



WILLIAM PENN UNIVERSITY

APPLICATION FOR ADMISSION

INTERNATIONAL STUDENTS

A \$50 application fee must accompany this application.

RETURN TO:

WILLIAM PENN UNIVERSITY

OFFICE OF ADMISSIONS

201 TRUEBLOOD AVE

OSKALOOSA, IA 52577

FAX: (641) 673-2113

PHONE: 1-800-779-7366

APPLICANT

Legal Name _____
Last/Family Name/Surname First/Given Name Middle Jr., etc.

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ ☐ Female ☐ Male Indicate the type of visa you will have: _____
mm/dd/yyyy

Preferred telephone ☐ Home ☐ Cell Home (____) _____ Cell (____) _____

E-mail Address _____ Secondary E-mail _____

Permanent home address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country ZIP/Postal Code

Present address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country ZIP/Postal Code

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Birthplace _____
City/Town State/Province Country

Religious Affiliation _____
(Optional)

Citizenship _____

Previous English studies (in years):

Secondary School _____ year(s)

University _____ year(s)

TOEFL Score: _____ ☐ Paper/Pencil ☐ Computer-Based

Has any parent/guardian of yours attended college? ☐ Yes ☐ No

I will enter for:

☐ Fall (Aug-Dec) 20 _____ ☐ Spring (Jan-May) 20 _____

Proposed Major Area of Study _____

I am a: ☐ First-time Freshman ☐ Transfer ☐ Returner

Housing: ☐ Living on Campus ☐ Commuting

Have you attended WPU before? ☐ Yes ☐ No

If so, when? _____

How did you learn of WPU? _____

Please list any extra-curricular interests (sports, fine arts, etc.)

EDUCATION

Year in School	City & Country Where School is Located	Name of School	Graduation Date (if applicable)
_____	_____	_____	<input type="radio"/> Secondary <input type="radio"/> University
_____	_____	_____	<input type="radio"/> Secondary <input type="radio"/> University
_____	_____	_____	<input type="radio"/> Secondary <input type="radio"/> University

Write a brief statement of your educational plans: _____

SIGNATURE

If I am accepted by William Penn University, I understand that I will be expected to abide by all university rules and regulations. I acknowledge my responsibility for all financial obligations I incur while a student at William Penn University. I certify that all information in this application is complete and accurate. I understand that failure to report accurate and complete information may result in denial of admission or dismissal from the university. I understand that this application for admission to William Penn University and supporting documents will become permanent documents in my personal file. I authorize William Penn University to use my name and photo for public relation purposes, including advertising, promotional, press releases, social media and video usage, as deemed appropriate.

Signature _____ Date _____

In accordance with the Clery Act, the university publishes an annual security report that contains statistics for the previous three years concerning reported crimes. A copy of the report is available by request and can be accessed at http://www.wmpenn.edu/Student_Life/Campus_Security/

WILLIAM PENN UNIVERSITY

201 Trueblood Avenue, Oskaloosa, Iowa U.S.A. 52577

Financial Statement of International Students

William Penn University requires a statement of financial support from all applicants who are not United States citizens. This form must be on file in the Office of Admissions before final admission is granted. The applicant is advised that the tuition and fees, as well as charges for room and board, are due at the beginning of each semester.

STATEMENT OF APPLICANT AND SPONSOR

I certify that I will have a minimum of \$_____ in United States currency available to me for each year that I am studying at William Penn University. The specific sources of these funds are:

1. If you are going to receive financial support from private sources, your sponsor must complete and sign this form as indicated below.

I agree to provide _____ \$ _____
(Name of applicant) (Amount)

per month for _____ for study in the United States.
(Number of months)

Date Relationship to applicant Signature of guarantor

2. If you have a grant from your government or other sponsoring agency or a paid study leave, indicate with a check here _____ and attach official documents.
3. If you are planning to finance your education from personal funds, please check here _____ and complete the following statements to verify.

(a) **Personal Savings:** _____
(Print name of bank)

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

BANK OFFICIAL'S SIGNATURE AND STAMP REQUIRED

Signature _____ Title/Position _____

Address of bank _____

(b) **Family and/or friends:** _____
(Print names)

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available.

Signature _____ Relationship to Applicant _____

Address _____

APPLICANT'S VERIFICATION

I hereby certify that the information given on this form is complete and accurate to the best of my knowledge. I understand that any false or misleading statement will result in an automatic cancellation of this application for admission.

Signature _____ Date _____