



Application for Admission

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.

| | | | | |
|------------------------------------|---|-----------------------------|--------------------------------|-------------------------------|
| Date of Application (MM/DD/YYYY) : | 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 : |
|------------------------------------|---|-----------------------------|--------------------------------|-------------------------------|

PERSONAL INFORMATION

| | | | | |
|---|------------------------------|--|---|---|
| Legal Name (First, Middle, Last) : | | Title (Please ✓) : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other: | | |
| Birthname if different from above, or if academic records are under another name (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 ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | Gender (Please ✓) : <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) : | | | | |

How would you describe your ethnicity or racial background (Please ✓ all that apply) ?

Note: Race/Ethnicity information is optional. Any information you provide will not be used in a discriminatory manner.

White Asian Hispanic or Latino Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other

CURRENT CITIZENSHIP

| | | | | |
|--|---|--|--|--|
| Place of Birth (City, State, Country) : | | | | |
| Are you a citizen of the United States (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Country of Citizenship, if citizenship is not the U.S. : | | |
| Are you a permanent U.S. resident visa (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have an Alien registration number (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Are you a non-native English speaker (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you taken an English language proficiency TOELF or ELPW exam (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 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 ✓) :
 Below High School High School Associate Bachelor Master Doctorate

| | | | | |
|---|-----|--|-------------------|--|
| Name of High School or GED Equivalency : | | Diploma or GED Certificate Earned : | | |
| From: | To: | Did you graduate (Please ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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 ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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 ✓) ? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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 <input type="checkbox"/> 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 ✓) ? | | <input type="checkbox"/> Vctran <input type="checkbox"/> Active US Millitary <input type="checkbox"/> Dependant of US Veteran <input type="checkbox"/> National Guard or Active Reserve | From: | To: |
| If you are/were a part of the military, which branch (Please ✓) ? | | <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard | | |
| Are you planning to use Veteran Education Benefits to pay for your course or program at SDGKU (Please ✓) ? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | Were you honorably discharged from a branch of the US Military (Please ✓) ? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PAYMENT INFORMATION | | | | |
| How do you plan to finance your education (Please ✓) ? | | | | |
| <input type="checkbox"/> Cash Check or Money Order <input type="checkbox"/> Debit or Credit <input type="checkbox"/> Grant or Scholarship <input type="checkbox"/> VA Education Benefits <input type="checkbox"/> 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: |