Schiller International University
Heidelberg | Madrid | Paris | Tampa | Online

*This application is written in English;
instruction will be provided in English.*

SCHILLER
INTERNATIONAL
UNIVERSITY

Personal Data   Please use the legal name listed on your passport, driver's license, etc.

Last name   First Name   Middle Name (If applicable)   Date of Birth (mm/dd/yyyy)

Sex   male   female

Country of Citizenship   If US citizen, Social Security Number

Street Address   City   State   Zip/Postal Code   Country

Cell Phone number   Email address

I am applying to the following campus and wish to study in the following program

Tampa, Florida

Madrid, Spain

Heidelberg, Germany

Paris, France

Online (100% Distance Education)

G: Graduate program start date
U: Undergraduate program start date
FOR MBA APPLICANTS ONLY:
Do you wish to also apply to the
Certificate in Data Science?

Schiller reserves the right to change, cancel and/or reschedule courses. Please check with your Admissions Advisor regarding current program offerings.

Education History   (please select the highest completed, must select one)

High School or Equivalent   Associate degree   Bachelor Degree   Master's degree or higher
Other (please explain)

Institution Name   Graduation Date (or expected graduation date)   Type of credential

City/State   Country

Previous Postsecondary (College/University)

I wish to have my previous education evaluated for transfer credit.

School Name (most recent)   Please list additional schools on a separate sheet of paper.

City/State   Country   Graduation Date (or dates attended)   Degree or Credits earned

United States Veterans Administration Information

I am an active duty or Veteran of the US Military   I am a qualified spouse or dependent of a Veteran.

I am eligible for US VA education benefits.

I attest that the information above is true and correct.

Signature of Student   Printed Name of Student   Date

Parent or Guardian, if Student is under the age of 18   Printed Name of Parent or Guardian   Relationship   Date

Parent email address   Parent Telephone Number

Schiller International University Use Only

Admissions Advisor Signature   Admissions Advisor Name   Date