

Application for Admission

Date of Application MMDYY

This form is developed and used to help us learn about your interests, experiences, abilities, and eligibilities for admission. Please type or print each line of entry in each section of this application for admission as thoroughly as possible.

Type of Applicant (Please ✓):	<input type="checkbox"/> First-Time Applicant <input type="checkbox"/> Returning Applicant	Name of Program or Course :	Program or Course Start Date :	Length of Program or Course :
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PERSONAL INFORMATION

Legal Name (First, Middle, Last) :		Marital Status (Please ✓) :			
		<input type="checkbox"/> Single <input type="checkbox"/> Married or Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced or Widowed			
Previous Name or other name under which your transcripts might appear ,if different from above, (First, Middle, Last) :		Name of Legal Parent/Guardian, or Spouse (Please ✓ if applicable) : <input type="checkbox"/> Name of Parent or Guardian <input type="checkbox"/> Name of Spouse			
Social Security Number, if applicable (XXX-XX-XXXX) :	Date of Birth (MM/DD/YYYY) :	Current age :	Will you be under the age of 18 when your program or course is due to start (Please ✓) ?	Gender (Please ✓) :	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Male <input type="checkbox"/> Female	
E-mail Address :		Telephone # :		Alternate Telephone # :	
Mailing Address (Street Number and Name, City, State, Zip Code, Country) :					
Permanent Address, if different from mailing address above (Street Number and Name, City, State, Zip Code, Country) :					
Race/Ethnicity information is optional. Any information you provide will not be used for discriminatory purposes.					
Are you Hispanic or Latino (Please ✓) ? YES NO					
What is your ethnicity or racial background (Please ✓ all that apply) ? American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White					

CURRENT CITIZENSHIP

Place of Birth (City, State, Country) :			
Are you a citizen of the United States (Please ✓) ?		Country of Citizenship, if citizenship is not the U.S. :	
Are you a permanent U.S. resident visa (Please ✓) ?		Do you have an Alien registration number (Please ✓) ?	
Are you a non-native English speaker (Please ✓) ?		Have you taken an English language proficiency TOELF or ELPW exam (Please ✓) ?	Overall English proficiency test score :

ACADEMIC HISTORY

Note : San Diego Global Knowledge University requires all students enrolled in an Academic Non-Degree and Degree Program (Bachelor's Degree or Master's Degree) to have a High School Diploma or GED Equivalency Certificate.

Highest Level of Education (Please ✓) :					
<input type="checkbox"/> Below High School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate					
Name of High School :			Diploma or GED Certificate Earned :		
From:	To:	Did you graduate (Please ✓) ?	Graduation Date :		
Street Address (Street Number and Name, City, State, Zip Code, Country) :					
Name of College/University Attended, if any :			Degree Earned :		
From:	To:	Did you graduate (Please ✓) ?	Graduation Date :		
Street Address (Street Number and Name, City, State, Zip Code, Country) :					
Other, if any :			Degree, Diploma, Certificate, or Course Credit :		
From:	To:	Did you graduate (Please ✓) ?	Graduation Date :		
Street Address (Street Number and Name, City, State, Zip Code, Country) :					

EMPLOYMENT HISTORY

Employer/Organization:	Website :
E-mail Address :	Telephone # :

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Street Address (Street Number and Name, City, State, Zip Code, Country) :			
Employment Position :		Employment Field :	
From:	To:	Type of Employment (Skip this question, if your position is an Internship or unpaid. Otherwise, please ✓) ?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Two Part Question -			
1) Do you believe that the completion of this program you seek admission to will help you advance in your current employment position (Please ✓) ? If your response is "No", skip part two of this question.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2) If your response to the above question is "YES", what type of benefit will this program provide to your current employment position (Please ✓) ?			<input type="checkbox"/> Direct Benefit to Job Related Skills Promotion <input type="checkbox"/> Pay Raise
REFERENCE DATA			
Note: **Must list three references			
Name of Reference :		Relationship :	
E-mail Address :		Telephone # :	
Street Address (Street Number and Name, City, State, Zip Code, Country) :			
Name of Reference :		Relationship :	
E-mail Address :		Telephone # :	
Street Address (Street Number and Name, City, State, Zip Code, Country) :			
Name of Reference :		Relationship :	
E-mail Address :		Telephone # :	
Street Address (Street Number and Name, City, State, Zip Code, Country):			
U.S. MILITARY			
Are you a (Please ✓) ?	U.S. Veteran	Active U.S. Active Military	Dependant of U.S. Veteran
			U.S. National Guard or Active Reserve
From:		To:	
If you are/were a part of the U.S. Military, which branch (Please ✓) ?			
Army		Navy	Air Force
Marine Corps		Coast Guard	National Guard
Are you planning to use Veteran Education Benefits to pay for your course or program at SDGKU (Please ✓) ?			YES
			NO
Were you honorably discharged from a branch of the US Military (Please ✓) ?			YES
			NO
PAYMENT INFORMATION			
How do you plan to finance your education (Please ✓) ?	Debit or Credit	Check or Money Order	Financial Aid
			Grant or Scholarship
			VA Education Benefits
			Other:
STATEMENT OF PURPOSE			
In the space provided below, clearly explain why you desire to enroll at San Diego Global Knowledge University. Please describe the benefits you expect and how they align with your personal and/or professional goals. Please make sure to limit the length of your statement to 100 words or less.			
DISCLAIMER & SIGNATURE			
My signature below, certifies that I have read and understand that any false statements or incomplete information in my application may result in denial of this application or dismissal from all course(s) or program(s) at San Diego Global Knowledge University. My signature also certifies and authorizes all schools and Universities you attended to provide all requested academic records transcripts and or proof of completion to San Diego Global Knowledge University and allows San Diego Global Knowledge University the approval to provide this Application for Admission to any school you attended as its evidence. I certify that all information in this application is factually true and honestly presented and that you are the person submitting this application.			
I can confirm I have read, understood and agree to the declaration above (please ✓):		<input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant's Signature:
			Date:
To be completed by the applicant's parent or guardian if the applicant is under 18 years of age: I confirm I have read, understood and agree to the declaration above on behalf of the applicant (please ✓) :		<input type="checkbox"/> YES <input type="checkbox"/> NO	Applicant's Parent/Guardian Signature:
			Date: