



### Instructions

This form is required each application submitted to DePaul. Please complete and email this form to [agents@depaul.edu](mailto:agents@depaul.edu) within 7 days of submitting an application.

### Agency Information

Agency Name:

### Application Information

For the following items, please enter the exact information listed on the application.

Applicant First Name [Given Name]:

Applicant Last Name [Family/Surname Name]:

Applicant Date of Birth [Month, Day, Year]:

Applicant Email Address:

9 Digit Application Number [XXXXXXXXXX]:

Please check ALL that apply:

Graduate Application (Applicant for master's and/or PhD degrees)

Academic Program:

Conditional Admission

Freshman Application (High school graduate seeking bachelor's degree)

Academic Program:

Conditional Admission

Transfer Application (Applicant has previous university coursework & is seeking bachelor's degree)

Academic Program:

Conditional Admission

ESL English Language Instruction (Only)

Entry Academic Term:

Date of Application Submission [Month/Day/Year]: