



APPLICATION FOR ADMISSION

MAIL APPLICATION TO: _____

www.embryriddle.edu/international

DAYTONA BEACH, FLORIDA:
Embry-Riddle Aeronautical University
Office of International & Graduate Admissions
600 S. Clyde Morris Blvd.
Daytona Beach, FL 32114-3900 USA
Telephone: 386-226-6115
Fax: 386-226-7070
E-mail: international.admissions@erau.edu

PRESCOTT, ARIZONA:
Embry-Riddle Aeronautical University
Office of International & Graduate Admissions
3700 Willow Creek Road
Prescott, AZ 86301-3720 USA
Telephone: 928-777-6600
Fax: 928-777-6606
E-mail: pradmit@erau.edu

Application Fee: A \$50 (U.S.) **nonrefundable** application fee should accompany this application for admission. A money order should be used, made payable to **Embry-Riddle Aeronautical University**. You may also submit this fee online at www.embryriddle.edu/international.

I. GENERAL INFORMATION (Please type or print clearly in ink)

1. Proposed Entry Date

- Fall - August _____(year)
 Spring - January _____(year)
 Summer A - May _____(year)
 Summer B - June _____(year)

2. Degree for which you are applying:

- Bachelor's Master's

3. Intended Course of Study

A. Undergraduate (Bachelor's) Applicants (To complete this section refer to chart on pg. 3)

First Choice: Major Code _____

Second Choice: Major Code _____

B. Graduate (Master's) Applicants (To complete this section refer to chart on pg. 3)

_____ Degree

_____ Major/Area of Study

4. Campus Location:

- Prescott, Arizona Daytona Beach, Florida

CHOOSE ONLY ONE

II. PERSONAL BACKGROUND (Please indicate your name exactly as it appears on YOUR PASSPORT or NATIONAL IDENTITY CARD.)

***(Attach a copy of either your passport or national identity card to your application.)**

1. Your Full Name

_____ Family/Last

_____ Given/First

_____ Middle

_____ Former/Maiden

2. Permanent Home Address (Non P.O. Box, Must be physical address in country of citizenship)

Street Address _____ Town or City _____

State/Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Include Country Code

3. Mailing Address (If different from permanent address, Non P.O. Box)

Street Address _____ Town or City _____

State/Province _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Include Country Code

**This mailing address is current until _____

4. Gender

- Male Female

5. Country of Citizenship

6. Birthplace

_____ City

_____ Country

7. Date of Birth

_____ Month

_____ Day

_____ Year

8. Ethnicity:

- White/Non-Hispanic Black/African American Asian Native Hawaiian/Other Pacific Islander
 Hispanic/Latino American Indian or Alaskan Native Other

III. EDUCATIONAL BACKGROUND AND GOALS

1. Please list, in chronological order, all secondary and postsecondary schools which you have attended:

Name of School	Location (Country)	Attended/Attending From (Mo./Yr.) Through (Mo./Yr.)	Major Field	Name of Degree or Diploma Received	Date Received or Expected
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. VISA INFORMATION

Do you plan to apply for an F-1 Student Visa? Yes No

If No, what type of visa do you have or plan to apply for? _____

1. In case of an emergency, who should be notified? (If different from permanent address, Non P.O. Box)

Name _____

Relationship _____

Street Address _____

State/Province _____ Country _____ Postal Code _____

Telephone _____

Include Country Code

V. ADDITIONAL BACKGROUND INFORMATION

1. If you have been in correspondence with anyone at Embry-Riddle Aeronautical University (other than the Office of International and Graduate Admissions), please list their names below:

2. Is English your primary language? _____ Yes _____ No

3. Please indicate the date(s) you have taken or plan to take the following tests:

A.) Test of English as a Foreign Language (TOEFL)	_____	_____
	Month / Year / Score	Month / Year / Score
B.) International English Language Test (IELTS)	_____	_____
	Month / Year / Score	Month / Year / Score
C.) Scholastic Assessment Test (SAT)	_____	_____
	Month / Year / Score	Month / Year / Score
D.) American College Test (ACT)	_____	_____
	Month / Year / Score	Month / Year / Score
E.) GMAT/GRE (graduate students only)	_____	_____
	Month / Year / Score	Month / Year / Score

SIGNATURE

I declare that the information given on this application is true and complete to the best of my knowledge. I understand that any unanswered questions will delay the processing of my application and may require its return.

Signature of Applicant

Date