



Kingston University

12100 Imperial Hwy #101, Norwalk CA 90650
Tel: (562) 868-6488 Fax: (562) 868-6378

Application for Admission

Program

- Acupuncture & Oriental Medicine
- Business Administration
- Massage Therapist
- ESL

Option

- 300hrs. 600 hrs. 1000 hrs

Degree/Accomplishment

- Master (MSOM) Ph D
- Bachelor (BSBA) Master (MBA)
- Diploma/Certificate
- Certificate

Quarter/Semester applying for

- Fall Winter Spring Summer

Year: _____

Applicant Information:

Mr. Mrs Ms _____
 Last Name First Name Middle Name

Date of Birth: _____ Marital Status: Single Married Email: _____

Social Security Number: _____ Driver's License Number: _____

Current Address: _____
 Street City State & Zip Code

Country Contact Phone Number Person & Phone for Emergency Contact

Permanent/ Mailing Address: _____
 Street City State & Zip Code

Country Contact Phone Number

Citizenship: U.S. Citizen Other: _____ Residency: California Other _____

Foreign Student Applicant Only: Country of Birth _____

- I am currently: not in the United States
 in the U.S and hold a _____ visa with an expiration date on _____
 applying for transfer from another school:

School Name: _____

School Address: _____

Person to Contact in Home Country : _____
 Name Contact Phone Number Email

Academic History

List in a chronological order of all educational institutions from and including high school at which you studied. You may attach a separate sheet for additional listings. Official transcripts must be sent by each listed individual institution directly to Kingston University.

Name of Institution	Location (City/State/Country)	Attendance Period (From – To)	Major Studied	Accomplishment Received and Date

By undersigning below, I hereby certify that all information I have provided on this application is correct and complete and that I have not attended any institutions other than those listed above. I understand that 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: _____ Remarks:

Date: _____