

International Student Education Experience Form

As you complete the form on the reverse side, please consider the following:

Use a typewriter or ink and **PRINT** very legibly.

We wish to obtain a chronological record of your school attendance, beginning with basic elementary school. Please list the kind of schools you attended, the certificates you earned, the examinations you passed, your graduation, and the degrees you earned or expect to earn.

In the first column, please give us the dates that you were in attendance at each level of education.

In column (2), please write your age. For example, if you were six years old when you began elementary school, write six on the first line. Continue by putting your age for each advancement to a higher level of education.

In column (3) please specify the type of school you attended; such as: Grade School, Elementary School, Grundschule, Volksschule, Mittelschule, Gymnasium, Realgymnasium, Aufbauschule, Ecole Superieure, Trade School, College Preparatory, High School, Grammar School, Teacher's College, University, etc.

In the last column, please write the name of any examinations you passed or certificates you obtained at the completion of that level of education. For example, when you completed secondary school, on that line write: "GCE", "Reifezeugniss", "Studentereksamen", "Bachillerato", "Artium", "Baccalaureate II", etc., or whatever is applicable in your case. Continue this procedure throughout your educational experience to your highest level of educational attainment. Please include any degrees you expect to complete prior to your enrollment with the University of Alaska Southeast.

Please return this form with your admission application and your certified financial statement to:

University of Alaska Southeast
Admissions Office
11120 Glacier Highway
Juneau AK 99801
Phone: 907-796-6100
Fax: 907-796-6365
admissions@uas.alaska.edu

Summary of Educational Experience by Years

Name: _____
 (first) (middle/other names) (family/last name)

Date of Birth: _____ Place of Birth: _____

Please read the reverse side of this sheet before completing this form.

Column 1 DATES: Month/Year to Month/Year	Column 2 YOUR AGE	Column 3 TYPE OF SCHOOL: Elementary, secondary, college	Column 4 Graduations, examinations passed, certificates awarded, degrees earned or anticipated
___/___ to ___/___			
___/___ to ___/___			
___/___ to ___/___			
___/___ to ___/___			
___/___ to ___/___			
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___/___ to ___/___			

_____ Date Signature