

APPLICATION for ADMISSION



Mail to: Admission Director
LA Sports University
3680 Wilshire Blvd. #503
Los Angeles, CA 90010

Attach(or Insert)
Picture
Here

Term of Entry:

- Fall(Sept)20__
- Spring(Jan)20__

Applicant's full legal name:(please print or type clearly in blue or black ink)

FIRST (GIVEN) NAME	MIDDLE NAME	LAST (FAMILY) NAME
PREFERRED NAME (OR NICKNAME)	MIDDLE NAME	
Social Security No. (required for U.S. residents)	Birth date(month/day/year)	
E-mail		
Birthplace (state, country)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent home address		
City/State	ZIP/Postal Code	
Country	Telephone	
Mailing address(if different from above)		
City/State	ZIP/Postal Code	
Country	Telephone	

Citizenship

- U.S. Citizen Permanent resident(copy of green card required)
- Non-U.S. citizen; Visa type_____
- Country of citizenship_____

If applying as an international student, will you bring dependents to the United States? Yes No

Is English your first language? Yes No

Do you plan to live in college housing? Yes No

Are you applying for financial assistance? Yes No

Check all that apply:

- Federal Aid (for U.S. citizens and permanent residents only.)
- Alternative Loans
- Private Scholarships

Are you currently employed? Yes No

Current employer_____

How did you hear about LASU? _____

Education History

1. Name of high school

City/State

Date of graduation (month/day/year)

Are you currently attending, or have you previously attended, a college/university? Yes No

2. Name of college attended

City/State

Dates attended(month/day/year) to (month/day/year)

Degree

Major

3. Name of college attended

City/State

Dates attended(month/day/year) to (month/day/year)

Degree

Major

Father/Guardian Information

Name

Address

City/State/Country

Zip/Postal Code

E-mail

Home Phone

Work Phone

Father's Employer

Position

Application Payment Method

A nonrefundable application fee of \$100 for domestic students, and \$200 for international students, is required for processing.

My check/money order for the application fee is enclosed, made payable to the Professional Golfers Career College.

I would like to charge the application fee to my (check one):

Visa MasterCard American Express Discover

Card No.

Cardholder's billing address

City/State/Country

Name as it appears on the card

Authorizing signature

Mother/Guardian Information

Name

Address

City/State/Country

Zip/Postal Code

E-mail

Home Phone

Work Phone

Father's Employer

Position

Have you previously applied to LASU? Yes No

If yes, what term/year?

Have you ever been convicted of a felony? Yes No

Have you ever been expelled for academic or disciplinary reasons? Yes No

I affirm that the information on this application is complete and correct. If admitted, I agree to abide by the rules and regulations of the Professional Golfers Career College.

Signature of applicant

Date (month/day/year)

Please enclose the following items with your application:

■ **FEE**

Please make your \$100(\$200 for international students) non-refundable check payable to: LA Sports University

■ **STATEMENT OF PURPOSE**

Please write a 500-word essay addressing why you specifically want to attend LA Sports University and how you see your role as a future healer.

■ **TRANSCRIPTS**

Please request that official transcripts from each school listed above be directly mailed to: LA Sports University, ADDRESS , Attn: Director of Admissions

■ **RECOMMENDATIONS**

Two sealed letters of recommendation on official letterhead. These can be mailed separately to the address above.

■ **CURRENT RESUME**

■ **PHOTOGRAPHS**

Please include two passport-sized photographs.

■ **PERSONAL ADMISSIONS INTERVIEW**

Upon submission of your completed application, please contact the Director of Admissions for a personal interview:

INTERNATIONAL APPLICANTS:

In addition to the materials mentioned above, please also include:

- Official transcripts evaluated by World Education Services () to coincide with the U.S. grading system
- Official TOEFL scores
- Financial statement

The information on this application is complete and correct to the best of my knowledge. I understand it is my responsibility to complete all application procedures and to have transcripts forwarded from the schools I have attended. These documents become the property of LA Sports University (LASU) and will not be returned to me or duplicated for my purposes. I also understand that if I am accepted to LASU, acceptance is subject to verification of official records from the institutions I have attended.

Date

Printed Name

Signature

Complete and accurate information will help expedite the processing of your application. Please send the completed application to

Los Angeles Sports University

TEL : (213) 389-2222 FAX : (213) 389-2248

3680 Wilshire Blvd

Los Angeles, CA 90010

Applicants will be notified in writing of the Admissions Committee's decision within 30 days of the receipt of the complete application.