



# AMERICAN CITY UNIVERSITY

633 W. 5<sup>th</sup> Street, Suite 2868, Los Angeles, CA 90071  
877.ACU.3757 | admissions@acuni.us | www.acuni.us

## APPLICATION FOR ADMISSION

Please submit this form together with:

1. All relevant academic transcripts / certificates
2. Proof of work experience and/or resume
3. An application and processing fee of USD25 (domestic students)

Please complete in **BLOCK LETTERS** or **TYPE**

### PART I PERSONAL DETAILS

Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d/y) Age \_\_\_\_\_

Telephone: Business (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Marital Status \_\_\_\_\_

Ethnic Affiliation (Optional):    \_\_\_ White / Non-Hispanic    \_\_\_ Black / Non-Hispanic    \_\_\_ American Indian  
    \_\_\_ Asian / Pacific Islander    \_\_\_ Hispanic    \_\_\_ Other

Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Years of Work Experience \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

### PART II DEGREE PROGRAM APPLYING

- Bachelor of Business Administration
- Master of Business Administration: Concentration: \_\_\_\_\_
- Doctoral of Business Administration

- INDICATE STATUS:
- First-Time Degree
  - Certificate-Seeking Student
  - Transfer Student
  - Returning Student

**PART III****EDUCATION BACKGROUND**

*Please print full details of your previous education and attach copies of relevant certificates*

College / University Name	Qualifications / Degree Earned	Concentration	Date Graduated or Expected Date of Award

**OTHER PROFESSIONAL QUALIFICATIONS / CERTIFICATIONS / TRAINING PROGRAMS**

Name of Awarding Institution / Body	Qualifications / Certifications Obtained	How to Obtained (e.g. by exemption or by examination)	Date of Award

**PART IV****WORK EXPERIENCE**

*Please print your experience in chronological order*

Name of Employer	Position Held	Date	
		From	To

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**PART V****STATISTICAL INFORMATION**

Through which source did you learn of American City University?

- Internet Search *(please specify name of search engine, such as google, msn, or other)* \_\_\_\_\_
- Website Ad or Link
- Ad in Publication, Radio, TV or Billboard *(please specific the source)* \_\_\_\_\_
- Conference or Tradeshow
- Catalogue, Flyer or Poster
- E-mail or Direct Mail
- Referral from Friend or Co-worker
- Other \_\_\_\_\_

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**PART VI****EXPRESSION OF INTEREST**

What is your motivation for seeking admission into this program? Any other information that you wish to be taken into account in support of your application? (use a separate sheet if necessary)

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**PART VII****APPLICATION SUBMISSION**

I certify that to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admissions is based is found to be inaccurate or incomplete, the school may rescind my degree. If I am approved for admission and decide to enroll at American City University, I agree to abide by the rules and regulations of the University. I acknowledge that all official transcripts that I submit to the school will become the property of the University and will not be forwarded to another institution or returned to me.

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Applicant Signature

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Date