



# American Purlinton University

3179 W. Temple Avenue, Pomona, CA 91768 U.S.A.

## Student Application Form (Copies available)

<b>Legal Name</b>	Family/ last name		First	Mid.
<b>Current Mailing Add.</b>	Street Number	Street Name	City	State & Zip
<b>Office Tel.</b>	( )		<b>Home Tel.</b>	( )
<b>Birthday</b>	Month/ Day/ Year/		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Social Security No.</b>	- -		Native Place	Age
<b>Education Background</b>	High School: Associate Degree		College: University:	
<b>Working Experience</b>				
<b>Payment With Credit Cared</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Others			
	Card Number :		- - -	Valid Date:
	Amount: US\$		Sign Date:	
	Name:		Please fill out and fax to (909) 598-0075 USA	
	Card holder Billing Address:			
<b>Enroll for</b>	<input type="checkbox"/> Unit <input type="checkbox"/> Associate Bachelor <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor			
<b>Department Selected</b>	<input type="checkbox"/> College of Oriental Medicine		<input type="checkbox"/> Graduate Division of Medicine Research	
	<input type="checkbox"/> College of Nursing		<input type="checkbox"/> Graduate Division of Oriental Medicine Research	
			<input type="checkbox"/> Graduate Division of Nursing Research	
	<input type="checkbox"/> College of Religion		<input type="checkbox"/> Graduate Division of Religion Research	
	<input type="checkbox"/> College of Confucianism		<input type="checkbox"/> Graduate Division of Confucianism Research	
	<input type="checkbox"/> College of Business		<input type="checkbox"/> Graduate Division of Business Research	
<input type="checkbox"/> College of Literature		<input type="checkbox"/> Graduate Division of Literature Research		
<input type="checkbox"/> Graduate Division of Engineering		<input type="checkbox"/> Graduate Division of Agriculture Research		
<input type="checkbox"/> Graduate Division of the Law				
<b>Regulations Of Enrollment</b>	I, the undersigned, am willing to abide by the regulations of enrollment of the university. Any drop of classes during the semester will regard as voluntary abstention and no claim is allowed. I also hereby agree to give up my right of counterpleading.			
<b>All the information given above is true and correct to the best of my knowledge.</b>				
<b>Applicant Signature:</b>			<b>Date:</b>	