

TRITON INSTITUTE

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APPLICATION FOR ADMISSION

Program Applying for							
Month Year							
STUDENT INFORMATION							
1. Student Name							
First Name	Middle Name		Last Name				
2. Gender O Female O Male	3. Date of Birth MM / DD / YYYY		4. Nationality				
5. Country of Birth	6. Passport / I.D Number		7. Social Security Number				
8. Cell Phone	9. Home/ Alternative Phone		10. Email				
11. Permanent Address (home country	address)						
Street		City	Province/State	Country	Zip Code		
12. Mailing Address (if different)							
Street		City	Province/State	Country	Zip Code		
13. I am A new student A transfer student A returning student Triton Student ID#							
14. Education Background (please select your highest education background below)							
☐ High School/ Vocational	l School Associate Deg	☐ Associate Degree ☐ Bachelor or above					

Email: info@tritoninstitute.org



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15. Institutions Attended (Please list all high school or above)	Country	Major	Degree or Certificate	Graduation Date				
16. Employer (List latest 3 employers)	Position	Location	Start Date	End Date				
17. Statement								
I Declare that all information given on this application form is complete, accurate and all materials presented to Triton Institute are true to the best of my knowledge. (Please note that providing incomplete, incorrect, or false information may result in the rescission of admission and subject to the requirements and/or disciplinary measures as provided under the Institute's Student Code).								
SIGNATURE OF APPLICANT:	DATE:							
Application Check List:								

Please complete and mail your application documents to our Office of Admissions to the following address:

☐ High School or postsecondary education certificate copy

Office of Admissions Triton Institute 3120 Scott Blvd., Ste. 130 Santa Clara, CA 95054 U.S.A.

☐ Passport / Photo ID copy

☐ Transcripts

Email: info@tritoninstitute.org