

Advanced College

Application for Admission

This application is to be used for applying for admission. There is \$75.00 non-refundable application fee. Please include your resume and official transcripts. If you have any questions contact us at 562-408-6969 or email at admissions@advancedcollege.edu.

Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Permanent Mailing Address _____

City: _____ St. _____ Zip: _____

Country (if not USA): _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

How did you hear about Advanced College? _____

Date of Birth: _____ Married? Y Dependents: _____

U.S. Citizen? Y N Permanent Resident? _____

Social Security (if applicable): _____

Current Employer: _____

Position: _____

(Optional) Ethnic heritage Code

African-American

Am. Indian/Alaska Native

Caucasian

Hispanic

Asian/Pacific Islander

Other

Have you previously attended AC: Yes No

Advanced College

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Highest Level of Education:

- No High School
 High School

- GED
 Some College

Certificate Program of Interest:

- Computerized Office Skill
 Computerized Accounting
 Computer Networking
 Computer Systems Repair & Microsoft Certified Professional
 Vocational Nursing

- Medical Billing and Front Office Assistant
 Medical Assistant
 Massage Therapy
 Physical Therapy Aide
 ESL (English as a Second Language)

Associate Degree Program of Interest:

- Accounting
 Business Administration

- Healthcare Management
 Medical Assistant

Submitted Documents:

- Transcripts
 Resume
 Document: _____

If not included, date to be provided: _____

What type of transportation will you be using to attend school?

- BUS CAR OTHER: _____

If School Provides a Bus Pass, is that something that will interest you? Yes

No

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Payment Information:

I am enclosing a \$75.00 check or money order payable in U.S. funds to
Advanced College

Please charge my application fee of \$75.00 to the credit card listed below.

VISA

MASTER CARD

AMERICAN EXPRESS

Credit Card no: _____ Exp. Date _____ CVV _____

I understand that in signing this application I am acknowledging that I apply for admission to the certificate or degree program at Advanced College. My signature below certifies that this application is valid for 30 days from the date of acceptance. If I do not enroll within 30 days, I will have to reapply for future enrollment. I am enclosing a non-refundable application fee of \$75.00.

Name of the program for which you are applying: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

If accepted, what is your availability to start? _____

Office Use Only:

Accepted for enrollment: Yes/No

Programs presented: _____

Possible Start Date: _____ End Date: _____
