International Visiting Student Application
West Virginia University
P.O. Box 6009
Morgantown, WV 26506-6009
Phone: 304-293-2121 or 800-344-WVU1
E-mail: wvuadmissions@mail.wvu.edu
Web: http://www.wvu.edu/

Nonrefundable application fee ($25.00)
Application fee will not be charged after submission of the first application

If you want to take a course at WVU for personal enrichment or to have the credit transferred to another college or university, you must complete this Application for Visiting Students.

If you are planning to have the credit transferred to another college, you will also need an official statement of good standing indicating an overall grade-point average of 2.0 or an official transcript from the last college attended.

Your application is very important to us, and for that reason we ask you to mail it as early as possible. Once we have received your complete application and verification of good standing, you will hear from us concerning your admission decision. If you have any questions, please feel free to call us at 304-293-2121, e-mail us at wvuadmissions@mail.wvu.edu, or write us at the Office of Admissions, West Virginia University, PO Box 6009, Morgantown, WV 26506-6009.

Please read instructions carefully, and type or print to speed the processing of your application.

1.  Legal Name: __________________________________________________________________________________________________ (Last)                                                      (First)                                                                     (Middle)

2.  Social Security Number: _______-_______-_______ (For internal use only. Will be kept confidential.) 3.  Date of Birth:_____/_____/____ (month/day/year) (eg., 1/30/1983)

4.  If you previously enrolled under a different name at WVU or another college, or high school, please print all name(s) below.
_____________________________________________________________________________________________________________

5.  Have you ever attended WVU before? ______ Yes ______ No If YES, for which semester/year? ____________________________
If YES, what was your previous major? ______________________________

6.  Current Mailing Address:                              9.  Permanent (if different):

(Street)                                     (Street)

(City)                                 (State)    (City)                                                  (State)

(Zip Code)                           (Zip Code)

7.  Telephone: (           ) __________-___________  10.  Telephone: (            ) ___________-____________
(Area Code)         Number                                                                                   (Area Code)         Number

8.  County: __________________________________________          11.  County: __________________________________

12.  Permanent E-Mail Address: ______________________________

13. Name of person to contact in case of an emergency:

(Last)                  (First)                                               (Middle)                                       (Relationship)
14. Emergency Address: __________________________________________ Telephone ( ) ______-________
   (Street) (Area Code) Number
   (City) (State)
   (Zip Code)

15. Please indicate semester/year for which you are applying: _______ Year _______ Fall (August – December)
    _______ Spring (January – May) _______ Summer Session (May – August)

16. Gender: _____(M)ale _____(F)emale

17. Citizen Status: _____U.S. Citizen _____ Permanent Resident with Alien Card (enclose copy of both sides of card)
    _____ Refugee _____ *Non-Immigrant/Other Visa Type (specify):
    *Non-immigrants please indicate your nation of citizenship: __________________ Nation of Birth:__________________

18. Ethnic Background: (Required for federal reporting) Are you Hispanic or Latino? ____Yes ____No
    Check one or more of the following groups in which you consider yourself to be a member:
    _____American Indian or Alaska Native _____Asian _____Black or African American
    _____Native Hawaiian or Other Pacific Islander _____White

19. Are you a resident of the state of West Virginia? _____Yes _____No
    If YES, when did you begin living continuously in West Virginia? ______/______/______
    month/day/year
    If YES, where?
    (if different than above) Street Address City

20. Last year, did anyone claim you as a dependent for income tax purposes? _____Yes _____No
    If YES, who?
    (Name) (Relationship to You)
    (Street Address) (City and State) (Zip Code)

21. Are you a member of the U.S. Armed Forces or a dependent of a member? _____Yes _____No
    If YES, is the duty station in West Virginia? _____Yes _____No If YES, attach documentation to prove Home of Record.

22. High School Attended: ________________________________________________________________________________________________
    (City and State)

23. Graduation Date: _______/________ month/year

24. College Education: Please list all formal educational experiences (if any) since you graduated from high school.
    Name of School Location
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

I affirm that the information I have provided on this application form and all other admissions application materials is complete, accurate, and true to the best of my knowledge. Omitting or providing false information can lead to nonacceptance, the nullification of WVU credit, and/or dismissal.

Student Signature ___________________________ Date: ____________________

If this is the first time you have applied as a visiting student, have you attached your $25.00 non-refundable fee?
Please send check or money order. Please do not send cash.