



# Grace University

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## 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 \_\_\_\_\_ Sex: ☐ Female ☐ Male  
(mm/dd/yyyy)

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