



PRESTON UNIVERSITY

Reaching New Heights in Global Education

APPLICATION FOR ADMISSION

Check One Mr. Mrs. Miss Ms. Registration Number _____
From initial inquiry and follow-up letters.

Applicant's Full Name _____
First Middle Last (Surname) Maiden

Mailing Address _____ Apt# _____

City _____ State _____ Zip _____ Country _____

Shipping Address _____ Apt# _____

A physical street address is required for shipping packages. Courier service will not deliver to a P.O. Box.

City _____ State _____ Zip _____ Country _____

Home Phone _____ / _____ / _____ Work Phone _____ / _____ / _____ Cellular _____ / _____ / _____
Country City Number Country City Number Country City Number

Home Fax _____ / _____ / _____ Work Fax _____ / _____ / _____
Country City Number Country City Number

Email 1 _____ Email 2 _____

Birth Date _____ / _____ / _____ Birth Place _____ Country of Citizenship _____
Month Day Year

Program Applied For (Check Only One)

- Associate of Arts or Science (60 Credit Hours)
 - Bachelor of Business Administration (120 Credit Hours)
 - Bachelor of Business Administration II (60 Credit Hours)
 - Bachelor of Science in Computer Science (120 Credit Hours)
 - Bachelor of Science in Computer Science II (60 Credit Hours)
 - Bachelor of Science in Information Technology I (120 Credit Hours)
 - Bachelor of Science in Information Technology II (60 Credit Hours)
 - Executive Master of Business Administration (36 Credit Hours)
 - Master of Business Administration (36 Credit Hours)
 - Master of Health Care Administration (36 Credit Hours)
 - Master of Science in Computer Science (36 Credit Hours)
 - Master of Science in Information Technology (36 Credit Hours)
 - Master of Science in Adult Education (36 Credit Hours)
 - Doctorate / PhD (36 Credit Hours)
- Area of Proposed Study _____

Area of Emphasis or Concentration _____

Educational Information

1. School Name _____ Dates Attended: From _____ To _____
Address _____
Qualifications Earned _____ Grade Point Average _____
2. School Name _____ Dates Attended: From _____ To _____
Address _____
Qualifications Earned _____ Grade Point Average _____
3. School Name _____ Dates Attended: From _____ To _____
Address _____
Qualifications Earned _____ Grade Point Average _____
4. School Name _____ Dates Attended: From _____ To _____
Address _____
Qualifications Earned _____ Grade Point Average _____

Tuition Payment Information

Cash Check Credit Card Money Order Electronic Transfer

Credit Card (Check One) Visa Master Card American Express

Credit Card Number _____ Expiration Date _____

Credit Card authorization for Application Fee Tuition Payment Amount of Payment U.S.\$ _____

Authorization Signature _____ Date _____

1. English Language Requirement

I understand that I must comply with the English Language Requirement in one of the following ways:

- 1. _____ My primary written and spoken language is English. I have provided written documentation verifying this statement.
- 2. _____ My primary written and spoken language is not English. I will comply with this requirement by passing the TOEFL exam with a minimum score of 500 on the written portion or 175 on the computer based section. Have copies of your TOEFL test scores sent directly to Preston University (our school code is 4640).
_____ TOEFL Score

2. Legal Status

I understand that Preston University is authorized to grant degrees and is licensed by the state of Alabama. The Alabama Department of Education has neither accredited nor endorsed any course of study being offered by Preston University.

3. Agreement of Terms

I declare that I have read and understand the Preston University catalog and I agree to abide by the university's rules and regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information may result in dismissal from the university and forfeiture of financial payments and academic credits.

I certify that I have read, understand, and accept the conditions of Section 1, 2 and 3 above.

Applicant/Student Signature _____ Date _____

Name of school official who reviewed this application _____
Please print name of school representative

School Representative Signature _____ Date _____