



INTERNATIONAL APPLICATION FOR UNDERGRADUATE ADMISSION

NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$25 USD NON REFUNDABLE FEE. BEGINNING FOR THE SPRING 2018 ADMISSIONS CYCLE, THE APPLICATION FEE WILL INCREASE TO \$70.

Send Completed Form to:

MUW Office of Admissions
1100 College Street MUW 1613
Columbus, MS 39701-5800 USA

Tel: 662.329.7106
Toll Free: 877.462.8439
Fax: 662.241.7481
Email: smmoss@muw.edu

Personal Information (PLEASE PRINT CLEARLY)

First Name:	Middle Name/Surname:	Last Name:	Preferred Name:
Date of Birth:	Country of Birth:	Country of Citizenship:	Gender (Circle One): Male Female
Street or Mailing Address:		City of Residence:	State/Province: Postal Code:
Phone Number (Incl. Area Code):		Country:	Email Address:

Educational Information (PLEASE PRINT CLEARLY)

Entry Term (Circle One): Fall (August) Spring (January)	Year: 20 _____	Date of TOEFL/IELTS Examination: _____ Test Examination Result: _____
Date of ACT/SAT Examination: _____ Test Examination Result: _____		Name of Secondary School Attended: _____ Date of Graduation: _____
List all Colleges Attended: 		

Please circle your intended program of study from the list below:

Accounting Art Education Art, Fine Arts *Biology Business Administration - Entrepreneurship - General Business - Management - Marketing	Chemistry Communication Culinary Arts Elementary Education *English Family Studies *History Interdisciplinary Studies	*Kinesiology - Pre-Occupational Therapy - Exercise Science - Exercise Science Physical Therapy Legal Studies *Mathematics Music Education Music Therapy	Music (General) Nursing - Associate of Science (2 yr) - Bachelor of Science (4 yr) *Physical Sciences Political Science Psychology	*Social Sciences *Spanish Speech-Language Pathology Theatre Women's Studies
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I hereby certify that, to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand that the falsification of information can lead to immediate withdrawal from The W.

Signature: _____

Date: _____