APPLICATION FOR ENROLLMENT

U.S. and International Students

☐ Non-refundable application fee of (see page 4 of this document for payment details):
  - $20 for students applying to the Florida/Online campus
  - €50 for students applying to any European campus

☐ Official certified transcripts (certified English translation, if not issued in English). All students must submit one of the following no later than the end of the second course during the first semester of enrollment:
  - High School transcript (for Bachelor programs) or Undergrad transcripts (for Master programs) showing proof of graduation.
  - GED or other High School equivalency test (must be successfully completed prior to enrollment).
  - Post-Secondary Institution transcripts showing completion of at least 24 credits earned.

☐ Nursing only – A minimum score of 55 is required on the Test of Essential Academic Skills (TEAS®)

International Students Only

☐ Proof of assets sufficient to fund your studies (for Florida students only)

☐ Proof of English Language proficiency level (tests must have been taken within the past 2 years)
  - TOEFL (Test for English as Foreign Language) score of at least 550 (written version) or 61 (internet version). SIU’s TOEFL number is 0835.
  - IELTS (International English Language Testing System) score of 6.0 or better for all students.
  - Cambridge FCE (First Certificate in English) grade of “B” (B2 Level) or higher – Cambridge Advanced (CAE) or Proficiency (CPE) preferred.

☐ Photocopy of valid passport (F-1 visa required for Florida campus)

☐ Submit an advance deposit for the first semester of tuition and fees prior to enrollment

☐ Two (2) passport size photos

Web: www.schiller.edu
STUDENT PERSONAL INFORMATION
Please complete the following. Please print clearly in CAPITAL LETTERS. All fields must be completed.

Legal Name of Student Applicant (as stated on Passport, Driver’s License, Soc. Security Card, etc.):
__________________________________________________________________________________________

Family (Last) Name      First Name     Middle Name

Expected Start Date: __________/ __________/ _________

Campus Location: ______________________________

Social Security#: _________________________________

Date of Birth: __________/ __________/ _________

Permanent Mailing Address:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Current Mailing Address:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Valid till: __________/ __________/ _________

Home Phone (include country code): _______________________________

Cell: _______________________________

Email Address (write clearly): _________________________________________________________________

Citizenship: □ U.S. Citizen □ U.S. Permanent Resident □ Non-U.S. Citizen or Resident

If Non-U.S. Citizen or Resident, please list Country of Citizenship: ________________________________

English is Primary Language: □ Yes □ No

Sex: □ Female □ Male

Ethnicity (Optional): □ African American □ Alaska Native □ American Indian □ Asian
□ Hispanic or Latino □ Native Hawaiian □ Pacific Islander □ White □ Two or More Races

Are you currently employed or working with a Schiller Partner Institution? □ No □ Yes
If yes, please detail:
□ Employer □ Institution Name: _______________________________________________________________
Address: ______________________________________________________________________________________

Contact Person: ___________________________________ Work Phone: _________________________________

Are you a veteran or currently active in the U.S. military? □ No □ Yes
If yes, please detail:

Are you eligible for Veteran’s benefits? □ No □ Yes
Do you have military transcripts detailing your training (such as AARTS, SMARTS, CCAF. Etc.)? □ No □ Yes
If yes, please detail: __________________________________________________________________________

How did you hear about Schiller International University?
□ Institution or company, please name: __________________________________________________________________________
□ Military Personnel, please name person & base: __________________________________________________________________________
□ Advertisement, please specify where: __________________________________________________________________________
□ Internet, please specify which website: www. __________________________________________________________________________
□ Current Student or Alumni, please specify name: __________________________________________________________________________
□ College Fair, please specify name & country: __________________________________________________________________________
□ Friend □ Other: __________________________________________________________________________
PARENT OR LEGAL GUARDIAN OF STUDENT INFORMATION FOR STUDENTS UNDER 18 YEARS OF AGE

Full Name of □ Father □ Mother □ Legal Guardian: ________________________________________________

Address: ____________________________________________________________________________________

Home Phone: ________________________ Cell: ________________________ Work Phone: _______________________

Email Address (write clearly): __________________________________________________________________________

STUDENT ACADEMIC INFORMATION

IMPORTANT NOTE: Applicants must submit full documentation for ALL education, past and present. Only what is mentioned and submitted along with this agreement will be evaluated by SIU. Documents not mentioned here that are submitted after admission to Schiller will not be accepted or considered for admissions purposes.

