

KEISER UNIVERSITY

Undergraduate Program Application

Please print or type clearly.

Date _____

Name: Mr. Mrs. Ms. _____
Family/Surname Given/First Name Middle Name

Marital Status: Single Married Separated Divorced Preferred Name _____

Date of Birth (mm/dd/yy): _____ Place of Birth (city/state/country) _____

Language(s) Spoken at Home _____ Gender: Male Female

Current Mailing Address: Street/Address/P.O.Box _____

District/Province _____ City _____

State _____ Zip Code _____ Country _____

Telephones: Day _____ Evening _____ Mobile _____

Effective Dates: From (mm/dd/yy) _____ to (mm/dd/yy) _____

Permanent Address: Street/Address/P.O.Box _____

District/Province _____ City _____

State _____ Zip Code _____ Country _____

Telephones: Day _____ Evening _____ Mobile _____

E-mail Address: Home Work Campus Personal _____

Name(s) of Planned Program/Degree: _____

Name(s) of Planned Concentration(s): _____

Student Number (if previously attended Keiser University) _____ How, where or from whom did you hear about Keiser University? _____

Name of the college entrance exam taken _____ Month/Year of the Exam _____ Score _____

Language Proficiency Test taken _____ Month/Year of the Exam _____ Score _____

Keiser University is an equal opportunity/affirmative action educational institution.

Please list all high school, colleges/universities you are currently attending or in which you have been enrolled:

Institution City/State	Field of Study	Dates	Degree(s) Earned	GPA
		____ to ____		
		____ to ____		
		____ to ____		

Optional Information:

Professional or Work Experience:

Dates	Employer	Location	Title/Position(s)
____ to ____			
____ to ____			
____ to ____			

Academic honors, prizes or scholarships you have received or honor societies to which you have been elected:

Professional organizations in which you currently hold membership(s): _____

Title or description of any thesis, research report, patent or other publications (use separate sheet, if necessary):

Please describe your background (e.g., coursework, professional and research experience, etc.) as it pertains to your area(s) of interest at Keiser University: _____

I certify that the statements made in this application are true to the best of my knowledge. If admitted, I agree to abide by the rules and regulations of Keiser University.

Print name and Signature of Parent or Legal Guardian (if the student is under age)

Date

Signature of Applicant

Date