AMERICAN WEST COLLEGE

Official Application for Student Admission

1. Student Profile & Personal Identification

Full Legal Name: _____

Primary Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Place of Birth (City/Country): _____

Gender Status (Male / Female / Other): _____

2. Residential Contact Details

Street Address: _____

City, State, & Zip-Code: _____

Primary Telephone Number: _____

3. Government Registry & Demographics

Social Security Number (SSN): _____

Driver's License / Passport ID #: _____

Country of Nationality: _____

Race / Ethnic Background: _____

4. Academic History & Program Selection

Highest Academic Institution Attended: _____

Graduation Date / Expected Date: _____

If Transferring, Previous School Name: _____

Program of Interest:
(e.g., BSBA Distance Education, Medical Assistant, Massage Therapy, CNA) _____

Target Enrollment Semester / Year: _____

Admission Processing Fee Status (Paid / No): _____

5. Institutional Attestation & Signature

I hereby certify under penalty of perjury that all declarations, statements, and supporting academic documents supplied within this application are true, accurate, and complete to the best of my knowledge. I understand that any false statements or omission of material facts may result in the immediate rejection of this file or cancellation of enrollment at American West College. I agree to abide by all institutional rules, regulatory policies, and codes of conduct enforced by the college administration.

Applicant Signature (Write Full Name): _____ **Date:** _____