

APPLICATION FOR UNDERGRADUATE ADMISSION

- BACHELOR OF SCIENCE IN ORGANIZATIONAL LEADERSHIP
- BACHELOR OF SCIENCE IN CHRISTIAN LEADERSHIP
- BACHELOR OF SCIENCE IN MIS/CIS Which track are you applying for? CIS MIS
All applicants must fill out the Background and Prerequisite Questionnaire
- BACHELOR OF ARTS IN HUMAN DEVELOPMENT
- RN TO BACHELOR OF SCIENCE IN NURSING

Today's date _____ Social Security no. _____ - _____ - _____

PLEASE PRINT OR TYPE.

Name _____
LAST MAIDEN (if applicable) FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Home phone (_____) _____ Anticipated start date _____

Cell phone (_____) _____ Email _____ V.A. benefits? YES NO

This section is for institutional use only; completion is optional.

ETHNICITY <input type="checkbox"/> A ASIAN/ISLANDER or ASIAN AMERICAN <input type="checkbox"/> B AFRICAN/AFRICAN AMERICAN <input type="checkbox"/> C CAUCASIAN <input type="checkbox"/> H HISPANIC/HISPANIC AMERICAN <input type="checkbox"/> N NATIVE AMERICAN <input type="checkbox"/> O OTHER ETHNICITY	RELIGION	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (month, day, year)
	CITIZENSHIP/COUNTRY	RESIDENCY <input type="checkbox"/> US U.S. CITIZEN <input type="checkbox"/> NR NOT A U.S. RESIDENT <input type="checkbox"/> PR PERMANENT RESIDENT of USA (green card) No. A- _____ Date issued _____

Present Occupation

EMPLOYER NAME _____ WORK NUMBER _____

ADDRESS _____
STREET CITY COUNTY STATE ZIP

JOB TITLE/POSITION AND BRIEF DESCRIPTION _____

Previous Education

ALL UNIVERSITIES/COLLEGES ATTENDED <small>(Use additional sheet if necessary.)</small>	LOCATION <small>(city, state, country)</small>	DATES		DEGREE	GRADUATION DATE <small>(month, year)</small>	UNITS EARNED
		FROM	TO			

How did you hear about the program? _____

Are you applying for financial assistance? Yes No

For BSN applicants only, please provide the date of your original RN license _____ or RN License # _____

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended no institution other than those listed. I understand that I am responsible for arranging the forwarding of official transcripts or records from schools I have attended, and that such transcripts become the property of Azusa Pacific University and will not be returned to me. I also understand that my acceptance to Azusa Pacific University is subject to verification by official records, sent directly from the institutions I have attended.

Azusa Pacific University, in compliance with laws and regulations, does not discriminate on the basis of race, color, national origin, gender, age, disability, or status as a veteran in any of its programs, policies, or procedures.

Printed name _____ Signature _____ Date _____

PLEASE INCLUDE \$25 APPLICATION FEE, made payable to Azusa Pacific University by check or money order. This fee is mandatory and is nonrefundable.

**Mail to: CENTER FOR ADULT AND PROFESSIONAL STUDIES • Azusa Pacific University • PO Box 7000 • Azusa, CA 91702-7000
 (626) 815-5301 • Fax (626) 815-5417 • www.apu.edu**