

## APPLICATION FOR VISTING STUDENTS

## I. BIOGRAPHICAL INFORMATION

Name				
La	st name	Firs	t	Middle
Mailing Address_				
'elephone: Home	e ()		Cell ()	
-Mail				
I. APPLICATI	ON INFORM	ATION		
emester applyin	g for:	Fall	Spring _	Summer
ist the course(s)	you are plannin	g to take and y	our reasons for doing	g so:
Course	Reason			
II. PERSONA	L INFORMAT	ION		
Male	Female	Date of Bir	rth/	/
				yay Year

Place of Birth					
SingleMarried	Country	of Citizenship_			
Country of Permanent Resider	nce				
Occupation in Home Country					
Have you ever been to the U.S	S. before?	Yes	_ No		
If so, where?	here? and how long?				
IV. ENGLISH LANGUAG	E PROFICIE	NCY			
What is your native language?	·				
Do you speak, write or read ar	ny other languag	es? Yes _	No		
If yes, what are they?					
Have you studied the English	Language?	Yes No	)		
If yes, indicate where		and ho	w long		
Did you take the TOEFL?	Yes No				
If yes, please indicate the TOE	EFL test (circle o	one): Written	Computer	Internet	
If yes, also indicate TOEFL	Score	Test date	Loca	ution	
Did you take the IELTS?	Yes No				
If yes, please indicate the IEL	TS test (circle or	ne): Written	Computer	Internet	
If yes, also indicate IELTS	Score	Test date		ution	
Did you take the PTE Yes	s No				
If yes, please indicate the PTE	test (circle one	): Written	Computer	Internet	
If yes, also indicate PTE	Score	Test date		ution	

Minimum required TOEFL, IELTS, or PTE band score.
Required minimum TOEFL iBT score of 81; 550 for the paper-based test
Required minimum IELTS band score of 6.5
Required minimum Pearson PTE Academic score of 54
TOEFL institution code: 2966

## \*Please send official copy of score report\*

If no, please indicate whe	en you will take the TOE	FL test:	
Test date	 Location		
Would you be willing to	serve as a language tutor	for current students?	Yes No
(Students who are selected	ed as tutors will be compe	ensated with a small stip	pend.)
If so, what language?			
V. PERSONAL ESSA	Y		
Please attach a brief state remarks about why you h			
VI. U.S. CONTACT			
If a relative or friend in the please complete the follow		ng you with the applica	tion process,
Contact Name:			
Contact Address:	Number and Stre	nat	
	ivaniber and sire	:61	
Cit	y	State	Zip code
Contact Telephone Numb	oer		
What is this person's rela	ntionship to you?		

All information contained in this application is true to the best of my knowledge.

<b>SIGNATURE</b>	DAT	${f E}$

\*Please return application to
Wagner College
Ellen Navarro, Director
Center for Intercultural Advancement
Union 227
One Campus Road
Staten Island, NY 10301
Ellen.Navarro@wagner.edu
(718) 420-4517