APPLICATION FOR ADMISSION

Please check the area of study, degree/certificate program or course and the term you wish to apply for admission:

☐ Acupuncture	☐ Associate in Science	For the Quarter of			
& Oriental	☐ Bachelor of Science	☐ Fall ☐ Winter ☐ Spring			
Medicine	☐ Master of Science i	n Oriental Medicine (MSOM)	Summer Year:		
Business	☐ Associate in Science	e in Business Administration (ASBA)	For the Semester of:		
	☐ Associate in Science	e in Healthcare Management (ASHM)	☐ Fall ☐ Spring ☐ Summer		
	☐ Associate in Arts i	n Hospitality & Tourism (AAHT)			
	☐ Bachelor of Science	e in Business Administration (BSBA)	Year:		
	☐ Master of Business				
Massage	☐ Associate in Occup	ational studies	For the Quarter of:		
Therapist	☐ Associate in Health	Science	☐ Fall ☐ Winter		
	☐ 600hrs. Training Ce	☐ Spring ☐ Summer			
	☐ Bachelor of Science	e in Nursing	For the Semester of:		
			☐ Fall ☐ Spring ☐ Summer		
			Year:		
☐ ESL	☐ Certificate	☐ Level 1 ☐ Level 2 ☐ Level 3	For the Quarter of:		
		☐ Level 4 ☐ Level 5 ☐ Pre-College	☐ Fall ☐ Winter ☐ Spring		
		☐ Intermediate Conversation☐ Advanced Conversation	Summer Year:		
☐ Mr. ☐ Mrs ☐ I	MsLast Name	First Name	Middle Name		
Date of Birth:		Marital Status: Single Married Email	:		
Social Security Num	umber: Driver's License Number:				
Current Address:					
	Street	City	State &Zip Code		
-	Country	Contact Phone Number			
Permanent Address:					
remaient radiess.	Street	City	State &Zip Code		
	Country	Contact Phone Number			
Citizenship:	☐ U.S. Citizen ☐ Other	r: Residency: \square Cali	fornia 🗆 Other:		
Person for School C	ontact for emergency purpos	se: Mr. Mrs Ms			
Relationship to you	Contact	Phone Number Email			

Applicant Name:							
Academic History							
List in a chronological order of all educational instattach a separate sheet for additional listings. Offic Kingston University.							
Name of Institution		City	State	Country			
Attendance Period (From – To)	Major Studied		Accomplishment Received and Date				
Name of Institution		City	State	Country			
Attendance Period (From – To)	Major Studied		Accomplishment Received and Date				
Name of Institution		City	State	Country			
Attendance Period (From – To)	Major Studied		Accomplishment Received and Date				
Name of Institution		City	State	Country			
Attendance Period (From – To)	Major Studied	l	Accomplishmen	t Received and Date			
Please attach a separate sheet to provide information	on of additior	nal schools attended.					
Foreign Student (F-1) Applicant Only:	(Country of Birth					
	es and hold a	avisa, expiring date					
applying for trans	fer from ano	other school:					
School name:School location (City/State/Country):							
☐ I have dependent(s) requiring I-20 as F-	-						
The relationship of the F-2s to you is/ar	re spouse	(wife/husband)	ldren (how m	any:)			
By undersigning below, I hereby certify the fo	ollowing:						
1. All information I have provided on this application is correct and complete.							
2. I understand that I am responsible for diploma, foreign credential evaluation application be delivered to Kingston admission application will not be revi	n reports, if a University b	applicable, and others as requ y the admission application of	uired for admi	ssion			
	3. I understand that documents submitted to Kingston University will become part of permanent student records retained by Kingston University and will not be returned to me.						
4. All information supplied above is subject to the verification of Kingston University and I agree any misrepresentation may cause a denial of my admission by or cancellation of my enrollment status at Kingston University.							
Applicant's Signature		Date:					
For Office Use							
Received by: Date:	Page	Remarks:					