What is your highest level of education? □ High School □ Undergraduate □ Graduate □ Other ____________

High School Education

School Name: _______________________________________________  Country: ________________________

Address: ____________________________________________________________________________________

Dates Attended: ____________________ Qualifications Earned: _____________________________________________

Post-Secondary Education (please list all colleges or universities with the most recent first)

School Name: _______________________________________________  Country: ________________________

Address: ____________________________________________________________________________________

Dates Attended: ____________________ Degree Earned: ________________________________________________

School Name: _______________________________________________  Country: ________________________

Address: ____________________________________________________________________________________

Dates Attended: ____________________ Degree Earned: ________________________________________________

School Name: _______________________________________________  Country: ________________________

Address: ____________________________________________________________________________________

Dates Attended: ____________________ Degree Earned: ________________________________________________

ADDITIONAL INFORMATION FROM STUDENT APPLICANT

Please write below in clear English a brief personal statement indicating why you are interested in studying at Schiller International University. Attach additional pages if necessary.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Applicant Signature _______________________________ Date ______________

Parent/Guardian Signature _______________________________ Date ______________
PAYMENT FORM

Please complete the Student detail section of this form and submit with your payment for credit card or check payments. Please email or fax a copy of this form for wire bank transfers along with a copy of the wire confirmation as provided by your bank.

<table>
<thead>
<tr>
<th>Student Family (Last) Name</th>
<th>Student First Name</th>
<th>Student Middle Name</th>
</tr>
</thead>
</table>

CREDIT CARD PAYMENT INFORMATION

I hereby authorize a charge to be made to my credit card as detailed below for the reasons indicated (PRINT):

- [ ] Application Fee
- [ ] Deposit
- [ ] Tuition and Fees
- [ ] Other: ________________________________
- [ ] Visa
- [ ] American Express
- [ ] MasterCard/Eurocard

Name of Card Holder: ____________________________
Address of Card Holder: ____________________________
Country: ____________________________
Card Number: ____________________________
Expiration Date: ____________________________
Authorization Code: ____________________________
Amount: ____________________________

Signature of Card Holder: ____________________________
Date: ____________________________/ __________________________/ __________________________

CHECK PAYMENT INFORMATION

Please mail checks to the below address in U.S. Dollars and make payable to Schiller International University. Please include a copy of this form with the completed student section with the check.

Bursar’s Office, Schiller International University, 8560 Ulmerton Road, Largo, Florida, 33771, U.S.A.

BANK WIRE PAYMENT INFORMATION

Any bank charges must be paid by the student or sponsor at source. Please email or fax a copy of this form with the completed student section for wire bank transfers along with a copy of the wire confirmation as provided by your bank. Please make payment to:

**FLORIDA/ONLINE, USA**

- Bank Name: SQUARE 1 BANK
- Bank Address: 406 Blackwell Street, Suite 240 Durham, NC 27701
- Account Name: KIP SIU LLC
- Wire ABA: 053112615
- SWIFT CODE: SQARUS33
- ACCOUNT: 2160443

**MADRID/PARIS/HEIDELBERG, EUROPE**

- Bank Name: KREISSPARKASSE LUDWIGSBURG
- Bank Address: P.O. Box 620, D-71606 Ludwigsburg, Germany
- Bank Code: 604 500 50
- SWIFT/BIC: SOLA DE S1 LBG
- US Dollar Account: USD 0 220 260 682
- EURO Account: 78221/IBAN DE22 6045 0050 0000 078221