



International Technological University
756 SAN ALESO AVENUE – SUNNYVALE – CA 94085
TEL: 408 - 331-1014 - FAX: 408 - 331-1026 - WEB: WWW.ITU.EDU

APPLICATION FOR ADMISSION FOR INTERNATIONAL STUDENTS

Please print your information clearly and allow up to thirty days (30) days for processing

THE FOLLOWING MATERIALS SHOULD BE SUBMITTED TO THE OFFICE OF THE ITU REGISTRAR.

1. COMPLETED APPLICATION FORM ACCOMPANIED BY A NON-REFUNDABLE \$80.00 APPLICATION FEE.
2. APPLICATIONS MUST SUBMIT ORIGINAL AND OFFICIAL EVIDENCE OF ACADEMIC BACKGROUND AND/OR RELEVANT WORK EXPERIENCE OF APPLICANT.
3. FOR APPLICANTS ENTERING ITU'S SILICON VALLEY CAMPUS AND NEED TO BE ISSUED AN I-20, BANK FINANCIAL STATEMENTS MUST BE SUBMITTED SHOWING ADEQUATE FINANCIAL RESOURCES (I.E. A MINIMUM BALANCE OF \$15,000).
4. IF APPLICABLE, RESULTS OF STANDARD EDUCATIONAL TESTS, SUCH AS TOEFL AND GRE, SHOULD BE SENT TO AN ITU AUTHORIZED AGENT OR DIRECTLY TO ITU. ITU'S TOEFL SCORE REPORT CODE IS 4446.

PROGRAM DATE:

YEAR _____ ☐ SPRING
☐ SUMMER
☐ FALL
-OR-
☐ ON-DEMAND SCHEDULING

UNDERGRADUATE:

B.S. ☐ COMPUTER SCIENCE
☐ DIGITAL ARTS

GRADUATE:

M.S. ☐ COMPUTER ENGINEERING
☐ SOFTWARE ENGINEERING
☐ ELECTRICAL ENGINEERING
☐ HEALTHCARE MANAGEMENT
☐ ENGINEERING MANAGEMENT
☐ INDUSTRIAL MANAGEMENT
☐ BIO-MANAGEMENT
M.B.A. ☐ MBA
☐ OTHER: _____

Application's ID No. _____ (ITU Registrar Department Only)

STUDENT'S PERSONAL & CONTACT INFORMATION

SEX ☐ M ☐ F

ARE YOU CURRENTLY ON F1 STATUS? ☐ YES ☐ NO

NAME

(LAST)

(FIRST)

(MIDDLE)

ADDRESS

(STREET NUMBER AND NAME)

(APT NUMBER AND NAME)

(CITY)

(STATE/PROVINCE)

(ZIP/POSTAL CODE)

(COUNTRY)

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

SOCIAL SECURITY NO.

PASSPORT NUMBER

DRIVERS LICENSE NO.

PERSONAL EMAIL ADDRESS

MOBILE NO.

HOME NO.

FAMILY INFORMATION

EMERGENCY CONTACT

FATHER'S FULL NAME

MOTHER'S FULL NAME

RELATIONSHIP TO STUDENT

FATHER'S PHONE NO.

MOTHER'S PHONE NO.

CONTACT NAME

PHONE NO.

FATHER'S PERMANENT ADDRESS

CONTACT NAME

PHONE NO.

MOTHER'S PERMANENT ADDRESS

ADDRESS AND EMAIL

LIST IN CHRONOLOGICAL ORDER ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED:

NAME AND LOCATION	MAJOR FIELD OF STUDY	FROM DATE	TO DATE	DEGREE

EMPLOYMENT HISTORY (IF APPLICABLE)

COMPANY NAME	ADDRESS	INCLUSIVE DATES

REFERENCES

NAME AND TITLE	ADDRESS & EMAIL	TELEPHONE NO.

NONDISCRIMINATION POLICY

ITU DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN. SEX MARITAL STATUS, SEXUAL PREFERENCE, VETERAN'S STATUS, HANDICAP, DISABILITY, RELIGION, OR AGE IN THE ADMINISTRATION OF ANY OF ITS EDUCATIONAL AND ADMISSION POLICIES, SCHOLARSHIPS, FELLOWSHIP PROGRAMS, OR ANY OTHER SCHOOL POLICIES AND PROGRAMS.

APPLICANT'S CERTIFICATION

I CERTIFY THAT THE MATERIALS I HAVE GIVEN ON THIS APPLICATION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I SHOULD ARRANGE FOR MY OFFICIAL TRANSCRIPTS TO BE SENT DIRECTLY FROM EACH COLLEGE/UNIVERSITY I HAVE ATTENDED, AND THAT SUCH TRANSCRIPTS BECOME THE PROPERTY OF ITU.

THE APPLICATION FEE OF \$80.00 MUST ACCOMPANY THIS APPLICATION. THIS FEE IS NOT REFUNDABLE.

REFERRED BY: _____ (ITU STUDENT): _____ (ITU STAFF)
OTHER: _____

SIGNED (STUDENT): _____ DATE: _____

FOR OFFICE USE ONLY:

DATE	ACTION	BY