



American Purlinton University

International Students Service Center Student Application Form

(Copies available)

Legal Name	Family/ last name		First	Mid.
Current Mailing Add.	Street Number	Street Name	City	State & Zip
Office Tel.	()		Home Tel.	()
Birthday	Month/ Day/ Year/		Sex: Female Male	
Social Security No.	- -		Native Place	Age
Education Background	High School: Associate Degree		College: University:	
Working Experience				
Payment With Credit Cared	<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:			
Enroll for	Unit	Associate Bachelor	Bachelor	Master Doctor
Department Selected	College of Oriental Medicine		Graduate Division of Oriental Medicine Research	
	College of Music & Arts		Graduate Division of Music & Arts Research	
	College of Religion		Graduate Division of Religion Research	
	College of Business		Graduate Division of Business Research	
Regulations Of Enrollment	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.			
All the information given above is true and correct to the best of my knowledge.				
Applicant Signature:			Date:	