

HILLSDALE COLLEGE

Hillsdale, Michigan 49242

Hillsdale College – Universität des Saarlandes Exchange Program

APPLICATION FOR ADMISSION – INTERNATIONAL STUDENTS

Read carefully and complete in detail. Please print or use typewriter.

Both pages must be completed and returned before you will be considered for Admission.

1. This application is for: August _____ January _____ of 20 _____

2. Name _____
Family Name _____ First Name _____

3. Male ___ Female ___ 4. Married: Yes ___ No ___ 5. Date of Birth: _____
Month Day Year

6. Country of Birth _____ 7. Country of Citizenship _____

8. Permanent Mailing Address _____
Number and Street City Country

9. Present Mailing Address _____
Number and Street City Country

10. Phone Number _____
Country Code City Code Number

11. Fax Number _____ E-mail _____
Country Code City Code Number

12. Guardian (if applicable) _____ Relationship _____

13. Native Language _____ 14. Number of years studied English _____

15. Other Language(s) fluently spoken _____

16. Last secondary school _____ Graduated _____
Month Year

Last College (University) _____ Graduated _____
Month Year

17. English Proficiency Waived _____

18. Intended Field of Study _____

19. Type of Passport: Diplomatie ___ Student ___ General ___

Type of Visa: Student (F) ___ Tourist (B) ___ Other ___

Please Attach: Statement of Finances

All submitted documents must be certified as original or certified photostat copies. This application will be reviewed by our Committee on Admissions and you will receive a formal answer as soon as possible.