

PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK

Personal Information

Family Name (surname) _____ First (given) Name _____
Middle Name _____ Preferred Name _____
Any additional name(s) under which you have been registered _____ Date of Birth (MM/DD/YYYY) _____

Contact Information

Please notify DigiPen immediately if your contact information changes at any time during the application process.

Current Mailing Address

Street and Number _____ Apt. _____
City _____ State/Province _____ ZIP/Postal Code _____
Country _____
Daytime Telephone Number _____ E-mail Address _____

Permanent Mailing Address

Same as Current

Street and Number _____ Apt. _____
City _____ State/Province _____ ZIP/Postal Code _____
Country _____
Daytime Telephone Number _____

Citizenship

U.S. Citizen* Foreign Permanent Resident**

Gender: Male Female

If Foreign or Permanent Resident:

Country of Citizenship _____

Country of Birth _____

* If you are a U.S. citizen living OUTSIDE the United States, you may be asked to provide proof of citizenship.

** If you are a PERMANENT RESIDENT, please attach a copy of your residency card.

If foreign, please provide a foreign address:

Street and Number _____ Apt. _____
City _____ State/Province _____ ZIP/Postal Code _____ Country _____

A PHOTOCOPY OF YOUR PASSPORT MUST ACCOMPANY THIS APPLICATION

Enrollment Status

Year and Semester for which you are applying to begin the Overseas Immersion Program:

Fall - Year: _____

Spring - Year: _____

Summer - Year: _____

In which degree program are you currently enrolled:

Bachelor of Science in Computer Science in Real Time Interactive Simulation

Bachelor of Science in Computer Science and Game Design

Bachelor of Fine Arts in Digital Art and Animation

Bachelor of Arts in Game Design

Family/Emergency Contact Information

Full Name

Last Name

First Name

Relationship to Applicant

Mailing Address

Street and Number

Apt.

City

State/Province

Zip/Postal Code

Country

Telephone Number

Additional Requirements

All exchange applicants must affirm by their signature below that they agree to the following:

1. All international students are required to enroll in a health-and-accident insurance policy before the start of classes. This applies to all international students holding an F-1 visa to attend the Institute. Coverage should span the academic semester of your OIP duration. Students who need to purchase insurance should visit www.internationalstudentinsurance.com and choose a plan that meets their needs. This resource is provided as a convenience for students and is not an endorsement of any program.

The Institute suggests a minimum policy coverage including:

Medical Expenses coverage:

- Lifetime Maximum Benefit – minimum \$1,000,000
- Policy Year Maximum Benefit – minimum \$250,000
- Maximum Benefit per Injury or Sicknesses – minimum \$250,000
- Repatriation of Remains coverage
- Medical Evacuation coverage

Proof of such insurance must be furnished to the Student Affairs Office once a year prior to the first day of class with the Proof of Insurance form, and submitted with a copy of a card or certificate that indicates the dates of coverage of your OIP duration, the terms in English, and coverage amounts listed in U.S. dollars. Failure to provide proof of insurance by the first day of class may lead to the cancellation of enrollment and your F-1 visa. The policy must provide coverage from the 1st day of your OIP until the last day of your OIP.

By my signature, I agree and accept that withholding information in this application, failure to submit all documents, or giving false information may make me ineligible for admission to, or continuation at, DigiPen Institute of Technology. Upon submission of this document, I certify that all of the statements I have made in this application are correct and complete to the best of my knowledge. I hereby give permission to release any academic records requested by DigiPen Institute of Technology. By completing this application, I authorize DigiPen Institute of Technology, Singapore to release my academic transcripts to DigiPen Institute of Technology, Redmond on my behalf. I understand that my application is incomplete without my signature below.

Signature of Applicant

Date