



1300 Pennsylvania Ave.
McDonough, GA. 30253
Office: 770-898-9655
Fax: 770-898-3272

DIPLOMA APPLICATION FORM

Instructions: Applications are accepted on a continual basis. To apply, clearly print or type information requested. Mail this application to the address at the end of the form. Be sure to include the following items:

- Completed and signed Application
- \$50.00 Application Fee
- HS Diploma or Equivalent
- Official transcripts from all schools previously attended
- Official results of the TOEFL (If English is not your first language)
- Personal Letter of Intent written by applicant (see end of form for instructions)

I intend to enter Adam International University:

May July August October January March Year _____

I intend to enroll:

Full-time (9 crs or more) Half-time (5-8 crs)

PERSONAL DETAILS

Full Legal Name: _____

Last (Family) (Capitalize)

First (Given)

Prefer to be called: _____ Male/Female: _____

Birth date: _____

(Month) / (Day) / (Year)

Home Address: _____

City _____ State/Province _____

Country _____ Postcode _____

Telephone Number:

Country Code _____ Area Code _____ # _____

Cell _____ Email _____

Place of Birth _____ Nationality _____

Identification Card / Passport Number: _____

Languages:

Spoken _____

Written _____

Emergency Contact Person: _____
Name Number Relationship

DETAILS OF EDUCATION AND EMPLOYMENT

High School Name: _____

School Address: _____

Dates Attended: From _____ To: _____

Please list all other schools attended, including dates you attended, field of study, and GPA (if you run out of room, add a page to your application. And remember to include transcripts for ALL schools attended)

Additional Schools:

Employment: List all jobs you have worked. Begin with the most recent, and add a page if you run out of room.

Employer Name: _____

Dates of Employment: From: _____ To: _____

Job Duties: _____

FINANCIAL PROVISION

Are you sponsored by any organization? Yes No

If 'Yes', please state name of organization: _____

Otherwise, please state source of finance: _____

DECLARATION

By signing below I agree to the conditions above and verify that all information provided is true and complete to the best of my knowledge. Falsification of information may be grounds for dismissal at any time. If accepted as a student, I will comply with all the conditions, rules and regulations of the University. I authorize Adam University where necessary to obtain from any other educational institution evidence of my academic record or seek other corroborating evidence with respect to my application.

Applicant's Signature:

Date:

Personal Letter of Intent:

In one or two pages, please describe your educational and professional goals. Include any work experience, extracurricular, recreational or community activities you have engaged in. Also, be sure to include any honors, recognitions or rewards you have received. Tell us how a degree from Adam Intl. University will help you reach your goals.

Mail this application, with required materials, and a check or money order to:

Adam International University
1300 Pennsylvania Ave.
McDonough, GA. 30253

www.adamintluniversity.org

For Office Use Only

Approved: Yes No

Approved by: _____ Date of Approval : _____

OR

Rejected by: _____ Date of Rejection : _____

Student ID Number: _____

Remarks:

Signature

Date