# 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 **exactly** as it appears on your passport.

<table>
<thead>
<tr>
<th>Name</th>
<th>Family Name</th>
<th>First/Given</th>
<th>Middle</th>
<th>Suffix</th>
<th>Preferred name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>Street or Rural Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town</td>
<td>State/Province</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Address</th>
<th>Street or Rural Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/Town</td>
<td>State/Province</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Personal Cell Phone Number</th>
<th>(Country Code) (City code) Number</th>
<th>(Country Code) (City code) Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Alternate Email Address</th>
</tr>
</thead>
</table>

*Sex: ______ Male  ______ Female

*Date of Birth

*City of Birth

*Country of Birth

*Country of Citizenship

*Country of Legal Residence

<table>
<thead>
<tr>
<th>Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Citizen</td>
</tr>
<tr>
<td>Permanent Immigrant</td>
</tr>
<tr>
<td>Non-Immigrant</td>
</tr>
</tbody>
</table>

(Complete Visa Questions on Page 2)

Are you presently in the USA? ______ Yes  ______ No

Date you arrived in this country: ___________________

Immigration Registration Number: ___________________

Visa Type______________________________

*This information is collected to meet requirements of federal regulations and is used for record keeping purposes only. This information will in no way affect admissions decisions.

## Emergency Contact Information

Do you have Health Insurance Coverage? ______ Yes  ______ No

Name of Insurance Company: ________________________

Insurance Policy Number: ________________________

Name of Contact: ________________________

Telephone Number: ________________________

Email Address: ________________________

Do you currently have a SEVIS I-20? ______ Yes  ______ No

Are you requesting an I-20 from this University? ______ Yes  ______ No

Are you transferring directly from a U.S. School? ______ Yes  ______ No

If yes, provide the name of the current school - ________________________

Name of current Foreign Student Advisor - ________________________

*Sex: ______ Male  ______ Female

*Date of Birth

*City of Birth

*Country of Birth

*Country of Citizenship

*Country of Legal Residence

<table>
<thead>
<tr>
<th>Citizenship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Citizen</td>
</tr>
<tr>
<td>Permanent Immigrant</td>
</tr>
<tr>
<td>Non-Immigrant</td>
</tr>
</tbody>
</table>

(Complete Visa Questions on Page 2)

Are you presently in the USA? ______ Yes  ______ No

Date you arrived in this country: ___________________

Immigration Registration Number: ___________________

Visa Type______________________________

*This information is collected to meet requirements of federal regulations and is used for record keeping purposes only. This information will in no way affect admissions decisions.
Will you have dependents accompanying?  ____Yes  ____No

If yes, please complete the following dependent information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>City/Country of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enrollment Information**

**Planned Entrance Date:**
- To enroll 20________
  - Fall (Aug.)
  - Spring (Jan.)
  - 1st Summer Only
  - 2nd Summer Only

You are applying as a:
- _____ Freshmen
- _____ Transfer

Please refer to “Choosing a Major” on the Curriculum page.

**Intended Major:** ______________________________ in the College of ______________________________

**Educational Background**

List the name of the secondary school(s) you have attended. Begin with the school you currently attend or most recently attended.

<table>
<thead>
<tr>
<th>Full Name of Institution</th>
<th>Location (City and Country)</th>
<th>Date of Entry</th>
<th>Date of Departure</th>
<th>Name of Degree or Diploma</th>
<th>Date Awarded</th>
<th>Your Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the name of all Universities or College you have attended. Begin with the school you currently attend or most recently attended.

<table>
<thead>
<tr>
<th>Full Name of Institution</th>
<th>Location (City and Country)</th>
<th>Date of Entry</th>
<th>Date of Departure</th>
<th>Name of Degree or Diploma</th>
<th>Date Awarded</th>
<th>Your Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Family Information**

Name __________________________ Relationship __________________________

Address __________________________

City/Town __________________________ State ___________ Zip Code ___________

Email Address __________________________

Home Telephone Number (______) ___________ Personal Cell Phone Number (______) ___________

Employer __________________________ Title __________________________

College(s) Attended __________________________ Year Graduated __________________________
Parent or Guardian

Name __________________________________________ Relationship __________________________

Address __________________________

City/Town __________________________ State ____________ Zip Code ____________

Email Address __________________________

Home Telephone Number (______) ____________ 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 check for the conditional admission application fee of $50.

Honor Pledge

Radford University operates under an Honor System which provides the foundation for a college community in which freedom, trust and respect can prevail. Upon accepting admission to Radford University, you would agree to make a commitment to support and uphold the Honor System without compromise or exception.

I acknowledge receipt of and my responsibility for knowledge of and compliance with, all conditions set forth in the Standards of Student Conduct, including, but not limited to, any agreements referring to Responsibility for Payment of Tuition and Fees.

If offered admission, I agree to abide by the Honor Pledge and the rules and regulations of the University as stated in the Standards of Student Conduct.

_________ I agree _______________ Date (mm/dd/yyyy)

To the best of my knowledge, I have completed this application accurately and thoroughly. (Your application will not be processed without your signature.)

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 http://www.radford.edu/police/