

APPLICATION FOR ADMISSION

Enrollment Information				
Programs :				
Applying Year (20)				
	the U.S. without an F-1 visa) Irrently in the U.S. with an F-1 visa) ts currently in the U.S. with a visa Other tha	n F-1)		
Personal Information				
1. Name	First (given name)	Middle		
Other names under which any docum	ents may be issued			
2. Birth Date and place	Ge	nder		
3. US Address				
Street	City		State, Zip	
4. Foreign Address				
Street	City		State, Zip	
5. Phone	6. Email			
7. Nation of Citizenship				
U.S. Citizens do not need to a 8. Are you a U.S. Citizen ?	nswer 7, 8, 9.		□ Yes	
-	rocoivo an E-1 Vica?		□ Yes	□ No □ No
9. Will you be applying for the I-20 to receive an F-1 Visa?10. If no, what is your current visa? (F-1, F-2, H-1, R-1, B-1, B-2, other				
U.S. Social Security Number (if applicable)			
Driver License Number (if app	licable)			_



Educational Background

ACADEMIC DATA: List chronologically all colleges, universities and other educational INSTITUTIONS ATTENDED SINCE HIGH SCHOOL, INCLUDING THOSE OFFERING Extension COURSES (PLEASE INCLUDE THE INSTITUTIONS YOU ARE CURRENTLY ATTENDING). The LAST ATTENDED INSTITUTION SHOULD BE LISTED LAST

Name of School College of University	Location (City, State and Country)	Entered (Month/Year)	Withdrawn (Month/Year)	Major/Degree

Emergency Contact to Information

Who can help you while in the U.S.A.?

Name

Phone Number

Relationship to Student

CERTIFICATION TO BE READ AND SIGNED BY ALL STUDENTS TO CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED.

I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to Western Covenant University taking one or more of the following actions upon discovery, at any time, of any such omission or misstatement of mine in this application: (1) Voiding of my admissions & registration to WCU Distribution of information relating to such omissions and/or misstatements to other academic institutions, governmental agencies, and other third parties. I have received and read a copy of the WCU catalog, schedules of fees, School Performance Fact Sheet, institution cancellation and refund policies, and course descriptions. I have read, understood, and will respect WCU's mission and faith statement as published in the catalog and the website (https://wcuniversity.edu/).

Signature

Date

OFFICE OF ADMISSION AND RECORDS

Reviewed By

Signature/Date

Please Return to: WESTERN COVENANT UNIVERSITY Office 680 Wilshire Place suite 310 Los Angeles, CA 90005 info@wcuniversity.edu