

TROYUNIVERSITY

Troy, Alabama36082 **PHONE**:1(334) 670-3335 **FAX**:1 (334) 670-3735



1. Name Family or Surname		ven	Middle
2. Country of birth:	Country of C	itizenship:	
3. Home Address			
E-Mail:	Phone:(Country code) (City code)	Fax: _	
4. Sex: Male Female		City	of Birth:
5. Have you previously applied to T	royUniversity?	If yes, when?	
6. Which semester do you plan to er	ter? Fall Sprin	ng Summer	Which Year?
7. Classification: Undergraduate	Transfer Grad	duate AEG	
AEG Only: Fall Term I	Fall Term II Spring	Ferm I Spring Terr	n II Summer
8. High School (Secondary School):		Graduation	n date:
10. Are you currently enrolled in the 11. Proposed course of study at Troy		Last date (of attendance
12. TOEFL SCORE (Please h		OY UNIVERSITY; for th	e official TOEFL
13. How did you hear about TroyUn Friend Student Fa	iversity? (<i>Please check all</i> ir Unsolicited Mail		ment
Agent			(full name of agency
It is your responsibility to reque <u>Tr</u>	st official transcripts to be sent lese transcripts must be tran		ed to the address below.
I hereby affirm that all information suppinformation requested or giving false in admission, I further agree to comply with	formation may make me ineligi	ible for admission and enro	llment. As a condition of
Date	Signed		
**************************************	**************************************		
	ptional Information - please		
Standardized Test Scores: SAT	ACT (GRE GMAT	MAT