AMERICAN WEST COLLEGE

Official Admission Application Form

Note: Required items are marked with an asterisk (*). Please click on a box to type your information.

SECTION 1: Personal Information

Student Full Name *:

Student's Day of Birth (DOB) * [YYYY / MM / DD]:

Place of Birth *:

SECTION 2: Address & Contact Details

Gender * (Type Male / Female):

Street Address *:

City / Zip-Code *:

Student's Phone # *:

Student's Email:

SECTION 3: Identity & Background

Social Security # [XXX - XX - XXXX]:

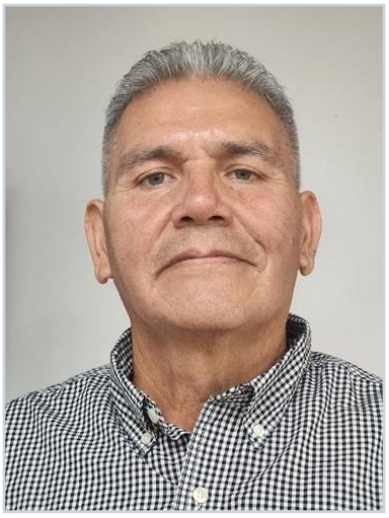
Identification (Driver License) #:

Photo ID File Attachment Name: arcia rud2.jpg

Nationality *:

Ethnicity:

Photo ID Image (Attached):



AMERICAN WEST COLLEGE - Admission Application (Page 2)

SECTION 4: Academic History & Program Selection

High School or Higher Education (Graduated from):

Graduated Date [YYYY / MM / DD]:

If transferring, from what School?:

Program of Interest * (Type option below):

Options: BSBA DE / Medical Assistant / Massage Therapy / CNA / Others

Semester / Module *:

Admission Fee Paid * (Yes / No):

Student ID (Office Use Only):

SECTION 5: Attestation & Signature

I certify that all statements made in this application are correct, true, and complete.

Student's Signature * (Type first and last name):