Langston University Admissions and Outreach Programs

International Student Admissions Application

PO Box 667

Langston, OK 73050

William H. Hale Student Center Rm. 201 · 405-466-3231 · 405-466-3391 Fax

Before Mailing: Please be sure you have: (1) answered all questions completely (2) enclosed \$ application fee (3) attached required

academic documents (4) signed and dated this application. **Semester of Entry to LU** \square Spring, 20 □Summer, 20 \Box Fall, 20 Official (certified) transcript must be attached for consideration for admission. Uncertified will not be accepted for admission purposes. Student's Legal Name Mr/Ms Family or Last (as it appears on your passport) Given or First Middle **US Social Security Number** (leave blank if you do not have a Please assure accuracy of US SSN US SSN) Other names under which your records may appear Family or Last Given or First Middle Students date of birth Place of Birth State Province Country Gender/Marital Status Marital Status: □Single Gender: □Male □Female If married, name of spouse Children: □Yes \square No If yes, how man? If you have dependants, will they be accompanying you? □Yes \square No Are you a United States Permanent Resident Alien? ☐ Yes Citizenship/Residency Country of citizenship **Email Address** Preference 1 Preference 2 **Current Address/Phone** Address Line 1 Address Line 2 City State Province Postal/Zip Code Phone: Country Code City/Area Code Number Parent/Legal Guardian Family or Last Given or First Middle Relationship Address Line 1 Address Line 2 City State Province Postal/Zip Code Phone: City/Area Code Country Code Number

Major:								
		1 st Choice Please refer to	the list of LU	J Underg		nd Choice	ors in the LU	catalog.
I-20s will not be issued will be financially res		ent financial s	statement (-
Name and Address	Mr/Ms							
of Sponsor		Family or Last			Given or First		Middle	
	Address	Line 1						
	Address	Line 2						
	City Phone:		State	Provi	ince	Postal/Zi	p Code	
	i none.	Country Code	City/Area	Code	Number		-	
Signature of Applicant				Date				
Dependants accompan	nying you to the	<u>U.S.</u>						
NAME					BIRTHDAY			
Surname(Last)	First				Month	Day	/ Year	-
Surname(Last)	First				Month	Day	Year	-
Surname(Last)	First				Month	Day	Year	-
Surname(Last)	First				Month	Day	Year	-
Surname(Last)	First				Month	_/	Year	-