

PLEASE PRINT OR TYPE CLEARLY

Date _____

Name: Mr. Mrs. Ms. _____
Family/Surname Given/ First Name Middle Name

Marital Status: Single Married Separate Divorced Preferred Name _____

Date of Birth (mm/dd/yy) ____/____/____ Place of Birth (city/state/country) _____

Gender: Male Female

OPTIONAL PERSONAL DATA FOR U.S. CITIZENS

Ethnicity: American Indian or Alaskan Native Asian or Pacific Island Hispanic
 Black- Non Hispanic Caucasian Other (please specify)

Citizenship (please check only one): Country of Citizenship _____ U.S. Citizen

Social Security Number ____ - ____ - ____ U.S. Permanent Resident (please attach copies of card's both sides)

Non U.S. Citizen/ Current Visa Status _____ Alien Number ____ - ____ - ____

Refugee

CURRENT MAILING ADDRESS

Street/Address/ P.O. Box _____

District/ Province _____ City _____

State _____ Zip Code _____ Country _____

Telephone: _____ Mobile _____

Effective Dates From (mm/dd/yy) ____/____/____ To (mm/dd/yy) ____/____/____

Note: All applicants must list their permanent home address if different from their current mailing address.

PERMANENT ADDRESS

Street/Address/ P.O. Box _____

District/ Province _____ City _____

State _____ Zip Code _____ Country _____

Telephone: _____ Mobile _____

E-mail Address: Home Work Campus Personal _____

Name(s) of Planned Program: _____

Name(s) of Planned Concentration(s): _____ Start date: ____/____/____

Student Number (if previously attended Keiser University) _____ How, where or from whom did you hear about Keiser University? _____

Note: One copy of your official transcripts/academic records at all higher educational institutions enrolled, except Keiser University, is required and must be remitted to:

KEISER UNIVERSITY - Graduate School
1900 West Commercial Blvd. Fort Lauderdale, Florida 33309
(954) 318-1620 / (888) 7KEISER (753-4737)

Keiser University is an equal opportunity/affirmative action educational institution.