



LORDLAND UNIVERSITY

119 Belmont Ave. Los Angeles, CA 90026
P.O.Box 70070, Los Angeles, CA 90070
Tel. (213) 700-0886, (213) 250-7744 Fax. (213) 250-7745

APPLICATION FOR ADMISSION

INSTRUCTIONS

Please provide the information requested. The back page of this folder provides additional information regarding things you will need to do to be admitted to a degree program. You may submit this application in person, by mail, or by fax.

Name Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Overseas Address (if any) _____

City _____ Country _____

E-Mail Address _____

Cell Phone _____ Home Phone _____

Your Country of Citizenship _____

Birthplace _____ Birth Date: Month _____ Day _____ Year _____

Sex: Male Female Age: _____

Check university degrees you have received Associate Bachelors Masters Other

Admission Status: Entering as an Undergraduate Entering as a Graduate Other

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Please List College and Universities you have attended, including professional School:

Name of School	From(Date) - To(Date)	Major	Degree

SPECIAL AWARDS OR HONORS YOU HAVE RECEIVED (Optional)

STATEMENT OF PURPOSE (Optional)

Please write a brief statement explaining your reason or reasons for pursuing university study at this institution. Include, in your comments, any information regarding your preparation or work experience that is relevant to the program you would like to complete. Attach an additional page if needed. You may also attach a resume or letters of reference if you wish.

APPLICANT'S CERTIFICATION

I certify that the information provided in this application is accurate. Further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the university to release any information submitted by me in connection with this application, to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with legal proceedings. I authorize this college to verify my credentials for admission. I understand that any misrepresentation or omission of facts in this application may lead to the denial, cancellation, or rescission of admission or enrollment.

Date Signed _____ Applicant's Signature _____