Student				
Print name exactly as it appear	s on passpo	rt		Male
First Name	La	st Name(s)	Middle Initial	Female
(Given Name)	(Fa	nmily Name)		
Permanent Address				
Street Address				
			Date of Birth	
E-mail Address				onth/day/year
Country of Birth		Country of Citizen	nship	
Current Address (If different	-	-		
Street Address				
		Country		
Passport Information				
Passport Number		Issuing Country	Expiration Date	
				month/day/year
Are you a U.S. Citizen? Yes	No	Do you currently	hold a visa to study in the US? Yes	s No
Asian or Pacific Islander (inc Black, African American/No Please indicate briefly why y Application	n-Hispanic	,	White or Caucasian Other, please specify e:	
Term you wish to enter:				
September 20				
January 20				
Partner University Affiliatio	n			
San Buenaventura, Colombi	a	Cali		
CEFAM, France		Bogotá		
Radboud, Netherlands		Cartage		
Univ. Franciscana, Mexico		Medellí	n	
FAE, Brazil				
English Language Proficienc	:у			
Is English the primary langua	age spoker	n at home? Yes No		
Have you taken the TOEFL e	xam? Yes	No If yes, what w	as the score?	

(next)

Major/Academic Studies

What is your major/field of study at your home institution? ___

Indicate the departments in which you intend to take classes at Siena (Check all that apply):

SCHOOL OF LIBERAL ARTS **SCHOOL OF SCIENCE Bachelors Degree Offerings:** SCHOOL OF BUSINESS American Studies Biology Accounting Classics Biochemistry **Actuarial Science** Creative Arts **Computer Science** Economics/BS Economics/BA **Environmental Studies** Finance English Mathematics/BA Marketing French Mathematics/BS Management History **Physics Undecided Business** Philosophy Political Science **Certificate or Special Programs Religious Studies** Education Pre-Law Psychology Social Work **Revolutionary Era Studies** Sociology Spanish **Graduate Programs** Masters- Business Administration Masters- Accounting Academic List all colleges/universities you have attended, with current or most recent first. Dates of attendance College/University Location Graduation date List all courses in which you are currently enrolled: PARENT/GUARDIAN Father's Full Name: Address if different from student: _____ Employer: Occupation: Mother's Full Name:

Is there any other information that you want us to consider in interpreting your academic record? If so, please attach an additional statement with your application.

Address if different from student:

(next)

ALL APPLICANTS	•
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I certify that the information I have submitted in this application is complete and true to the best of my
knowledge. I agree that if I am accepted for admission, I will comply with all the rules and regulations of the
College that may be in effect or that will be put into effect while I am a student.

Student signature	Date