## RADFORD UNIVERSITY

## Language and Culture Institute Undergraduate Conditional Admission Application

Please type or print the information requested below and return this form with a nonrefundable application fee of \$50 to the Language Culture Institute, Radford University, P.O. Box 6927, Radford, Virginia 24142, telephone (540) 231-9192. **Do not staple or tape anything to the application.** 

Personal Information					
Please report your name <b>exactly</b> as it	t appears on your pass	port.			
Name					
Family Name	First/Given		Middle	Suffix	Preferred name
Permanent Address					
		Street	or Rural Route		
City/Town	State/Province		Zip/	Postal Code	Country
Foreign Address					
		Street	or Rural Route		
City/Town	State/Province		Zip/	Postal Code	Country
Home Telephone Number			Personal	Cell Phone Number	
	(Country Code) (City code				(Country Code) (City code) Number
Email Address			Alternate	Email Address	
*Sex:MaleFema	ale			*Citizenship:	
				U.S. Citize	en
*Date of Birth				Permane	nt Immigrant
*City of Birth				Non-Imm	igrant
*Country of Birth				(Complete V	/isa Questions on Page 2)
*Country of Citizenship				Are you presently in	n the USA?YesNo
*Country of Legal Residence				Date you arrived in	this country:
				Immigration Registr	ation Number:
				Visa Type	
*This information is collected to meet admissions decisions.	requirements of federal re	egulations an	nd is used for r	record keeping purposes o	only. This information will in no way affect
				Emergeno	y Contact Information
Do you have Health Insurance Cover	age?Yes	No	Name o	of Contact	
Name of Insurance Company			_ Teleph	one Number	
Insurance Policy Number			Email A	address	
Do you currently have a SEVIS I-2	0?Yes	No			
Are you requesting an I-20 from t	this University?	Yes _	No		
Are you transferring directly from	n a U.S. School?	Yes	No		
If yes, provide the name of the cu	urrent school				
Name of current Foreign Student	Advisor -				

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Will you have depend	ents accompanying?	Yes	_No			
If yes, please complet	e the following depende	nt information	1			
Name		Date of Birth (mm/dd/yyy)		City/Country of Bir	th Relations	hip
Enrollment Infor	mation					
Planned Entrance Date To enroll 20 Fall (Aug.) Spring (Jan.) 1st Summer C 2nd Summer C	Only			re applying as a: _ Freshmen _ Transfer		
Please refer to "Choos	sing a Major" on the Cur	riculum page.				
Intended Major:			in the College of	:		
<b>Educational Back</b>	ground					
List the name of the s	econdary school(s) you h	nave attended.	Begin with the	school you currently atter	nd or most recently at	tended.
Full Name of Institution	Location (City and Country)	Date of Entry	Date of Departure	Name of Degree or Diploma	Date Awarded	Your Age
Full Name of	Location	Date of	Date of	e school you currently att	end or most recently a  Date Awarded	Your
Institution	(City and Country)	Entry	Departure	Diploma		Age
					[	
Family Information	on					
Name				Relationship		
				Zip Code		
	ahan (					
	nber <u>(</u> )			Cell Phone Number <u>(</u>		
Collogo(s) Attanded			Voor Grad	uated		

## Language Culture Institute Admission Application



Parent or Guardian				
Name Relationship				
Address				
City/Town	State	Zip Code		
Email Address				
Home Telephone Number <u>(</u> )		Personal Cell Phone Number ( )		
Employer		Title		
College(s) Attended		Year Graduated		
Student Spouse/Partner Information				
Name		Relationship		
Address				
City/Town	State	Zip Code		
Email Address				
Home Telephone Number ( )		Personal Cell Phone Number ( )		
Employer		Title		
Affirmations				
I agree to make payment to the	LCI @ RU by che	eck for the conditional admission application fee of \$50.		
Honor Pledge				
	mission to Radford	vides the foundation for a college community in which freedom, trus University, you would agree to make a commitment to support and		
		of and compliance with, all conditions set forth in the Standards of referring to Responsibility for Payment of Tuition and Fees.		
If offered admission, I agree to abide by the of Student Conduct.	Honor Pledge and t	the rules and regulations of the University as stated in the Standards		
	l agree	Date (mm/dd/yyyy)		
To the best of my knowledge, I have comple without your signature.)	eted this application	accurately and thoroughly. (Your application will not be processed		
Student Signature		Date		

Information contained on this application will be provided to Virginia state agencies as required by law.

**Admissions Policy:** Radford University does not discriminate in the administration of its educational programs, activities, admission, or employment practices. Inquiries should be directed to the Human Resources Office at (540) 831-5421 or (540) 831-5128 TTY.

**Student Right-to-Know and Campus Security-The Clery Act:** The University is committed to assisting all members of the RU community in providing for their own safety and security. Information regarding campus security and personal safety including topics such as alerts, crime prevention, and crime statistics for the most recent three year period can be found at <a href="http://www.radford.edu/police/">http://www.radford.edu/police/</a>