

Chartie a harray Fall 20		D		u de duma success
Starting term: Fall 20	or Spring 20		Please mark your intended program:	
			Academic Term	
				ernship / Academic Training (6 months)
DEDCOMAL INFORMAT	FION (AC CHOWN C		Academic + Ac	
PERSONAL INFORMAT				
				Middle Name:
Date of Birth:				☐ Female
Place of Birth (City, State/	•			
Country of Citizenship:		Count	try of Permanent Resid	dency:
PERMANENT ADDRES	S			
Street Address:			City:	
State/Country:			Postal Code/Zip Code:	
Home Phone:			Email:	
PROGRAM OF STUDY				
Home University:				
Degree Level:	☐ Undergraduate (Bachelor)		☐ Graduate (Master)	
Kettering University Equiv	alent Program of Study	y:		
Expected Completion/Gra	aduation Date:			
* Please note: A Class Regis	stration Form will be sen	it to students at	fter acceptance into the	program has been determined.
Tiedse Hote. 74 Glass Regis	diation i omi wiii be sen	it to students an	ter acceptance into the	program has been determined.
ALL FORMS ARE TO	BE COMPLETED &	RETURNED	TO:	
Kettering University, Off		rograms (3-34	0 AB)	
1700 University Ave, Flint Phone: 810.762.9869	, MI 48504-6214			
Fax: 810.762.9520				
Email: international@kette	ering.edu			
Kettering University International Office Use Only			Student ID#	

Office of International Programs, Kettering University, 1700 University Ave., Flint, MI 48504 810.762.9869 | international@kettering.edu

