

Application for Admission

PLEASE PRINT CLEARLY IN ALL CAPITAL LETTERS.

Social Security Number:
(if currently have one)

Email Address:



Office Use Only

Appl. Center: _____ #: _____

Comments: _____

Legal Name:

Last Name First Name Middle Name

Former Last Names (if any): _____ **Date of Birth:** _____

Month Day Year

Native Language: _____

Country of Birth: _____

Country of Citizenship: _____

Home Address:

Street Address

Street Address

City State Zip Code

Country: _____

Gender: Male Female

Please select one or more of the following, as applicable:

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

Citizenship:

- U.S. Citizenship
- Resident Alien (Immigrant)
- Non-Resident Alien (International)

Visa Type: _____

Current Mailing Address (if different from Home Address):

Street Address

Street Address

City State Zip Code

Country: _____

ADMISSION REQUESTED FOR:

Year: _____ Semester:

- Fall (Aug. – Dec.)
- Spring (Jan. – May)
- Summer (May – Aug.)

Are you seeking a degree?

If YES, choose ONE:

- Master's Bachelor's

Intended Major: _____

If NO, Intend Diploma: (check an appropriate box)

- CCNA
- MCITP
- NIE
- ESL

Previous Address (if at current address is less than 6 months):

Telephone\Fax Numbers:

Home: _____ Work: _____

Cell: _____ Fax: _____

Person(s) to contact in case of emergency:

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

Address: _____

| School Attended / Location List in chronological order (most recent first) Schools, college and universities attended. Please give city and state where located | Dates Attended | | | | Type of Degree Received | | |
|--|----------------|-------|-------|------|-------------------------|------|--|
| | From | | To | | | | |
| | Month | Year | Month | Year | | | |
| Name of Institution | City | State | Month | Year | Month | Year | |
| | | | | | | | |
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I hereby affirm that all information supplied is complete and accurate. It is my understanding that I shall not be considered for admission to the Technological University of America until I submit all the required documents and credentials. I understand the withholding of information requested or giving false information may make me ineligible for admission and enrollment.

Print full Name: _____ Signature: _____ Date: _____

Please Mail/Fax your filled Application to: Technological University of America
3700 Coconut Creek Parkway, Coconut Creek, FL 33066
Phone: 954 971 0092 Fax: 954 971 0093