

# Application Form for International Undergraduate and Graduate Students



UNIVERSITY OF COLORADO  
AT DENVER AND HEALTH SCIENCES CENTER

Please complete and return this form along with a \$75 (U.S. funds only) nonrefundable application fee (payable to University of Colorado at Denver) to the following mailing address:

**By Air Mail:** University of Colorado at Denver and Health Sciences Center, International Admissions  
Campus Box 185, P.O. Box 173364, Denver, CO 80217-3364, USA

**By Courier:** University of Colorado at Denver and Health Sciences Center, International Admissions  
1380 Lawrence Street, 9th Floor, Denver, CO 80204-2029, USA

Mr.       Mrs.       Ms.

1. Surname (Family Name/Last Name):

\_\_\_\_\_  
(PLEASE USE NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT)

First (Given) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
(U.S. MAILING ADDRESS MANDATORY FOR TRANSFER STUDENTS)      NUMBER AND STREET

\_\_\_\_\_  
CITY      STATE      ZIP CODE      COUNTRY

3. Telephone at above address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. Permanent Home Country Address: \_\_\_\_\_  
(REQUIRED FOR ISSUING IMMIGRATION DOCUMENT)      NUMBER AND STREET

\_\_\_\_\_  
CITY      STATE      ZIP CODE      COUNTRY

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MONTH      DAY      YEAR      CITY      COUNTRY

6. Country of Citizenship: \_\_\_\_\_ 7. Do you hold a U.S. Green Card? \*  YES  NO

*\* If yes, please send a copy of both sides of the permanent resident card.*

8. If you are already in the United States, please indicate your present immigration/visa status and enclose a copy of your Immigration Document (I-20/DS-2019/I-797): \_\_\_\_\_ Date of entry in USA: \_\_\_\_\_  
IMMIGRATION STATUS

SEVIS # (if any): \_\_\_\_\_ *\* If you are a transfer student, please contact International Admissions for a Transfer Eligibility form.*

9. Semester for which you are seeking admission (please check only one):  Spring (January)  Summer (June)  Fall (August) Year 20\_\_\_\_\_

10. What degree and major do you intend to study? (Please refer to brochure for a list of graduate and undergraduate degrees and majors.)  
 Undergraduate (Bachelor)       Graduate (Master)       Doctorate (PhD)

\_\_\_\_\_  
COLLEGE

\_\_\_\_\_  
MAJOR

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
SPECIALIZATION (Required for electrical engineering. Please refer to list on page 7.)

OFFICE SPACE ONLY

11. Test Scores: TOEFL or IELTS \_\_\_\_\_ SAT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
SCORE DATE TEST TAKEN VERBAL MATH DATE TEST TAKEN

GRE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GMAT \_\_\_\_\_  
VERBAL MATH ANALYTICAL DATE TEST TAKEN SCORE DATE TEST TAKEN

12. How did you hear about UCDHSC?  Web Site  Family/Friends  Guidance Counselor  Overseas Advising Offices  
 Agent  University Visit in Your Country  Other (Please specify) \_\_\_\_\_

13. What factors influenced you to apply to UCDHSC?  Cost  Quality of Academic Programs  Faculty  
 Campus Location  Family/Friends  Other (Please specify) \_\_\_\_\_

14. To which other universities (USA or any other country) did you apply? (Please list all of them.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Have you ever been convicted of felony?  YES  NO  
*A felony in the USA is an offense for which a prison term can be assigned. If yes, you must attach an explanation.*

16. List in chronological order the name(s) of secondary/postsecondary institutions that you have attended.  
*Failure to list all the institutions may result in loss of credit or dismissal.*

CALENDAR YEAR Month/Year to Month/Year	Full Name of University/College/ School Previously Attended	City and Country of University/ College/School Previously Attended	Language of Instruction	Certificate/Diploma/ Degree Awarded and Major

17. I hereby certify that to the best of my knowledge all the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal from the University of Colorado at Denver and Health Sciences Center's downtown Denver campus.

Signature of Applicant

Date (Month/Day/Year)