



Application form for Admission

*Please affix your
recent passport
size photograph*

I. Applicant Information:

Legal Name: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Gender:

- Male
 Female
 Others

Marital Status:

- Single
 Married

Citizenship Country: _____

Place of Birth: _____

Passport Number: _____

II. Contact Information:

email: _____

Phone: _____

Permanent Address:

Line 1 _____

Line 2 _____

City _____ State _____ Country _____

Pin _____ Phone _____ Mobile _____



Present Address:

Tick if it's the same as the permanent address

Line 1 _____

Line 2 _____

City _____ State _____ Country _____

Pin _____ Phone _____ Mobile _____

III. Degree Program:

Check one anticipated term start date for your program:

- Winter, 20__
- Spring, 20__
- Summer, 20__
- Fall, 20__

Check one Degree program you wish to apply for:

<ul style="list-style-type: none"><input type="checkbox"/> Doctor of Medicine<input type="checkbox"/> Masters in Business Administration (MBA)<input type="checkbox"/> Master of Science in Information Technology (MSIT)<input type="checkbox"/> MBA - Corporate Excellence and Leadership<input type="checkbox"/> MSc - Clinical Medicine<input type="checkbox"/> MSc - Clinical Dentistry<input type="checkbox"/> MSc - Yoga<input type="checkbox"/> Masters Research in Yoga and Human Wellness	<ul style="list-style-type: none"><input type="checkbox"/> BSc - Medical Sciences<input type="checkbox"/> BSc - Yoga<input type="checkbox"/> Pre-Med
--	--



IV. Academic Background:

Admission Type:

- Incoming Freshman
- Transfer from another College

Highest level of education completed:

- High School
- 1 Year of College
- 2 Years of College
- 3 Years of College
- Bachelor’s Degree
- Master’s Degree

List of Colleges or Universities, including graduate programs, attended after high school:

Post-Secondary School/College/English Language Institute	Location	Degree Obtained	Years attended

If you took the IELTS, enter your score here: _____ If you took the TOEFL, enter your score here: _____

If you took the PTE, enter your score here: _____ If you took the MCAT, enter your score here: _____

If you took any entrance exams of other countries name it and enter your score: _____

I certify that all the information submitted throughout the admission process; including this application; specific documents for specific credential levels or supplemental/supporting materials is my own work and accurate to the best of my knowledge.

Signature: _____

Date (mm/dd/yy): _____