

Philadelphia University International Student Agreement Form

Your name as it appears on your passport: _____
Given (First) Family (Last)

Date of Birth _____ (Month/Day/Year)

Country of Birth _____

Country of Citizenship _____

If I am admitted as a student at the Philadelphia University:

- 1) I will enroll in and attend at least 12 units of day classes each semester.
- 2) I will not add or drop classes without the approval of the International Student Advisor.
- 3) I will accept employment only when approved by Philadelphia University and when authorized in writing by the United States Department of Homeland Security.
- 4) I agree to take an English language placement test before registering for any classes.
- 5) If necessary, I will enroll in any class suggested by the University to improve my English ability.
- 6) I have \$_____ available for each year of study at Philadelphia University.

I understand that if I fail to meet the above conditions or if I fail to maintain at least a "C" scholarship average, Philadelphia University will notify the United States Department of Homeland Security that my approval has been canceled and that I will not be permitted to continue my study at Philadelphia University.

Having read and understood all of the above, I agree without qualification to these conditions.

Signature

Date

Please return to:

Philadelphia University
Office of Admissions
School House Lane and Henry Avenue
Philadelphia, PA 19144 USA

Or fax to 215.951.2907



