



**UC International**  
 3134 Edwards One  
 PO Box 210640  
 Cincinnati, OH 45221-0640  
 Tel: 513-556-4278  
 Fax: 513-556-2990

**International Visiting Student Application**

**PLEASE FILL OUT THE APPLICATION ENTIRELY IN BLOCK CAPITAL LETTERS:**

*Student Exchange Programs are available to students coming from one of UC's partner institutions abroad. The Visiting Student Programs are currently only offered in the fall in certain academic areas (please see the application procedures for those areas).*

**Which program are you applying for (Check One):**

- Student Exchange Program (SEP)  
Please give us the name of your home institution: \_\_\_\_\_
- Visiting Student Program (VSP)  
Please give us the academic area you are interested in: \_\_\_\_\_

**I wish to attend the University of Cincinnati during:**

*SEP students should check all semesters that apply. VSP students may only attend in the fall.*

- Fall Semester (August – December)
- Spring Semester (January – May)

**Biographical Information**

Name: \_\_\_\_\_  
 Last Name(s) First/Given Name Middle Initial

\_\_\_\_\_  Male  Female \_\_\_\_\_  
 Date of Birth (Month/Day/Year) Marital Status

\_\_\_\_\_ Country and City of Birth Country of Permanent Residence

Permanent Address: \_\_\_\_\_  
 Street Address

\_\_\_\_\_ City Postal Code Country

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have a disability that may require special services or facilities?  Yes  No  
 (If yes, you will receive additional information).

**Who should we contact in case of an emergency:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## Educational Background

VSP students must meet the University's English Language Requirement for their academic area or be from one of the countries that meet the English Language Requirement. Include a copy of the official test score with this application:

Please check the box indicating the English proficiency test you have taken (SEP students may leave the English Language Requirement test name and score blank):

TOEFL       IELTS       PEARSON       Approved Country

Test Score: \_\_\_\_\_

Home Institution: \_\_\_\_\_  
Name of College/University      Dates Attended      Degree Earned

High School: \_\_\_\_\_  
Name of School      Dates Attended      Degree Earned

## My Academic Plans

Please give us an idea of the types of courses you would like to take. You can research courses at the following link: <http://webapps.uc.edu/registrar/courseplanningguide/>. Select the semester box. Actual course registration will take place during orientation, unless students are directly contacted by an advisor.

Course Number	Course Title

## Name and Contact of an Advisor at Your Home Institution

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

## Application Procedures

Students must complete the application and collect the supporting documents as listed in the application checklist. If your institution nominates students, please make sure nominations have been received before the application deadlines. UC will only accept electronic copies of the application and supporting documents in Adobe PDF format. All documents should be submitted to [ryan.meyer@uc.edu](mailto:ryan.meyer@uc.edu) or [gwen.roemer@uc.edu](mailto:gwen.roemer@uc.edu).