



## APPLICATION FOR ADMISSION

### Enrollment Information

---

Programs :

Applying Year (20 )

Types of Application

- Overseas (Students not in the U.S. without an F-1 visa)
- U.S. Transfer (Students currently in the U.S. with an F-1 visa)
- Change of Status (Students currently in the U.S. with a visa Other than F-1)

### Personal Information

---

1. Name \_\_\_\_\_  
*Last (family name) First (given name) Middle*

Other names under which any documents may be issued \_\_\_\_\_

2. Birth Date and place \_\_\_\_\_ Gender \_\_\_\_\_

3. US Address

\_\_\_\_\_  
*Street City State, Zip*

4. Foreign Address

\_\_\_\_\_  
*Street City State, Zip*

5. Phone \_\_\_\_\_ 6. Email \_\_\_\_\_

7. Nation of Citizenship \_\_\_\_\_

U.S. Citizens do not need to answer 7, 8, 9.

8. If you are not a U.S. Citizen, are you a resident alien?  Yes  No

9. Will you be applying for the I-20 to receive an F-1 Visa?  Yes  No

10. If no, what kind of visa do you have? (F-1, F-2, H-1, R-1, B-1, B-2, other \_\_\_\_\_)

U.S. Social Security Number (if applicable) \_\_\_\_\_

Driver License Number (if applicable) \_\_\_\_\_

11. Emergency Contact Person Name \_\_\_\_\_

Street Address \_\_\_\_\_ Relationship \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_



**Educational Background**

**ACADEMIC DATA:** List chronologically all colleges, universities and other educational INSTITUTIONS ATTENDED SINCE HIGH SCHOOL, INCLUDING THOSE OFFERING Extension COURSES (PLEASE INCLUDE THE INSTITUTIONS YOU ARE CURRENTLY ATTENDING). The LAST ATTENDED INSTITUTION SHOULD BE LISTED LAST

Name of School College of University	Location (City, State and Country)	Entered (Month/Year)	Withdrawn (Month/Year)	Major/Degree

**Reference**

Who will be supplying for your recommendations?

Name	Phone Number	Name	Phone Number
------	--------------	------	--------------

**CERTIFICATION TO BE READ AND SIGNED BY ALL STUDENTS TO CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED.**

I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to Western Covenant University taking one or more of the following actions upon discovery, at any time, of any such omission or misstatement of mine in this application: (1) Voiding of my admissions & registration to WCU Distribution of information relating to such omissions and/or misstatements to other academic institutions, governmental agencies, and other third parties. I have received and read a copy of the WCU catalog, schedules of fees, School Performance Fact Sheet, institution cancellation and refund policies, and course descriptions. I have read, understood, and will respect WCU's mission and faith statement as published in the catalog and the website (<https://wcuniversity.edu/>).

Signature

Date

OFFICE OF ADMISSION AND RECORDS

Reviewed By

Signature/Date

Please Return to: WESTERN COVENANT UNIVERSITY Office  
680 Wilshire Place suite 310 Los Angeles, CA 90005  
[info@wcuniversity.edu](mailto:info@wcuniversity.edu)