



AIDAN UNIVERSITY

Application for Admission

THIS AREA FOR REGISTRAR'S
OFFICE USE ONLY

Date:
App. Fee:
Eval. Fee:
MOP:
Card #:
Expiration Date:

Degree Level: Associate Bachelor Master Doctor
Concentration:

First Name: E-Mail Address
Middle Initial or Name
Last or Surname Confirm E-Mail Address
Suffix

List any other name(s) which may appear on transcripts or test score reports which may differ from the Name listed above.

Last, First, Middle
Last, First, Middle

Gender: Male Female

Current Age:
Date of Birth:

U.S. Social Security No.

(Required of all U.S. Citizens and permanent residents applying for intrance to AIDAN UNIVERSITY)

Permanent Address:

Street Address 1:
Street Address 2:
City:
State or Province:
Zip or Postal Code:
Country:
U.S. Tel No.:
U.S. Fax No.:
Internatinal Tel.:
Internatinal Fax.:

Mailing Address:

Street Address 1:
Street Address 2:
City:
State or Province:
Zip or Postal Code:
Country:
U.S. Tel No.:
U.S. Fax No.:
Internatinal Tel.:
Internatinal Fax.:

AIDAN UNIVERSITY

PO Box 351148., Jacksonville, Florida 32235-1148
Office (888) 99-AIDAN Fax: (904) 646-1954
Email: admissions@aidanu.org • Web: www.aidanu.org

Residency: US Citizen? Yes No

If No, specify country of citizenship

If No, are you a Permanent U.S. resident? Yes No

If you are NOT a U.S. citizen or a Permanent Resident,
please complete the following two questions.

1. What U.S. Visa, if any, are you currently holding?

None

2. If You Are An International Student,
What Is Your City and Country of Birth:

Enrollment: When do you plan to begin your enrollment?

Fall Semester Spring Semester Summer Session

Year: (enter 4 digit year - e.g. 2018)

Education History:

Name of Institution	<input style="width: 100%;" type="text"/>	Years of	Degrees
Ugrad or Graduate	<input style="width: 100%;" type="text"/>	Attended	Expected
Major Field of Study	<input style="width: 100%;" type="text"/>	Yr.	Yr.
Degree	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Name of Institution	<input style="width: 100%;" type="text"/>	Years of	Degrees
Degree Granted?	<input style="width: 100%;" type="text"/>	Attended	Expected
Major Field of Study	<input style="width: 100%;" type="text"/>	Yr.	Yr.
Degree Title	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Name of Institution	<input style="width: 100%;" type="text"/>	Years of	Degrees
Degree Granted?	<input style="width: 100%;" type="text"/>	Attended	Expected
Major Field of Study	<input style="width: 100%;" type="text"/>	Yr.	Yr.
Degree Title	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Name of Institution	<input style="width: 100%;" type="text"/>	Years of	Degrees
Degree Granted?	<input style="width: 100%;" type="text"/>	Attended	Expected
Major Field of Study	<input style="width: 100%;" type="text"/>	Yr.	Yr.
Degree Title	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Grade Point Averages

Please furnish to the best of your ability your undergraduate and graduate grade point averages (GPA's) using the following scale:
 A=4.00, A-=3.67, B+=3.33, B=3.00, B-=2.67, C+=2.33 ... F=0.0.

Ugrad. Career GPA for all courses taken.

GPA for all courses taken in major field.

GPA for all courses taken in the last two years.

Graduate Career, if applicable GPA for all courses taken.

References:

Name two or more persons acquainted with your academic and/or professional experience. Print out the Recommendation Form NOW. Give one to each person writing a reference, who will return it directly to the Graduate Admissions Office.

1. **Name:**
- Position:**
- Address:**
- Telephone No.:**

2. **Name:**
- Position:**
- Address:**
- Telephone No.:**

3. **Name:**
- Position:**
- Address:**
- Telephone No.:**

4. **Name:**
- Position:**
- Address:**
- Telephone No.:**

Experience: List any significant professional or career related experiences:

1. Employer:
Address:
Telephone No.:
Job Title:

2. Employer:
Address:
Telephone No.:
Job Title:

3. Employer:
Address:
Telephone No.:
Job Title:

List significant academic honors or awards and honor society memberships:

Describe any teaching or tutoring experience:

Experience: If you wish to, please enter your Personal Statement below;
Continued Your Personal Statement should be a brief but carefully written essay regarding:
1) your reasons you want to seek higher education in your chosen field of study,
2) your specific interests and experiences in this field, 3) any special skill or
experiences that may relate to an assistantship, and 4) your career plans.

Ethnic Information: Please check the applicable button.

American Indian or Alaskan Native

Person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

African American, not of Hispanic Origin

Person having origins in any of the Black racial groups in Africa.

Hispanic

Person of Mexican, Puerto Rican, Cuban, Central or South American culture or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander

Person having origins in the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, Samos, India, Pakistan, Bangladesh, Sri Lanka, Sikkan, and Bhutan.

White, not of Hispanic Origin

Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

African



Application Payment

To expedite the processing of your application you can pay your application fee by credit card using the University's secure server. Your credit card will be charged the appropriate application fee of \$50.00 and Evaluation Fee of \$25.00 for a total of \$75.00. (These fees are non-refundable)

I wish to pay for my application fee by check or money order which must be drawn on a U.S. bank or Traveler's Checks payable in U.S. dollars (be sure that they are signed in both places) and made payable to the Aidan University. I understand that my application will not be processed or considered by the University until payment is received by the Admissions Office. Your check/money order must be securely attached to a copy of the Application Transmittal Acknowledgement sent to you by our office which you must print out after you have submitted your application and mail back to our office.

I wish to pay for my application fee by credit card.

I authorize Aidan University to charge my credit card the following amounts for application to the University. **I understand that these charges are non-refundable.**

Application Fee \$50.00

Evaluation Fee \$25.00

Total Charges \$75.00

Visa Card

MasterCard

Discover Card

American Express Card

Expiration Date:

Key Number

By typing my name below, I hereby certify that the above information is complete and correct. I have read and complied with all pertinent instructions

Date:

Please note that this application cannot be processed until the application fees are received by the Admissions Office.

AIDAN UNIVERSITY

PO Box 351148., Jacksonville, Florida 32235-1148

Office (888) 99-AIDAN Fax: (904) 646-1954

Email: admissions@aidanu.org • Web: www.aidanu.org