## **Indian Hills/UNI Transfer Pathway Program Application**

PERSONAL INFORMATION		
Last Name (Family/Surname)		
First Name (Given)		
Date of Birth (Month, Day, Year)		
Country of Citizenship		
E-mail		
CURRENT MAILING ADDRESS		
Number and Street		
City		
State / Province		
Postal Code		
Country		
EDUCATIONAL INFORMATION		
Have you applied for admission or arcurrently a student at Indian Hills Community College?	re you Yes No	
If yes, what will be or was your first semester of enrollment at Indian Hills?		
Year	Ter	m
If no, please move ahead with this process by submitting the Indian Hills admission application at www.indianhills.edu/internationalstudents		

By answering yes to below you state that you are interested in being part of the Indian Hills/University of Northern Iowa Pathway Program and give permission for Indian Hills and the University of Northern Iowa to share your personal data and educational documents with each other

Yes, I agree to these terms

No, I do not agree

**Submit Application to:** 

Fax: 319-273-2885

Kristi Marchesani University of Northern Iowa Kristi.marchesani@uni.edu Phone: 319-273-2281



