	Literature from Millersville	
Recommended by current st	udent/graduate		Advertisement (where?)	
	Colleg	ge Fair (where?)	Other (please list	
I hereby declare that the information of this application.	provided is true and co	orrect. I also understand that any willfu	ıl dishonesty may render for refusal	
Signature		e		
Remember to request that your transcrip	t and supporting materia	als be sent to the Office of Admissions.		

1-800-MU-ADMIT | admisisons@millersville.edu | www.millersville.edu

Millersville University is an Affirmative Action/Equal Opportunity institution

Millersville University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and the Americans with Disabilities

Millersville University does not discriminate on the basis of disability status in admission or access to its programs and activities. Individuals are encouraged to make the University aware of any permanent or temporary disability. Arrangements will be made to secure auxiliary aids and services, when necessary, to ensure that such students are not denied the benefits of, excluded from participation in, or otherwise subjected to discrimination under programs and/or activities at Millersville University. This policy extends to full-time, part-time and non-degree students and students enrolled in both credit and non-credit courses.

A Member of Pennsylvania's State System of Higher Education.