

AMERICAN WEST COLLEGE

Official Application for Student Admission

1. Student Profile

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. Additional Data

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., MedicalAssistant, 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: