



## APPLICATION FOR ENROLLMENT

U.S. – FLORIDA/ONLINE	GERMANY - HEIDELBERG	SPAIN - MADRID	FRANCE – PARIS
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**Web:** [www.schiller.edu](http://www.schiller.edu)

### CHECKLIST FOR STUDENT APPLICANTS

All items listed below are required for and must be submitted with a signed copy of this Application for evaluation purposes.

U.S. and International Students

- Non-refundable application fee of (see page 4 of this document for payment details):
  - \$20 for students applying to the Florida/Online campus
  - €50 for students applying to any European campus
- Official certified transcripts (certified English translation, if not issued in English). All students must submit **one of the following** no later than the end of the second course during the first semester of enrollment:
  - High School transcript (for Bachelor programs) or Undergrad transcripts (for Master programs) showing proof of graduation.
  - GED or other High School equivalency test (must be successfully completed prior to enrollment).
  - Post-Secondary Institution transcripts showing completion of at least 24 credits earned.
- Nursing only – A minimum score of **55** is required on the Test of Essential Academic Skills (TEAS®)

International Students Only

- Proof of assets sufficient to fund your studies (for Florida students only)
- Proof of English Language proficiency level (tests must have been taken within the past 2 years)
  - TOEFL (Test for English as Foreign Language) score of at least **550** (written version) or **61** (internet version). SIU’s TOEFL number is 0835.
  - IELTS (International English Language Testing System) score of **6.0** or better for all students.
  - Cambridge FCE (First Certificate in English) grade of **“B” (B2 Level)** or higher – Cambridge Advanced (CAE) or Proficiency (CPE) preferred.
- Photocopy of valid passport (F-1 visa required for Florida campus)
- Submit an advance deposit for the first semester of tuition and fees prior to enrollment
- Two (2) passport size photos



**STUDENT PERSONAL INFORMATION**

Please complete the following. Please print clearly in CAPITAL LETTERS. All fields must be completed.

Legal Name of Student Applicant (as stated on Passport, Driver's License, Soc. Security Card, etc.):

Family (Last) Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Campus Location: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Permanent Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valid till: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Phone (include country code): \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (write clearly): \_\_\_\_\_

Citizenship:  U.S. Citizen  U.S. Permanent Resident  Non-U.S. Citizen or Resident

If Non-U.S. Citizen or Resident, please list Country of Citizenship: \_\_\_\_\_

English is Primary Language:  Yes  No

Sex:  Female  Male

Ethnicity (Optional):  African American  Alaska Native  American Indian  Asian  
 Hispanic or Latino  Native Hawaiian  Pacific Islander  White  Two or More Races

Are you currently employed or working with a Schiller Partner Institution?  No  Yes

If yes, please detail:

Employer  Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you a veteran or currently active in the U.S. military?  No  Yes

If yes, please detail: \_\_\_\_\_  
Military Branch Current Status Separation Date (MM/DD/YY)

Are you eligible for Veteran's benefits?  No  Yes

Do you have military transcripts detailing your training (such as AARTS, SMARTS, CCAF. Etc.)?  No  Yes

If yes, please detail: \_\_\_\_\_

How did you hear about Schiller International University?

Institution, please name: \_\_\_\_\_

Company, please name: \_\_\_\_\_

Military Personnel, please name person & base: \_\_\_\_\_

Advertisement, please specify where: \_\_\_\_\_

Internet, please specify which website: www. \_\_\_\_\_



- Current Student, please specify name: \_\_\_\_\_
- Alumni, please specify name: \_\_\_\_\_
- College Fair, please specify name & country: \_\_\_\_\_
- Friend       Other: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN OF STUDENT INFORMATION FOR STUDENTS UNDER 18 YEARS OF AGE**

Full Name of  Father       Mother       Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (write clearly): \_\_\_\_\_

**STUDENT ACADEMIC INFORMATION**

**IMPORTANT NOTE:** Applicants must submit full documentation for ALL education, past and present. Only what is mentioned and submitted along with this agreement will be evaluated by SIU. Documents not mentioned here that are submitted after admission to Schiller will not be accepted or considered for admissions purposes.

What is your highest level of education?  High School  Undergraduate  Graduate  Other \_\_\_\_\_

**High School Education**

School Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Qualifications Earned: \_\_\_\_\_

**Post-Secondary Education (please list all colleges or universities with the most recent first)**

School Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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School Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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School Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**ADDITIONAL INFORMATION FROM STUDENT APPLICANT**

Please write below in clear English a brief personal statement indicating why you are interested in studying at Schiller International University. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## PAYMENT FORM

Please complete the Student detail section of this form and submit with your payment for credit card or check payments. Please email or fax a copy of this form for wire bank transfers along with a copy of the wire confirmation as provided by your bank.

Student Family (Last) Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Student Middle Name \_\_\_\_\_

### CREDIT CARD PAYMENT INFORMATION

I hereby authorize a charge to be made to my credit card as detailed below for the reasons indicated (PRINT):

- Application Fee    
  Deposit    
  Tuition and Fees    
  Other: \_\_\_\_\_  
 Visa    
  American Express    
  MasterCard/Eurocard

<b>Name of Card Holder:</b>			
<b>Address of Card Holder:</b>			
	<b>Country:</b>		
<b>Card Number:</b>			
<b>Expiration Date:</b>		<b>Authorization Code:</b>	
<b>Amount:</b>			

Signature of Card Holder \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

### CHECK PAYMENT INFORMATION

Please mail checks to the below address in U.S. Dollars and make payable to **Schiller International University**. Please include a copy of this form with the completed student section with the check.

**Bursar's Office, Schiller International University, 8560 Ulmerton Road, Largo, Florida, 33771, U.S.A.**

### BANK WIRE PAYMENT INFORMATION

Any bank charges must be paid by the student or sponsor at source. Please email or fax a copy of this form with the completed student section for **wire bank transfers** along with a **copy of the wire confirmation** as provided by your bank. Please make payment to:

#### FLORIDA/ONLINE, USA

**Bank Name:** SQUARE 1 BANK  
**Bank Address:** 406 Blackwell Street, Suite 240  
 Durham, NC 27701

**Account Name:** KIP SIU LLC  
**Wire ABA:** 053112615  
**SWIFT CODE:** SQARUS33  
**ACCOUNT:** 2017259

#### MADRID/PARIS/HEIDELBERG, EUROPE

**Bank Name:** KREISSPARKASSE LUDWIGSBURG  
**Bank Address:** P.O. Box 620, D-71606 Ludwigsburg, Germany  
**Bank Code:** 604 500 50  
**SWIFT/BIC:** SOLA DE S1 LBG

**US Dollar Account:** USD 0 220 260 682

**EURO Account:** 78221/IBAN DE22 6045 0050 0000 078221