

SUPPLEMENTAL*
INTERNATIONAL STUDENTS
ADMISSION APPLICATION

Antioch University Santa Barbara

801 Garden Street Suite 101

Santa Barbara, CA 93101-1581

Phone: (805)962-8179 Fax: (805)962-4786

Entrance Quarter: Fall Winter Spring Summer Year _____

Program:

- Bachelor of Arts
 MA Education/Teaching Credential MA Education (MAEx)
 MA Clinical Psychology (MACP) Doctorate in Clinical Psychology (PsyD)

LEGAL Name (As it appears in your passport):

Last Name: _____

First Name: _____ **Middle Name:** _____

Social Security Number: _____ - _____ - _____
(if none, leave it blank)

E-Mail Address: _____

Citizenship Status: Student Visa (F-1) Student Visa (M-1) Student Visa (J-1)

Other Visa (Specify) _____ No Visa (Residing outside of U.S.)

Verification of visa status required. Students must be prepared to present proof status, including a copy of passport, visa, I-20 and I-94, Intent to Transfer form if applicable.

Country of Citizenship: _____ **Country of Birth:** _____

Primary Language: _____

Permanent Home Country Address (Non-American Address):

Street Address _____

City _____ State/Province _____ Zip Code _____

Country _____

Telephone Number () _____ Fax Number () _____

U.S. Address (If none, leave it blank):

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____

Student Status: Initial Attendance Returning School Transfer (from _____)

I have reviewed the Estimated Budget Sheet and will provide an official financial statement indicating sufficient funds to cover expenses for at least one year of studies at Antioch University Santa Barbara.

STATEMENT OF ACCURACY

I certify that the information I have provided in this application packet is complete and accurate (unsigned applications will be returned for your signature.)

Signature: _____

Date: _____

*In addition to this supplemental application form, you must fill out the application form for the program you wish to study.