



UNIVERSITY OF ARKANSAS - FORT SMITH

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Mail to: Office of International Relations
University of Arkansas - Fort Smith
5210 Grand Avenue
P.O. Box 3649
Fort Smith, AR 72913-3649

Email to: international@uafs.edu

FOR OFFICE USE ONLY

Student ID # _____

Please Type or Print Clearly

1. Legal Name* _____
Last Name (Family Name) First Name (Given Name) Middle Name

* Exactly as it appears on your passport. Do not use initials. Attach photocopy of passport.

2. Date of Birth _____ Age _____ 3. Gender: Male Female

4. City and Country of Birth _____

5. Country of Citizenship _____

6. Email Address _____

7. What is your native language? _____

8. Have you taken the TOEFL? Yes No If yes, version: Computer based Paper based IBT Date _____ Score _____

9. Have you taken the IELTS test? Yes No Date _____ Score _____ (If you have taken the ACT/SAT, you are required to submit the scores for admission.)

10. Have you taken the SAT? Yes No Date _____ Score _____

11. Have you taken the ACT? Yes No Date _____ Score _____

12. CURRENT MAILING ADDRESS TO SEND I-20

Number and Street Town/City Province/State Postal Code Country

Current Mailing Address: From _____ To _____ Telephone Number _____
Yr./Mo./Day Yr./Mo./Day Country Code City/Area Code Number

13. FOREIGN MAILING ADDRESS (If same as above, check here)

Number and Street or P.O. Box # Town/City Province/State Postal Code Country

Fax _____
Country Code City/Area Code Number

14. PERSON TO CONTACT IN CASE OF EMERGENCY

Name Address - Number and Street or P.O. Box # City Country Postal Code

Area Code Telephone Number Relationship

15. ADMISSION REQUEST

Year 20 _____ Term: Fall Spring Summer I Summer II

Status: New student (no previous post-secondary work) Transfer (students wanting to transfer university credit(s) to UAFS) Exchange Student

Intended Major _____ (A list of majors can be found at www.uafs.edu/academic/majors-and-minors.)

Do you plan to obtain a degree from UAFS? Yes No Degree Sought: Associate Bachelor's Certificate

16. RELEASE OF INFORMATION Your academic and personal information is confidential and can only be given to or shared with those you give permission. Please list the name(s) of any person(s) you wish to allow access to such information upon request. For example, you may list your parents, guardians, counselors, etc.

17. DEPENDENTS Will any dependents accompany you? Yes No If yes, please list them below.

Last (Family) Name	First (Given) Name	Date of Birth	Country of Birth	Country of Citizenship	Relationship

18. PREVIOUS EDUCATION

Did you graduate from high school/secondary school? Yes No Please submit all transcripts.
List all schools attended (secondary and post-secondary) in chronological order. Attach additional sheets if necessary.

School	Location-City/Country	
Dates of Attendance (Mo./Yr. to Mo./Yr.)	Credit Hours Earned	Degrees Earned (if any)
School	Location-City/Country	
Dates of Attendance (Mo./Yr. to Mo./Yr.)	Credit Hours Earned	Degrees Earned (if any)
School	Location-City/Country	
Dates of Attendance (Mo./Yr. to Mo./Yr.)	Credit Hours Earned	Degrees Earned (if any)

19. Have you or are you attending English language school? Yes No If yes, list name of school _____

Location (City/Country) _____ Date(s) Attended _____

ACADEMIC RECORDS

All academic records must be originals or certified copies in a sealed envelope from the institution. Copies must be certified (both signed with the seal/stamp affixed) by a school official. Notarized copies will not be accepted. In addition, an official English translation must be provided.

20. IMMIGRATION DOCUMENT INFORMATION

Passport Number _____ Country of Origin _____ Passport Expiration _____

Type of Visa _____ Visa Number _____ Visa Expiration _____
(If you are currently enrolled in the U.S.)

21. COUNSELOR INFORMATION Did you work with a counselor to apply at UAFS? Yes No

Name of Counselor _____ Name of Organization/Company _____

Phone _____ Email _____

COURSE REQUIREMENT

- The condition under which the student will be accepted is that he/she agrees to successfully complete any prescribed college preparatory courses at UAFS.
- All international students (regardless of TOEFL score) will be tested in reading, writing, and math before enrolling and may be placed in college preparatory courses based upon earned scores. Valid ACT or SAT scores may be used for placement.
- Any college preparatory course which is not successfully completed by the student must be taken again the next semester. As long as the student is taking college preparatory courses, he/she will not take more than a total of 12 hours.

I, _____, understand the requirements stated above, and I agree to follow prescribed hours and courses.
(Print Name)

INSURANCE

I understand that I will be required to buy group medical insurance each year of attendance through UAFS when I enroll for classes.
This may be required regardless of any insurance purchased elsewhere.

Signature _____ Date _____