Open Enrollment Application for Admission

Please send this application, and all fees to:
Office of Admissions
University of the West
1409 Walnut Grove Ave.
Rosemead, CA 91770

Tel: (626) 571-8811
Fax: (626) 571-1413
admission@uwest.edu
www.uwest.edu

OPEN ENROLLMENT APPLICATION DOES NOT CONSTITUTE ADMISSION TO THE UNIVERSITY.

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK ALL INFORMATION ON THIS APPLICATION

Do you plan to apply for Financial Aid? [ ] Yes [ ] No

Student Information

1. Indicate the term you are applying for: [ ] Fall [ ] Spring [ ] Summer Year: _____

2. Program: [ ] Religious Studies [ ] Business Administration [ ] Languages [ ] Humanities & Social Sciences
[ ] Undecided [ ] Online Extended Studies

3. Level: [ ] Graduate Level [ ] Undergraduate Level

3. Legal Name: _____ 4. Gender: [ ] Male [ ] Female
Last (Family Name) First Middle Initial

5. Date of Birth: _____ 6. Birthplace: _____
(MM/DD/YYYY) Country & State/Province

7. Social Security #: _____ 8. Country of Citizenship: _____

9. Ethnicity: [ ] Asian/Pacific Islander [ ] Black/non-Hispanic [ ] White/non-Hispanic
[ ] Hispanic [ ] American Indian/Alaskan [ ] Other: _____

10. Current Mailing Address:

_____
Street City State/Province Country Zip

11. Home #: (_____) _____-_____ Cell #: (_____) _____-_____

E-mail: _____ Secondary E-mail: _____

12. Permanent / International Mailing Address:

_____
Street City State/Province Country Zip

13. Previous Education (Highest Academic Level Achieved):

Name of Institution	Location	From (mm/yy)	To (mm/yy)	Degree

14. How did you hear about us? _____

Signature: _____ Date: _____

I certify that the information I have provided on this application is complete, accurate, and true to the best of my knowledge.