



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/Province	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	Names of Family Members Traveling with You:	
Date of Birth (Month/Day/Year)		Country of Birth		Country of Citizenship	

I would like to enroll in the following program:

<input type="checkbox"/> English as a Second Language (E.S.L.)	<input type="checkbox"/> Computer Aided Drafting & Design (Associate Deg.)	<input type="checkbox"/> Admin. Assistant
<input type="checkbox"/> Business Management (Associate Degree)	<input type="checkbox"/> Medical Office Management (Associate Deg.)	<input type="checkbox"/> Phlebotomy
<input type="checkbox"/> Accounting (Associate Degree)	<input type="checkbox"/> Medical & Clinical Assistant (Associate Deg.)	<input type="checkbox"/> Other:
<input type="checkbox"/> Digital Media (Associate Degree)	<input type="checkbox"/> Pharmacy Tech. Administration (Associate Deg.)	-----
I would like to attend classes in the: <input type="checkbox"/> Morning <input type="checkbox"/> Evening		

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					

Have you ever granted Optional Practical Training (OPT) in USA? Yes No. If Yes, state dates _____

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: _____