

## BRIDGE PROGRAM APPLICATION

All answers are required

1. First name:		2. Last name:	
3. Current Address: (Street, City, State/ Province, Zip code, Country)			
4. Mailing Address (Street, City, State/ Province, Zip code, Country) If same, leave blank			
5. Country of birth:		6. Country of Citizenship:	
7: Date of Birth: (mm/dd/yyyy)		8. Gender	
9. Home Phone Number:		10. Cell Phone Number:	
11. E-mail Address:			
12. Marital Status:		13: Native Language:	
14. Which semester are you applying for: (Check box) <i>One semester is approx. 16 weeks</i>	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester		
15. Do you plan to live on campus? (Students who are 23 or older are eligible to live off-campus.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. After completing the Bridge program, do you plan to apply to IWU for a(n): (Check one box)	<input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Neither		
17. High School/Secondary School Name:			
• In which country did you graduate from high school/Secondary School?			
• Date you received (or will receive) high school/Secondary School Diploma:			

18. Do you currently attend or have you ever attended a college or university?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, in what country?			
• If graduated, when did you (or expect to receive) your College/University Diploma?			
19. Did you attend another College/University?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, in what country?			
• If graduated, when did you (or expect to receive) your College/University Diploma?			
20. Do you have a valid visa?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, what type of visa?		• Visa number	
• Visa Issue date		• Visa Expiration Date	
21. Have you taken the TOEFL-ibt?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, when did you take the test?			
• What was your score?			
22. Have you taken IELTS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, when did you take the test?			
• What was your score?			
23. Have you taken another form of an English Language Proficiency Test?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• If yes, when did you take the test?			
• What was your score?			
24. Electronic Signature (Type Full Name)			
Today's Date: (mm/dd/yyyy)			