



To apply to Northland International University, please complete this form and mail it to
Northland International University,
Admissions Office, W10085 Pike Plains Road, Dunbar, WI 54119.

Personal Information

Prefix: Miss Mrs. Ms. Mr. Pastor Dr.

Suffix: II III Jr. Sr.

Legal First Name

Legal Middle Name

Legal Last Name

Nickname (if you go by a different first name)

Former Last Name (if applicable)

Social Security Number

Date of Birth

Address Information

Primary Address

City

State

Zip Code

Country

Secondary Address (if applicable)

City

State

Zip Code

Country

Contact Information

E-mail Address

Home Phone Number

Cell Phone Number

Demographic Information

Gender: Female Male

Ethnicity: African American Asian Caucasian Hispanic Indian Native American
 Pacific Islander No Response Other

Marital Status: Deceased Divorced Engaged Married
 Remarried Separated Single Widow

Religion

Veteran Status: Chapter 1606 Sel Res Chapter 1607 REAP Chapter 30 Active Duty
 Chapter 33 Post 911 Chapter 35 Surv Dep None of the Above Other

Retired?

Citizenship Information

Primary Citizenship _____ Visa (if applicable): F1 F1 Dependent Green Card Visitor Visa

Country of Birth _____ Primary Language _____

Government Information

Visa Number (if applicable) _____ Visa Country Issued _____ Visa Expiration Date _____

Passport Number (if applicable) _____ Passport Country Issued _____ Passport Expiration Date _____

Academic Information

Please list the program of study and the term/semester in which you wish to attend Northland.

Program _____ Term/Semester _____

Commitment: Full-time Half-time Less than half-time

How are you enrolling? First-time freshman Transfer

Interested in Pursuing a Degree?

Interested in Seeking Financial Aid?

Interested in Extracurricular Activities?

Emergency Contacts

Please list your parent(s) or guardian(s) here.

Prefix: Miss Mrs. Ms. Mr. Pastor Dr.

First Name _____ Last Name _____ Suffix: II III Jr. Sr.

Relationship _____ Phone Number _____

Prefix: Miss Mrs. Ms. Mr. Pastor Dr.

First Name _____ Last Name _____ Suffix: II III Jr. Sr.

Relationship _____ Phone Number _____

Educational History

Please list all of the schools or colleges in which you are currently enrolled and/or have been enrolled, beginning with high school.

<hr/> <p>Degree/Program</p>	<hr/> <p>Honors (if applicable)</p>	<hr/> <p>Start Date</p>	<hr/> <p>End Date</p>
<hr/> <p>Institution's Name</p>	<hr/> <p>City</p>	<hr/> <p>State</p>	
<hr/> <p>Degree/Program</p>	<hr/> <p>Honors (if applicable)</p>	<hr/> <p>Start Date</p>	<hr/> <p>End Date</p>
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Relatives

Please list your immediate family members (i.e., parents and siblings).

Prefix: Miss Mrs. Ms. Mr. Pastor Dr.

<hr/> <p>First Name</p>	<hr/> <p>Last Name</p>	<p>Suffix: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.</p>
<p>Relationship: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Sister <input type="checkbox"/> Brother</p>		
<p>Attended Northland? <input type="checkbox"/></p>		

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<p>Attended Northland? <input type="checkbox"/></p>		

Source

How did you hear about Northland?

Application Policy

I confirm that I have reviewed all the information on this Undergraduate Application Form and have found it to be accurate.

Policy: I do not accept. I accept.

Signature: _____

Date: _____