



LORAS COLLEGE™

ICES - Politics Program Application

Personal Information

Prefix: Ms., Mrs., Mr.

Full Name (please print): _____
Last First Middle (Maiden / Other Name)

Street Address: _____

Postal Code: _____ City: _____ Country: _____

Email Address: _____

Telephone:

Home: _____ Cell: _____

Date of Birth: _____
Month Day Year

TOEFL Score: _____

Planning to take TOEFL Exam? Yes No If you selected yes, please list the date: _____

I certify that the statements made on this application and all related forms are correct and complete. I also understand that withholding information or giving false information may make me ineligible for admission or may later subject me to dismissal.

Applicant's Signature: _____ Date: _____

The requirements outlined in Loras College publications reflect the requirements for the current academic year only. Loras College reserves the right to change college requirements at any time without prior notice. Loras College admits students regardless of race, age, gender, religion, ethnic origin or physical disability.

PLEASE E-MAIL COMPLETED APPLICATION TO: registrar@loras.edu

For office use only:

Processed by: _____ Date: _____