



APPLICATION FOR ADMISSION

International Students

Choose the campus you would like to attend:

- Los Angeles Campus:** 6435 Wilshire Blvd, Los Angeles, CA. 90048 • Tel (323) 966-5444 • Fax (323) 966-5455
 Van Nuys Campus: 14519 W. Sylvan St., Van Nuys, CA. 91411 • Tel (818) 382-6000 • Fax (818) 788-3997

Personal Information:

Last Name		First Name		Middle Initial	Email Address
Street Address in Native Country		City		State	Country / Zip Code
Street Address in United States		City		State	Zip Code
Home Phone	Work Phone	Emergency Contact: Name: _____ Relationship: _____ Phone: _____			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Date of Birth	Driving License (if any)		Social Security Number (if any)		
Country of Citizenship	Country of Birth	Names of Family Members Traveling with You:			
I would like to attend classes in the: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening					

I would like to enroll in the following program:

<input type="checkbox"/> Accounting (Associate Degree)	<input type="checkbox"/> Computer Graphics & Desktop Publishing	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Business Management (Associate Degree)	<input type="checkbox"/> Computer Aided Design & Drafting	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Digital Media (Associate Degree)	<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Medical Office Specialist
<input type="checkbox"/> Medical Office Management (Associate Deg.)	<input type="checkbox"/> English as a Second Language (ESL)	<input type="checkbox"/> Computerized Accounting

When do you plan to start your program? _____

How did you first hear about our school? _____

Do you have any disabilities which could cause difficulty in completing the program? No Yes

If yes, please explain _____

Educational History:

Type of School	Name & Location	Dates Attended (From / To)	Did you graduate? (Yes or No)	Major	Type of Degree Received
High School					
College or Trade School					

I certify all statements to be true and correct and authorize the verification of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

DATE _____

SIGNATURE _____

OFFICE USE ONLY

PROGRAM _____ SCHEDULED START DATE _____ ACCEPTED REJECTED

COMMENTS: _____