PROGRAM APPLICATION FORM

Graduate School Preparation Program

APPLICATION REQUIREMENTS

To apply to Global Connections, please submit the following items:

- Completed and signed application form
- Non-refundable application fee of \$50
- Copy of the page in your **passport** with your picture, name, and birthdate
- Official bank statement (less than six months old) and letter of sponsorship (if sponsored)
- Proof of English language proficiency (TOEFL iBT or IELTS score)
- Copy of your most recent academic transcript
- If you will bring any **dependents** (spouse or children), you must include a copy of the page in their passports with their picture, name, and birthdate

Please refer to the "How to Apply" section of the program webpage for further details, including application deadlines.

APPLICATION SUBMISSION

Submit your complete application and supporting materials by e-mail. Please email us if you wish to discuss other options for submitting your application.

E-mail: GrdPrep@uw.edu

Questions?

Visit our webpage at www.ielp.uw.edu Contact us at GrdPrep@uw.edu

HEALTH INSURANCE REQUIREMENT

The UW International Student Health Insurance Plan (ISHIP) is required for all international students with F-1 visa status who are enrolled full-time. This requirement will only be waived for students who are funded by their government or by the U.S. government.

ACCOMMODATIONS FOR DISABILITIES

The University of Washington is committed to providing access, equal opportunity, and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. To request disability accommodation in the application process, contact the **IELP department** at 206.543.6242 or the **Disability Services Offices** at 206.543.6450/VM, 206.543.6452/TTY, 206.685.7264/fax, or <u>dso@uw.edu</u>, well in advance of arrival.

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Graduate School Preparation Program

Application for Admission

Personal Information

Family Name	First Na	me	Middle Na	me (if applicable)	Preferred	Name (optional)
Male Female Ot Gender (select one)	her	/ Date of Birth (mo	/ onth/day/yea	ar) U.S. Social Sec	urity Number /	 ' U.S. Tax ID Number (if applicable
City of Birth		Country of Bir	th	Country of Citizens	hip _	Primary (native) Language
Have you taken the TOE	FL or IELTS?	Yes	No			
If yes, please answer the	e following:	Highest Score		OEFL or IELTS	Date Taken	
Contact Inform	ation					
Daytime Phone	_	Alternat	e Phone (op	otional)	Student	s E-mail Address
Agency's Name (if Applie	cable)	Agent's	Phone (if Ap	plicable)	Agent's	E-mail Address (if Applicable)
Mailing Address Your I-20 will be sent to		S				
Street address		Apartm	ent Number	Red	ecipient's Full Name	
City		State/Province		Postal Code	<u> </u>	Country
Applicant's Per Cannot be a business ac						
Street address		Apartn	nent Numbe	er		
City		State/Province		Postal Code	<u></u> .	Country
Program Infor	mation					
Where will you study in	Autumn Qu	arter? (for exampl	e, "Universit	zy of Washington – Sea	ttle")	
What will be your progra	am of study	? (for example, "M	aster's in Bu	ısiness Administration'	")	
If you will be studying in		sity of Washington		o you have a UW ID nu es. my UW ID number		

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For students admitted to a graduate program at University of Washington only: Have you been notified that you are required to enroll in AEP courses to fulfill the English Language Proficiency Requirement? **No** I have already met the English Language Proficiency Requirement **Yes** I am required to enroll in AEP courses **Immigration Information** What type of visa will you use? F-1* **I-1** Other (please indicate): ____ *For F-1 students only: Do you need an I-20 to apply for an F-1 Student visa? Yes If no, why not? ___ Are you currently in the U.S.? If you are currently in the U.S., what type of visa do you have? Yes No If you are currently attending, or if you have attended another school in the U.S. within the past 60 days, write the name of the school that issued your I-20: F-2 Dependents Accompanying spouse or minor child ONLY; for additional dependents, please add a separate sheet Family Name Relationship to Student Date of Birth Country of Birth First Name Gender Family Name First Name Gender Relationship to Student Date of Birth Country of Birth **Financial Information** In order for our office to issue an I-20, you must demonstrate that you have the funds to cover all tuition and living expenses while you are in the U.S. Refer to the program website for an estimate of these expenses. You will need to submit an official bank statement in English (less than six months old) and a letter of sponsorship (if sponsored) confirming that you have sufficient funds. Please indicate the type of funds you will use to study in the U.S. and include evidence with your application: Personal Funds Family Funds Scholarship Funds Sponsor (name of person or organization, if sponsored): **Applicant Signature** TO THE APPLICANT: Please read the statements below and sign your name electronically or by hand. I understand that the \$50 application fee is non-refundable. I am responsible to check and see if a program is still open before I submit an application. The information I have provided above is correct and complete. I understand that if I do not provide correct and complete information, my application can be denied or canceled. I understand that by signing my name below by hand or electronically, I am signing my application and affirming that I have read and agree to the above statements.

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Application form CANNOT be signed on the applicant's behalf by a third party (e.g., sponsor or agent).

Applicant's Signature ___

Notification for Collection and Use of Personal Data You are notified that by completing this application form, the University of Washington (UW) is collecting certain data about you. UW International & English Language Programs is collecting data in order to process your application for the Graduate Preparation Program. UW may also use this data to comply with its legal obligations. Data records will be maintained for at least their minimum required retention according to the applicable UW Records Retention Schedule: http://finance.uw.edu/recmgt/depts/130805. Records will be accessed by those who have a legitimate UW-related business need to access them. For additional information, to request access to or a copy of your personal data, or to request certain data be removed, you may contact Marlon Buchanan, Senior Director of Technology and Data Services at mlbu@uw.edu. If your data protection related questions or concerns are not addressed after contacting the organization area to which you provided data, you may also contact UW's designated data protection officer, Ann Nagel, Institutional Privacy Official and Associate Vice Provost for Privacy, uwprivacy@uw.edu.

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APPLICATION PAYMENT

Personal Information

amily Name	First Name	Middle Name (if applicable)	Preferred Name (optional)
mail Address (required)			
ees			
\$50 application	fee (required and non-refundable)		
Payment Method			
☐ Please charge m☐ Visa☐ Maste	money order or certified check for the any credit card for the amount required (see Card ican Express rmation:	•	
Card holder's name			
Credit card number			
Expiration date (month/y	vear) CVV Code*		s a 3-digit code on Visa or MasterCard.
Credit card billing addre	ss, line 1	visa 1234 5618	9012 3455 189 LAST 3 Di
Credit card billing addre	ss, line 2	master	OF ACCO NUMBER
 Signature		PERSON.	

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