

**ARIZONA STATE UNIVERSITY**

APPLICATION FOR ADMISSION - 2005 - SUMMER ONLY



**Immunization documentation is required for those born AFTER 12/31/56. Immunization must have been received after 12/31/79.**



**Brazil**

**Please print or type**

LEGAL NAME (LAST, FIRST, MIDDLE)*		ASU ID NUMBER	<input type="checkbox"/> GRADUATE (ANSWER BELOW)	<input type="checkbox"/> UNDERGRADUATE
ADDRESS (NO. STREET APT)*		CITY, STATE, ZIP CODE, COUNTRY*	<input type="checkbox"/> NEW NONDEGREE	<input type="checkbox"/> RETURNING NONDEGREE
PHONE (INCLUDE AREA CODE)*	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTH DATE (MO DAY YR)*	EMAIL ADDRESS	
CITIZENSHIP* <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER (SPECIFY COUNTRY)		PASSPORT NUMBER (IF IN A STUDY ABROAD PROGRAM)		
TYPE OF VISA IF NOT U.S. CITIZEN <input type="checkbox"/> STUDENT (F-1) <input type="checkbox"/> EXCHANGE VISITOR (J-1) <input type="checkbox"/> PERMANENT RESIDENT (IMMIGRANT) <input type="checkbox"/> OTHER (SPECIFY)				
PREDOMINANT CULTURAL/ETHNIC BACKGROUND (REQUIRED FOR FEDERAL REPORTING)** <input type="checkbox"/> HISPANIC (1) <input type="checkbox"/> AFRICAN AMERICAN, NOT HISPANIC <input type="checkbox"/> ASIAN AMERICAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN (2) OR ALASKAN NATIVE				
1. IF HISPANIC SELECT NATIONAL ORIGIN/ANCESTRY** <input type="checkbox"/> CHICANO/MEXICAN AMERICAN <input type="checkbox"/> CUBAN AMERICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY)			2. IF AMERICAN INDIAN PRINT TRIBAL MEMBERSHIP**	
ARE YOU A VETERAN OR CURRENTLY IN MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU PREVIOUSLY REGISTERED FOR CREDIT COURSEWORK AT ARIZONA STATE UNIVERSITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEMESTER AND YEAR LAST ATTENDED ASU
UNIVERSITIES WHERE YOU EARNED DEGREES: INSTITUTION INFORMATION (NAME/CITY/STATE/COUNTRY)      YEAR ATTENDED FROM      MONTH/YEAR ATTENDED TO      YEAR DEGREE EARNED				
UNDERGRADUATE MAJOR				

\* Denotes information which may be given out in response to general inquiry unless applicant makes a written request specifically prohibiting its release.

\*\* Optional Information

**Name and address of Person(s) to contact in Case of Emergency:**

1) NAME		RELATIONSHIP
HOME PHONE	WORK PHONE	
Does this person have a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please identify an additional contact with a current passport.		
2) NAME		RELATIONSHIP
HOME PHONE	WORK PHONE	
May the above individual be contacted to assist with financial and administrative business on your behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If your parents are not listed above, ASU will not release information to them without your express permission. May we release information to your parents if they are not listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Course Selection**

Please select your classes from the list below:

- POR 101 Elementary Portuguese (5)
- POR 201 Intermediate Portuguese (5)
- POR 313 Portuguese Composition and Conversation (3)
- POR 394 Brazilian Culture (1 - 6)

1. Do you have health/physical difficulties which would require special assistance?  Yes  No

If yes, please specify: \_\_\_\_\_

2. Please list prescription medications you are currently taking and its use:  
(e.g. Allegra - allergies)

3. Please list allergies you have to medications, foods, or other substances:

4. Are you on a special diet? (e.g. vegetarian)  Yes  No

If yes, please specify: \_\_\_\_\_

5. Have you traveled outside of the United States?  Yes  No  
If yes, please specify where and when:

6. Are you interested travel to other countries?  Yes  No  
If yes, please specify where

authorize ASU Summer Sessions to use photos of me or taken by me in promotional materials.  Yes  No

### CANCELLATION POLICY

All students withdrawing from a program MUST provide a written statement to their program director.

- \$100 of the \$150 deposit is non-refundable.
- Refunds, on payments made plus the refundable portion of the deposit, will be issued until April 4, 2005.
- Students whose written withdrawal statement is received after April 4 but prior to 30 days before the beginning of their program MAY be granted a partial refund.
- No refund will be granted for students whose written withdrawal statement is received within 30 days of the beginning of their program.

I attest that I have read the above and that all the information given is accurate.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

International Student Identity Card #											
Date of Issue											
FOR OFFICE USE ONLY											