Application for International Undergraduate Admission

For information on graduate, credential or colloquy, please contact the Admission Office for appropriate application.

UNIVERSITY MISSION STATEMENT
Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.
Please send application form and requested items to:
International Undergraduate Admission Office
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
(949) 214-3062
InternationalAdmissions@cui.edu

Please PRINT or type

Applicant’s name ___________________________________________________________________________________________________________
Family Name (Sur Name) ___________________________________________________________________________________________________________
Given Name ___________________________________________________________________________________________________________

Social Security No. ____________ – ________  –  ___________  Semester you plan to enroll at Concordia Fall ____________ Spring __________

US ADDRESS (if available)
Street __________________________________________ City ____________________________ State __________ Zip_____________

NATIVE COUNTRY ADDRESS (I-20 will be mailed to this address)
Street _______________________________________________________________________________________________________
City ____________________________________________ Perman/Province ________________________ Postal Code______________

Country Home Phone: Country Code  ( _______) _________- _________  Facebook Email:
Cell phone: ( ________) _________ - __________  Twitter Username:  ____________________________________________________________
E-mail address: _____________________________________________________________________________________________________________

List only active address that you check frequently. This e-mail address will be used for electronic communication between the university and you.

PERSONAL BACKGROUND
Date of birth ___________/ _______ / __________  Place of Birth _________________________________________________________________
Month Day Year City State Country
Gender:  Male  Female  Country of Citizenship:
Native Language ___________________ Visa  Q F1  Q H1  Q L1  Q Other______ Visa IssueDate ___________ VisaExpiration Date _________
(mm/dd/yyyy) (mm/dd/yyyy)
Passport Expiration Date ____________________  SEVIS Tracking Number N____________________
(mm/dd/yyyy)
Have you been convicted of a felony within the last seven years?  Yes  No

FAMILY INFORMATION
Please complete your household information if you are single and under 25 years old:

Q Father  Q Stepfather  Q Legal Guardian  Q Grad of CUI  Q Mother  Q Stepmother  Q Legal Guardian  Q Grad of CUI

Name ____________________________________________________  Name ______________________________________________________
Home Phone (_______) (________) ___________________________  Home Phone (_______) (________) ___________________________
Work/Cell Phone (_______) (________) ______________________  Work/Cell Phone (_______) (________) ______________________
E-mail _________________________________________________ Country ______________________________________________________
Address __________________________________________________
City, State, Postal Code ______________________________________
Employer ________________________________________________
Title/position ____________________________________________

If you wish to identify an ethnic group, please indicate to which group you belong:

Q Native American  Q Latino/Chicano/Hispanic  Q White (Caucasian)
Q Asian or Pacific Islander  Q African American  Q Other

Items required by International Undergraduate Admissions:
1. Completed International Undergraduate Application Form with signature
2. Official High School Transcripts
3. SAT or ACT Scores
   or TOEFL (79) or IELTS (6.5)

Required Documents to Issue I-20:
1. Copy of Passport
2. Affidavit of Financial Support
3. Bank Balance Statement

If currently attending school in the U.S.:
4. Copy of F-1 Visa
5. Copy of Current I-20 (All 3 pages)
6. I-94
7. F-1 Transfer Form
APPLYING TO CONCORDIA UNIVERSITY AS A:

- Freshman
- Transfer (minimum of 24 semester units or 36 quarter units earned at the time of application)

Application Type (Freshmen only)

- Early Action (Dec. 1st)
- Regular Decision

Have you previously applied for admission to Concordia University Irvine?

- Yes
- No

Have you previously attended Concordia University Irvine/Christ College Irvine?

- Yes
- No

Are you a recruited athlete?
- Yes
- No

Do you request on-campus housing?
- Yes
- No

(On-campus housing is required for all freshmen and transfer students unless approved through a waiver process.)

RELIGIOUS AFFILIATION:

- Lutheran Church – Missouri Synod
- Evangelical Lutheran Church of America
- Non-Denominational Christian
- Presbyterian
- Other

Congregation name ___________________________

Pastor’s name ___________________________

Congregation address ___________________________

City ___________________________ State ______ Zip _____________

Phone(_____) ___________________________

ACADEMIC BACKGROUND:

Name of graduating high school ___________________________

High School Street ___________________________

City ___________________________ State ______

High School Country ___________________________ High School GPA ______

Date of graduation ___________________________

If you are applying as a freshman, have you taken the SAT, ACT, TOEFL or IELTS?

- Yes
- No

If yes, which one?  SAT  ACT  TOEFL  IELTS

Test Score ___________________________

If no, when did you plan to take it? (Month/Year) ___________________________

COLLEGE/UNIVERSITY CURRENTLY ATTENDING:

1. Name ___________________________________________

City ___________________________ State ______

Country ___________________________

Dates attended ___________________________

Units completed at time of application ___________________________

ADDITIONAL SCHOOLS PREVIOUSLY ATTENDED:

2. Name ___________________________________________

City ___________________________ State ______

Country ___________________________

Dates attended ___________________________

Units completed at time of application ___________________________

3. Name ___________________________________________

City ___________________________ State ______

Country ___________________________

Dates attended ___________________________

Units completed at time of application ___________________________

(List additional schools attended on a separate sheet.)

PLEASE CHECK YOUR ACADEMIC INTEREST: Fields of Study

- Art
  - Secondary Art Ed
  - Studio Art
- Exercise and Sport Science
  - Coaching
  - Exercise Science
  - Rehabilitation
  - Teacher Ed
- Athletic Training
- Behavioral Science
  - Anthropology
  - General
  - Psychology
  - Sociology
- Biblical Languages
- Biology
- Business Administration
  - Accounting
  - Finance
  - Management
  - Marketing
  - Sports Management
- Chemistry
  - Chemical Research
  - Pre-Med
  - Secondary Teacher Ed
- Christian Education Leadership
- Communication
  - General
  - Mass
  - Speech
- Exercise and Sport Science
  - Coaching
  - Exercise Science
  - Rehabilitation
  - Teacher Ed
- Pre-Theology
  - Pre-Seminary
- Politics
  - Political Science
  - Psychology
  - Theatre
  - Theological Studies
  - Theology
  - Pre-Engineering
  - Pre-Law
  - Pre-Medicine
  - Pre-Physical Therapy
  - Pre-Social Work
  - Pre-Psychology
  - Pre-Theatre
  - Pre-Theological Studies
  - Pre-Theology
  - Liberal Arts or Performance
  - Music
  - Church
  - Liberal Arts
  - Political Science
  - Psychology
  - Theatre
  - Theological Studies
  - Theology
  - Pre-Engineering
  - Pre-Law
  - Pre-Medicine
  - Pre-Physical Therapy
  - Pre-Social Work
  - Pre-Psychology
  - Pre-Theatre
  - Pre-Theological Studies
  - Pre-Theology
  - Liberal Arts or Performance
  - Music
  - Church

Are you planning to be a full-time Lutheran Church – Missouri Synod church professional?

- Yes
- No
- Undecided

I hereby certify that the information set forth in this application is true to the best of my knowledge. All documents or other materials which relate to my application for admission become the property of Concordia University. If admitted to CUI, I hereby agree to abide by all the rules and regulations set forth by the University, particularly those articulat ed in the catalog and student handbook.

Applicant’s signature ___________________________

Date ___________________________

Parent’s (or guardian’s) signature If applicant is under 18 ___________________________

Date ___________________________