

### Application Essay

If you are applying as a degree-seeking student, please write your answer to the following question (in English):

**QUESTION:** Please describe what you expect to gain from an overseas educational experience (in 500 words or less).

### Certification

I certify that my application and supporting documents as submitted to Coe College are true, accurate, and complete.  
I further understand that all financial information provided is true and that my admission shall be based on that information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Coe College**

**Phone** 1.319.399.8500 **Toll-free** 1.877.225.5263 **Fax** 1.319.399.8816 **E-mail** [admission@coe.edu](mailto:admission@coe.edu)

Credentials of applicants become the property of Coe College. All documents of applicants who do not enroll will be destroyed and cannot be returned or forwarded elsewhere.

2000 - 5/02

### Instructions

Please print **clearly** or type your name as it should appear on an I-20 form. When completed, return this form to: Coe College Office of Admission, Cedar Rapids, Iowa, USA 52402. **No application fee required.**

### Student's Personal Information

<b>1</b> Name <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. _____ <small>FAMILY NAME (LAST NAME, SURNAME) FIRST MIDDLE</small>			
<b>2</b> Prefer to be called _____		<b>3</b> E-mail Address _____	
<b>4</b> Current Address _____ <small>STREET/PO. BOX NUMBER</small> _____ <small>CITY STATE/COUNTRY ZIP CODE</small>			
<b>5</b> Current Phone _____ <small>AREA CODE NUMBER</small>		<b>6</b> Current Fax _____ <small>AREA CODE NUMBER</small>	
<b>7</b> Permanent Address _____ <small>STREET/PO. BOX NUMBER</small> _____ <small>CITY STATE/COUNTRY ZIP CODE</small>			
<b>8</b> Permanent Phone _____ <small>AREA CODE NUMBER</small>		<b>9</b> Permanent Fax _____ <small>AREA CODE NUMBER</small>	
<b>10</b> Date of Birth _____ <small>MONTH DAY YEAR</small>		<b>11</b> Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>12</b> Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED
			<b>13</b> U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>14</b> Country of Birth _____		<b>15</b> Country of Nationality _____	
<b>16</b> Applying as a <input type="checkbox"/> FRESHMAN <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER		<b>17</b> For the term beginning _____ <input type="checkbox"/> FALL (AUGUST) <input type="checkbox"/> SPRING (JANUARY) <small>YEAR</small>	
<b>18</b> Plan of Study <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE <input type="checkbox"/> A DEGREE-SEEKING PROGRAM <input type="checkbox"/> BOTH			<b>19</b> Proposed Major _____
<b>20</b> Proposed Career or Professional Plan _____			
<b>21</b> What is your first language? _____		<b>22</b> Language spoken at home? _____	

### Test Results

<b>23</b> TOEFL Score _____ Date _____ <small>MONTH DAY YEAR</small>		<b>24</b> SAT Score _____ Date _____ <small>VERBAL MATH MONTH DAY YEAR</small>	
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### Extracurricular Activities

Sport/Activity	Grade level participated	Position(s) held, honor(s) awarded, etc.	Plan to participate in college?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

### Educational Data

<b>25</b> School you attend now _____	<b>26</b> Date of entry _____ <small>MONTH DAY YEAR</small>
<b>27</b> School Address _____ <small>STREET/P.O. BOX NUMBER</small> _____ <small>CITY STATE/COUNTRY ZIP CODE</small>	
<b>28</b> School Phone _____ <small>AREA CODE NUMBER</small>	<b>29</b> School Fax _____ <small>AREA CODE NUMBER</small>
<b>30</b> Date of secondary graduation _____ <small>MONTH DAY YEAR</small>	<b>31</b> Is your school <input type="checkbox"/> PUBLIC? <input type="checkbox"/> PRIVATE? <input type="checkbox"/> PAROCHIAL?
<b>32</b> College Counselor _____ <small>NAME POSITION E-MAIL</small>	

### Educational Background

Follow the instructions below in completing each column. Applicants must complete Columns A through H in full.  
**Giving inaccurate or incomplete information may result in denial of this application.**

- Column A: These are the years you were in school. Please account for every year.
- Column B: Write your age for each school year you attended.
- Column C: Write the month and year for every school year you attended.
- Column D: Write the type of school you attended, such as Elementary, Gymnasium, Lycee, Secondary, etc.
- Column E: Write the name of your school.
- Column F: Write the school location (city and country).
- Column G: List the certificates, diplomas, degrees and graduation certificates earned.
- Column H: Enter the date you received these certificates, diplomas, degrees or graduation certificates.

A	B	C	D	E	F	G	H
Year in School	Your Age	Dates of Attendance (Mo/Yr ~ Mo/Yr)	Kind of School	Name of School	School Location (City/Country)	Certificate, Diploma or Degree	Date of Degree (Mo/Yr)
1							
2							
3							
4							
5							
6							
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17							
18							

### Family Information

<b>33</b> Mother's Full Name _____	<b>34</b> Is she living? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>35</b> Mother's Address (if different from yours) _____ <small>STREET/P.O. BOX NUMBER</small> _____ <small>CITY STATE/COUNTRY ZIP CODE</small>	
<b>36</b> Mother's Occupation _____ <small>DESCRIBE BRIEFLY NAME OF BUSINESS OR ORGANIZATION</small>	
<b>37</b> Name of College (if any) _____ <small>TYPE OF DEGREE YEAR OF DEGREE</small>	
<b>38</b> Name of Professional or Graduate School (if any) _____ <small>TYPE OF DEGREE YEAR OF DEGREE</small>	
<b>39</b> Father's Full Name _____	<b>40</b> Is he living? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>41</b> Father's Address (if different from yours) _____ <small>STREET/P.O. BOX NUMBER</small> _____ <small>CITY STATE/COUNTRY ZIP CODE</small>	
<b>42</b> Father's Occupation _____ <small>DESCRIBE BRIEFLY NAME OF BUSINESS OR ORGANIZATION</small>	
<b>43</b> Name of College (if any) _____ <small>TYPE OF DEGREE YEAR OF DEGREE</small>	
<b>44</b> Name of Professional or Graduate School (if any) _____ <small>TYPE OF DEGREE YEAR OF DEGREE</small>	
<b>45</b> If not with both parents, with whom do you make your permanent home? _____	<b>46</b> Please check if your parents are <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER
<b>47</b> Please give names and ages of your brothers or sisters. If they have attended college, give the names of the institutions, degrees and approximate dates. _____ _____ _____	

### Financial Information

<b>48</b> The current rate of exchange is _____ = \$1.00 (U.S.)	
<b>49</b> Please indicate all sources and amounts of funds in U.S. dollars available <b>each year</b> for your education in the U.S.	
SOURCE _____ \$ _____ AMOUNT/YEAR	SOURCE _____ \$ _____ AMOUNT/YEAR
SOURCE _____ \$ _____ AMOUNT/YEAR	SOURCE _____ \$ _____ AMOUNT/YEAR
<b>50</b> Will you be requesting financial aid from Coe College? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>51</b> Will you be requesting financial aid from other sources? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>52</b> If yes, please explain _____	

### Billing Information (person to be billed for your account)

<b>53</b> Name _____
<b>54</b> Address _____ <small>STREET/P.O. BOX NUMBER CITY STATE/COUNTRY ZIP CODE</small>
<b>55</b> Relationship _____