



**International Student
Application Form**
Center for International Programs
ELI, Undergraduate or Graduate
intprog@csupueblo.edu
+1-719-549-2329

2200 Bonforte Boulevard, Pueblo, CO 81001 United States

PRINT OR TYPE THIS FORM IN ENGLISH

First Name: _____ **Middle Name:** _____
FAMILYNAME(S): _____

Home Country Mailing Address: _____

_____ **Telephone Number:** _____
CITY COUNTRY ZIP CODE

EMAIL: _____

U.S. Mailing Address: _____
BOX OR HOUSE NUMBER CITY STATE ZIP CODE

Country of Citizenship: _____ **Place of Birth:** _____
CITY COUNTRY

Gender: _____ **Marital Status:** _____ **Birth Date** _____ / _____ / _____
MONTH DAY YEAR

If you have a U.S. Social Security Number, please enter number here: _____ - _____ - _____
(DISCLOSURE OF SS# IS VOLUNTARY AND USED FOR IDENTIFICATION PURPOSE ONLY)

Do you have a non-immigrant visa to the U.S. currently? Yes No Type: _____

EDUCATIONAL INFORMATION

Term you expect to enter CSU-PUEBLO:

SUMMER
May to August _____ **20** _____

FALL
August to December _____ **20** _____

SPRING
January to May _____ **20** _____

Intensive English _____
Undergraduate Student _____

Academic Field of Study: _____
Graduate Student _____

Academic Field of Study:
MBA MS Biochemistry MS Biology
MS Chemistry Masters of Education MS Nursing
MS Industrial & System Engineering MS Mechatronics MS Railroad

RECORD OF EDUCATION YOU HAVE COMPLETED

Name of High School _____ Date of Graduation _____ Credential Received _____

Name of College or University _____ Date of Graduation _____ Credential Received _____
(List all schools attended including ESL)

OFFICIAL TRANSCRIPTS FOR CREDENTIALS LISTED ABOVE MUST BE SUBMITTED. ALL TRANSCRIPTS MUST BE TRANSLATED INTO ENGLISH

SIGNATURE: _____ **DATE:** _____

INTERNATIONAL STUDENT FINANCIAL STATEMENT

Your Name: _____

Answer each question and attach a bank statement certifying you or your sponsor has sufficient financial resources to meet your expenses while studying in the U.S. Bank statements must show your sponsor's name.

Check Source of Your Financial Support

- Self Attach Certified Bank Statement
- Family Name of Sponsor _____
Relationship of Family Member _____
Amount of U.S. dollars to be provided to you _____
- Sponsor Name of Sponsor _____
Relationship of Sponsor _____
Amount of U.S. dollars to be provided to you _____
- Government Attach Letter of Guarantee

I certify that the total amount of funding I have available for my first academic year of study at Colorado State University-Pueblo is U.S. \$ _____ and the total amount of funding for each subsequent year of study is U.S. \$ _____. I certify that the above financial information is correct, true, and complete, and that I shall notify CSU-Pueblo of any change in my financial circumstances.

YOU MUST ANSWER THE QUESTIONS BELOW OR YOUR APPLICATION FOR ADMISSION MAY BE DELAYED.

Have you ever been convicted of crime, made a plea of guilty, accepted a deferred judgement, been adjudicated, or been required to register as a sex offender? (misdemeanor traffic are exempt)

YES (attach an explanation) NO

Have you ever been placed on probation, suspended, or expelled from any high school or postsecondary institution for other than academic reasons?

YES(attach an explanation) NO

I hereby certify that the best of my knowledge the information furnished is true and complete without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.

SIGNATURE: _____ DATE: _____

Please tell us how you first learned about Colorado State University-Pueblo:

Please check for your email after 48 hours of submitting your application.



Thank You for Applying

DEPENDENT INFORMATION FORM

CERTIFICATE for ISSUANCE of IMMIGRATION (I-20) DOCUMENT

Only complete this section if your spouse and/or children will accompany you to the USA:

Will you be accompanied by your spouse? Yes No

Please complete the following information about your spouse if you answered "yes"

Spouse:

_____ Family Name (Last Name)	_____ Date of Birth (Month/Day/Year)
_____ Given Name (First Name)	_____ City of Birth
_____ Middle Name (if any)	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Permanent Residence

Will you be accompanied by your children? Yes No

Please complete the following information about your children if you answered "yes"

Child 1

_____ Family Name (Last Name)	_____ Date of Birth (Month/Day/Year)
_____ Given Name (First Name)	_____ City of Birth
_____ Middle Name (if any)	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Permanent Residence

Child 2

_____ Family Name (Last Name)	_____ Date of Birth (Month/Day/Year)
_____ Given Name (First Name)	_____ City of Birth
_____ Middle Name (if any)	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Permanent Residence

Child 3

_____ Family Name (Last Name)	_____ Date of Birth (Month/Day/Year)
_____ Given Name (First Name)	_____ City of Birth
_____ Middle Name (if any)	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Permanent Residence

Please copy this page as needed for additional children.

Please include copies of each dependent's passport (photo, name page, and visa if already obtained) and I-94.