



## APPLICATION FOR ADMISSION International Students

6435 Wilshire Blvd, Los Angeles, CA. 90048 • Tel (323) 966-5444 • Fax (323) 966-5455

### 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	<b>Emergency Contact:</b> 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 ( <i>Month/Day/Year</i> )	Country of Birth	Country of Citizenship			

### I would like to enroll in the following program:

<input type="checkbox"/> Intensive English Program ( <i>Language Training</i> )	<input type="checkbox"/> Computer Aided Drafting & Design ( <i>Associate Deg.</i> )	<input type="checkbox"/> Admin. Assistant
<input type="checkbox"/> Business Management ( <i>Associate Degree</i> )	<input type="checkbox"/> Medical Office Management ( <i>Associate Deg.</i> )	<input type="checkbox"/> Phlebotomy
<input type="checkbox"/> Accounting ( <i>Associate Degree</i> )	<input type="checkbox"/> Medical & Clinical Assistant ( <i>Associate Deg.</i> )	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Digital Media ( <i>Associate Degree</i> )	<input type="checkbox"/> Pharmacy Tech. Administration ( <i>Associate Deg.</i> )	-----
I would like to attend classes in the: <input type="checkbox"/> Day <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: \_\_\_\_\_