

International Student Supplement



STUDYSEA DANMARK APS

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Office of Admission
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St. Louis, Missouri 63119-3141 U.S.A.
Phone: 314-246-7800 • 1-800-753-6765

This supplement is to be completed by all international students, permanent residents ("green card" holders) and U.S. citizens whose permanent residence is outside the United States. You should submit this form along with the Application for Admission to the above address in order to be considered for admission.

Legal Name: _____
Last (Family Name) First (Given Name) Middle

Other names in which records may be sent: _____

Date of Birth: ____/____/____
Month Day Year

Admission correspondence should be mailed to: Home Address Other (Please specify)

Last day which mail will be received at this address ____/____/____
Month Date Year

Street

City State Zip Code Country

If your first, primary or native language is not English, have you taken the TOEFL or IELTS? Yes No

If yes, when? TOEFL: ____/____ SCORE: _____ If no, when will you take it: ____/____
Month Year Month Year

IELTS: ____/____ SCORE: _____ If no, when will you take it: ____/____
Month Year Month Year

Will you require a visa to study at Webster? Yes No If no, what type of visa do you currently hold? _____

Have you ever lived outside of your home country? Yes No

If yes, list the countries and dates you lived there:

Country Date Country Date

Country Date Country Date

SECONDARY SCHOOL/UNIVERSITY INFORMATION

Name of current or most recent school attended: _____

Counselor's Name: _____

Counselor's Phone: _____ Counselor's Email: _____

HOUSING

If you are interested in housing, please contact the campus to which you are applying to learn more about their specific housing policies.

Summary of Educational Experiences

INSTRUCTIONS

To complete this form please provide each school, college and/or university that you have attended in chronological order, listing the most recent school attended first. In column six please include the name(s) of any certificates, degrees and diplomas you have earned or will earn at each institution. Please use the terminology of the educational system where the school is located.

EXAMPLE OF EDUCATIONAL EXPERIENCES

1 Official School Name	2 City and Country	3 Your Age While Attending	4 Number of Years Attended	5 Dates Attended (MM/YY)	6 Degree(s) Received
American-Nicaraguan School	Managua, Nicaragua	6 to 17	12	10/11-06/12	Nicaraguan Bachillerato

EDUCATIONAL EXPERIENCES

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I certify that all of the information given on this application is correct and complete and I have personally completed this form. I understand that withholding information requested on this application or giving false information may make me ineligible for admissions or subject to dismissal.

Applicant Signature: _____ Date: _____