

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	

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