



Grace University

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Pomona, CA 91768
626-949-3322
www.graceu.edu**

Application Form

Please provide the information requested. You may submit this application in person, by mail or email. Admission is granted without regard to race, gender, handicap or nationality.

Personal Information

Last Name _____ First Name _____ AKA _____

Birthday Date _____
(mm/dd/yyyy) Sex: Female Male

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Home Phone _____ Cell Phone _____ Other _____

Email _____

Current Address _____
No. _____ Street _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Address in home country (if different from above)

Street _____ City _____ Province _____ Zip Code _____ Country _____

Program Information

Program I want to apply _____

Planned Starting Quarter (indicate term and year):

Winter (January) _____ year Spring (April) _____ year Summer (July) _____ year Fall (September) _____ year

Planned Program Completion Term/Year: _____

How did you learn of our program at Grace University?

Friend or Family Website Advertisement
 Other _____

I hereby certify the information submitted on this form is true and complete and authorize the verification of all information herein recorded by Grace University in processing my application. I also authorize Grace University to release this information to any credit evaluation agency it deems necessary in completing my application.

Applicant's Signature _____ Date _____

For School Use Only

Signature

Date

Student ID