

**Graduate Application  
International Student Admission**

_____		_____		M    F
Family Name		Middle Name		Sex
_____		_____		
Given Name		Email Address		
(    )	_____	(    )	_____	_____
Home Phone		Cell Phone		Date of Birth (mm/dd/yyyy)
_____		_____		
Permanent Address				
_____		_____		
Country of Citizenship		Country of Birth		

**Graduate Programs (select one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Master of Business Administration Healthcare Management                   |
| <input type="checkbox"/> Master of Arts in Education       | <input type="checkbox"/> Master of Science in Environmental Safety & Health Management             |
| <input type="checkbox"/> Master of Athletic Training       | <input type="checkbox"/> Master of Arts in Teaching English to Speakers of other Languages (TESOL) |
| <input type="checkbox"/> Master of Occupational Therapy    |  |

_____	_____
Agent Representation (if used)	Agent Email (if used)
_____	
Student Signature	Date

**Please mail the application and the following:**

1. Affidavit of Financial Support and current bank statement (all international students must be able to prove their ability to pay all charges and living expenses for one full year of study).
2. Official Transcripts/Degree Certificate (in English) from the last school attended.
3. For those students applying only to the Graduate Degree program, please forward an official TOEFL score.
4. Passport Copy (if you have one)

**Please send all application materials to:**

The University of Findlay  
Office International Admissions and Services  
1000 N. Main Street  
Findlay, Ohio 45840 USA

**Before mailing documents, please refer to the checklist for your degree to ensure all information is provided.**