

# Personal Information Form

Insight

WCIU prefers that this document be filled out in PDF format and returned by email attachment to [admissions@wciu.edu](mailto:admissions@wciu.edu).

Please access this form at <http://wciu.edu/applyinsight.html>. If printing use black or blue ink.

Location: \_\_\_\_\_ Starting \_\_\_\_\_  
Month Year

**1. Applicant**  
 Mr.  Mrs.  Ms.  Miss  Dr.  Rev. \_\_\_\_\_  
Family Name First Middle  Female  Male

Other names used on educational/official records \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ City State Country Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street city state/province zip/postal code country

Permanent Address \_\_\_\_\_  
Street city state/province zip/postal code country

Phone: day ( ) \_\_\_\_\_ eve ( ) \_\_\_\_\_ fax ( ) \_\_\_\_\_ email \_\_\_\_\_

Applied to WCIU before: Yes  No  Date \_\_\_\_\_ Enrolled: Yes  No  Dates: \_\_\_\_\_ Year you wish to begin the Insight Program: \_\_\_\_\_

General Health \_\_\_\_\_ Disabilities or other factors requiring special consideration \_\_\_\_\_

First language or "mother tongue" \_\_\_\_\_

## 2. Education

**(a) Educational Background.** List your academic degrees and other studies, starting with the most recent.

| Institution | Location | Dates | Degree If obtained | Major | Minor |
|-------------|----------|-------|--------------------|-------|-------|
| _____       | _____    | _____ | _____              | _____ | _____ |
| _____       | _____    | _____ | _____              | _____ | _____ |
| _____       | _____    | _____ | _____              | _____ | _____ |
| _____       | _____    | _____ | _____              | _____ | _____ |

**(b) Courses & Degree Program in Progress.** List the courses and/or degree program in which you are currently enrolled.

| Dept & Course Descriptive Title | Units | Degree & Major | Institution | Location |
|---------------------------------|-------|----------------|-------------|----------|
| _____                           | _____ | _____          | _____       | _____    |
| _____                           | _____ | _____          | _____       | _____    |
| _____                           | _____ | _____          | _____       | _____    |
| _____                           | _____ | _____          | _____       | _____    |

**(c) Test Scores.** List results on standardized tests, if known.

Test Year Scores SAT \_\_\_\_\_ Test Year Scores TOEFL \_\_\_\_\_  
ACT \_\_\_\_\_ GRE \_\_\_\_\_

### 3. Reason for Applying to WCIU

How did you hear of WCIU? \_\_\_\_\_

Why did you decide to apply for this program?

I certify that this information is true to the best of my knowledge. \_\_\_\_\_  
Proposed Student's Signature Date

**If the student is under 18 years of age, this form requires your legal guardian's signature. Your \$15 Application Fee must accompany this form. Please see [wciu.edu/applyinsight.html](http://wciu.edu/applyinsight.html) for details.**

\_\_\_\_\_  
Guardian's Signature Guardian's Printed Name Date

**For WCIU use only:**

Director of Admissions favorably reviewed \_\_\_\_\_  
Date

*Electronic Documents Preferred*

[admissions@wciu.edu](mailto:admissions@wciu.edu)

fax: 626.628.3234

Mail to: WCIU Admissions Office, 1539 E Howard Street, Pasadena, CA 91104-2698, USA  
office: 626.398.2141