

CALIFORNIA VICTOR UNIVERSITY

APPLICATION FOR ADMISSION

708 W. Holt Ave.

Pomona, CA91768 Office: **(909) 671-4038, (909) 671-4086**

E-mail: info@cvu.edu Web: www.cvu.edu

Place your 2x2" photo here

Today's Date:		L	
Current Degree to be pursued:	Desired M	lajor: (choose one)	
Bachelor	Business Administration		
Master	Divinity		
Doctor			
	PERSONAL INFORMA	ATION	
Title (Circle one): Mr. Mrs. Miss Ms	. Other:	Sex: M	F
Full Legal Name:			
First	Middle	Last	
Street:		Apt/Unit #	
City	StateZip		ip
Home Phone #: ()	Cell ph	one #: ()	
Social Security #:	E-mail:		
Birth Date://	U.S. Citizen: Yes	No	_
Primary Language:	_Marital Status: Marr	iedSingle	Divorced
Military: Yes / No If yes, dates served	l with the U.S. Armed	Forces	
	ACADEMIC BACKGR	<u>OUND</u>	
Please list all post-high school education, know you have attended.	ing that is your responsib	ility to request official trans	scripts from every school
Name of School	Location	Attended	Graduation Year
Agreement I hereby certify that all information submitted in the admiss.	ion process is factually true and h	nonestly presented. My signature b	elow certifies that I have read,
understood, and agreed to California Victor University's poli	cies.		
Signature of Applicant		Date	
Signature of Applicant		Date (mm/dd/y	
	<u>REMEMBER</u>		