



# Kingston University

3871 E. Colorado Blvd., Pasadena, CA 91107  
Tel: (626) 229-9929 / (562) 868-6488

## APPLICATION FOR ADMISSION

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

<input type="checkbox"/> Acupuncture & Oriental Medicine	<input type="checkbox"/> Associate in Science, Oriental Medicine (ASOM) <input type="checkbox"/> Bachelor of Science, Oriental Medicine (BSOM) <input type="checkbox"/> Master of Science in Oriental Medicine (MSOM)	For the Quarter of <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
<input type="checkbox"/> Business	<input type="checkbox"/> Associate in Science, Business Management (ASBM) <input type="checkbox"/> Associate in Science, Healthcare Management Career (ASHM) <input type="checkbox"/> Associate in Arts, Hospitality & Tourism Management Career <input type="checkbox"/> Bachelor of Science in Business Administration (BSBA) <input type="checkbox"/> Master of Business Administration (MBA)	For the Semester of: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Associate in Occupational studies <input type="checkbox"/> Associate in Health Science <input type="checkbox"/> 600hrs. Training Certificate Program	For the Quarter of: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> Nursing	<input type="checkbox"/> Bachelor of Science in Nursing	For the Semester of: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
<input type="checkbox"/> ESL	<input type="checkbox"/> Certificate <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Pre-College <input type="checkbox"/> Intermediate Conversation <input type="checkbox"/> Advanced Conversation	For the Quarter of: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> 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

Permanent Address: \_\_\_\_\_  
Street City State & Zip Code  
Country Contact Phone Number

Citizenship:  U.S. Citizen  Other: \_\_\_\_\_ Residency:  California  Other: \_\_\_\_\_

Person for School Contact for emergency purpose:  Mr.  Mrs  Ms \_\_\_\_\_  
Relationship to you Contact Phone Number Email

**Applicant Name:** \_\_\_\_\_

**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	_____ 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	_____ Accomplishment Received and Date	

Please attach a separate sheet to provide information of additional schools attended.

**Foreign Student (F-1) Applicant Only:**

Country of Birth \_\_\_\_\_

- I am currently:
- not in the United States
  - in the United States and hold a \_\_\_\_\_ visa, expiring date \_\_\_\_\_
  - applying for transfer from another school:

School name: \_\_\_\_\_

School location (City/State/Country): \_\_\_\_\_

- I have dependent(s) requiring I-20 as F-2 status (please provide copies of passport for each dependent)  
The relationship of the F-2s to you is/are  spouse (wife/husband)  child/children (how many: \_\_\_\_\_)

By undersigning below, I hereby certify the following:

1. All information I have provided on this application is correct and complete.
2. I understand that I am responsible for arranging all documents including official transcripts, copy of diploma, foreign credential evaluation reports, if applicable, and others as required for admission application be delivered to Kingston University by the admission application deadline. Incomplete admission application will not be reviewed or approved.
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: \_\_\_\_\_ Remarks: \_\_\_\_\_