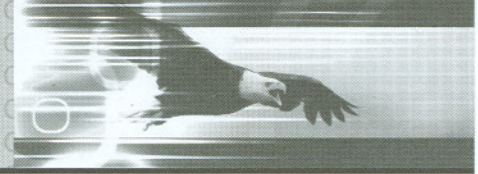


SUPPLEMENTAL FORM for INTERNATIONAL STUDENTS



Must be completed by International Applicants

APPLICATION AND REQUIRED DOCUMENTATION DEADLINE: June 15 (Fall) November 2 (Spring)

RETURN TO: Office of Undergraduate Admissions, P.O. Box 19717, Durham, NC 27707

INSTRUCTIONS: Please Type or Print all information in the spaces below.

FAMILY NAME			GIVEN NAME			MIDDLE NAME					
Permanent Mailing Address				U.S. Mailing Address (if applicable)							
STREET/BOX/APT				STREET/BOX/APT							
CITY		POSTAL CODE		COUNTRY		CITY		POSTAL CODE		COUNTRY	
HOME PHONE NUMBER				COUNTRY OF BIRTH				COUNTRY OF RESIDENCE			
Citizenship:			Date of Birth				Sex:				
<input type="checkbox"/> United States			MONTH/DAY/YEAR				<input type="checkbox"/> Male				
<input type="checkbox"/> SPECIFIC COUNTRY			CITY		STATE		<input type="checkbox"/> Female				

Enrollment Classification: Check one

- Freshman Transfer 2nd Degree

Check one of the following (Required for federal reporting by Civil Rights Act of 1964. This information is optional and cannot be used in a discriminatory manner.)

- Non-Hispanic Black, Non-Hispanic White, Non-Hispanic Hispanic American Indian or Alaskan Native
 Asian or Pacific Islander Other (Specify) _____

When do you plan to enroll? Fall Spring

Year you plan to attend _____ Intended Major _____

High School attended _____ Month/Year of Graduation _____

List all colleges, universities, or other post secondary institutions attended. If none, write "None" in the space below.

Name of School	City	State	Dates of Attendance	Sem. Hrs Attempted	List Degrees Earned (if any)

GED or Adult High School diploma information _____

SAT/ACT information _____

Persons to Notify in Case of Emergency

NAME		RELATIONSHIP			
ADDRESS		CITY	STATE	ZIP	PHONE NUMBER

I affirm that all information supplied is complete and accurate. Any misrepresentation of facts could be cause for denial of admission, cancellation of admission, or suspension from the university.

Signature: _____ Date: _____