



HORIZON UNIVERSITY

APPLICATION FORM

2040 S. Brea Canyon Rd #100, Diamond Bar, CA 91765 Phone: 909-895-7138 Fax: 909-895-7143

I am applying as a: () New Student / Transfer Student () Re-Entering Student

I am applying for: **Bachelor of Theology**

Winter Quarter 20____ / Spring Quarter 20____ / Summer Quarter 20____ / Fall Quarter 20____

Master of Divinity

Winter Quarter 20____ / Spring Quarter 20____ / Summer Quarter 20____ / Fall Quarter 20____

Master of Theology

Winter Quarter 20____ / Spring Quarter 20____ / Summer Quarter 20____ / Fall Quarter 20____

Bachelor of Science in Business Administration

Winter Quarter 20____ / Spring Quarter 20____ / Summer Quarter 20____ / Fall Quarter 20____

Master of Business Administration

Winter Quarter 20____ / Spring Quarter 20____ / Summer Quarter 20____ / Fall Quarter 20____

STUDENT INFORMATION

Last Name First Name Middle Date of Birth

Mailing Address City State Zip Code

Home Country Address (if applicable) City State Zip Code County

Social Security Number: ____/____/____ Email: _____

Phone Number: Home: () _____ (if applicable) Cell: () _____

Emergency Contact Name: _____ Phone Number: () _____

DEMOGRAPHIC INFORMATION

Country of Citizenship / Residency: _____

If Out Side of the United States: Birthplace _____
City/Town State/Province

Gender: Male Female

EDUCATIONAL INFORMATION

ACADEMIC DATA: List chronologically all educational institutions attended since high school, including those offering extension courses (PLEASE LIST THE MOST RECENT INSTITUTION FIRST)

Name of School / College or University	Location (City, State, Country)	Entered (Month / Year)	Last Attended (Month / Year)	Degree / Major

If you did not graduate high school, do you have a GED Certificate? Yes No

If yes, give location and date: _____ / _____

VISA INFORMATION (International Students Only)

Are you currently in the United States? Yes No

If yes, what is your current status? _____ (i.e. F-1, B-1/B-2, H-1, J-1)

If on a tourist visa (B-1/B-2), Please fill in dates below:

Date of Entry: _____ Expiration Date of I-94: _____

If no, when do you plan to enter the United States? _____

Will dependent(s) accompany you to the U.S? Yes No If yes, Provide the following

	Last Name	First name	Date of Birth	Relationship to Applicant
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				

FINANCIAL STATEMENT

*PERSONAL FUNDS: If you are funding your education using your own resources, please have your bank provide verification of your personal account.

Personal or Family Sponsor: (Must Fill out the Affidavit of Support)

IMPORTANT:

Sponsors who are U.S. citizens or permanent residents must also complete an affidavit of support, Form I-134. The form is available at the Front Desk or at www.uscis.gov under "Immigration Forms" (<http://www.uscis.gov/files/form/i-134.pdf>). Applicants with several sponsors must have each sponsor complete the International Student Financial Statement and affidavit of support if applicable.

AKNOWLEDGEMENTS

INITIAL

- _____ I acknowledge that I have received the school catalog of Horizon University and reviewed the application instructions, program requirements, and admission requirements.
- _____ I certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I hereby authorize the release of any information submitted by me in connection with this application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings.
- _____ I understand that all documents submitted to Horizon University will become the property of Horizon University and will not be returned to me.
- _____ I understand that I may be subject to disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified to be false.
- _____ I understand that all offers of admissions are conditional, pending receipt of all documents and materials required by each program admission requirements.
- _____ I affirm that I will submit my tuition payment before the first day of each quarter.
- _____ I understand that I cannot add or drop courses after 2nd week of each quarter.
- _____ I understand that there is no refund after 6th week of each quarter.
- _____ I agree to be respectful of Horizon University’s mission and will abide by all rules and regulations contained in the current school catalog.

Signature of Applicant _____ Date _____

Horizon University does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

Office of Admissions and Records

_____	_____	_____
Reviewed By	Signature	Date