

Application Update Request - International Applicant

Has it been more than three semesters since you originally applied?

- Yes → You must submit a new application through www.applytexas.org.
 No → Continue filling out the form.

Student ID #: _____

7 digits

Last Name: _____ First Name _____

Surname/ Family

Given

Date of Birth: _____ / _____ / _____

Month

Date

Year

Current Mailing Address: _____

City: _____ State (Province/Territory): _____

ZIP/Pin code: _____ Country: _____

Please check the box next to all information you wish to change:

Change my program

From _____ to _____
 Name of Program Name of new Program

Change my semester to

____ Fall (August) ____ year
 ____ Spring (January) ____ year
 ____ Summer (June) ____ year

Change my Degree Status to:

____ Degree-Seeking
 ____ Non-Degree-Seeking
 ____ Other: _____

You must answer the following question:

- Have you attended any other college/ universities since you last applied to UHCL?
 No Yes

If yes, name of the School: _____ Dates of attendance: _____

I hereby certify that the information given in this application is complete and accurate, and if accepted, I agree to abide by the policies and regulations of the University of Houston-Clear Lake. I authorize the release of information regarding my academic progress to educational institutions and agencies for research purposes. I understand that this application term update is only valid for the term indicated and that if I do not register for that term, I will need to notify in writing the Office of International Admissions and Programs or reapply if it has been one year from my original application semester submission. I pledge that if any information I have given should change prior to my entry in the university, I will immediately notify the Office of International Admissions and Programs. I understand that any misrepresentation of facts on this Application Update Request can result in cancellation of admission, permanent suspension from the university, and forfeiture of tuition and fees paid.

Signature: _____

Date: _____

Email completed form to OIAP@uhcl.edu; FAX: 001-282-226-7038

For Internal Use only:

Date Received			
Evaluator		Date	
International Student Advisor		Date	