

# ISIC Card Application

Please indicate which card you are applying for:  Student  Teacher

## Personal Information

\_\_\_\_\_  
Name (first, last)

\_\_\_\_\_  
Institution/School Name

\_\_\_\_\_  
Expected Graduation Date (MM/YY)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School ID#

## **Mailing Address**

\_\_\_\_\_  
Street Address/PO BOX

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address

## Terms & Conditions

I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please attach the following to complete your application. Incomplete Applications will not be accepted.**

- One passport size photo
- Check, Money Order, or Cash (exact amount only) for \$22. Make checks payable to : University of Arkansas
- Verification of Enrollment in Accredited Institution. This can be a copy of current class schedule or have Registrar provide proof of enrollment. (UA students can obtain at transcript window in Hunt Hall)

**VALIDITY PERIOD: Sept. 1, 2003-December 31, 2004**

OFFICE USE ONLY

INLT ID CARD # \_\_\_\_\_

YEAR \_\_\_\_\_