

EUCON International College

Application Form

Date _____ Year of College Student is Entering _____ School Year 20__ - 20__

Student's Legal Name _____
(Last) (First) (Middle) (Nickname)

Student's Present Address _____

City _____ State & Zip Code _____ Email address: _____

Student Citizenship _____ Ethnic Group _____

Male ___ Female ___ Date of Birth _____ Present Age ___ Student's SS# _____

Current marital status: () Never married, () Married, () Widowed, () Separated, () Divorced

Number of children dependent on you for support? _____

STUDENT LIVE WITH

_____ Last Name Father's First name (or person having paternal authority) Mother's First Name (or person having maternal authority)

Address _____

City _____ State & Zip Code _____ Email address: _____

Telephone Nos. Home _____ Work _____

Cellphone _____ Pager _____

Father Employed by: _____ Tel. No. _____

Mother Employed by: _____ Tel. No. _____

STATUS OF NATURAL PARENTS

Father	Mother		Name of Legal Guardian if Other Than Parents
_____	_____	Living	
_____	_____	Deceased	
_____	_____	Living, Separated	_____
_____	_____	Living, Divorced	Name _____
_____	_____	Living, Divorced, Remarried	
_____	_____	Living, Widowed, Remarried	_____
_____	_____	Adoptive	Relationship _____
_____	_____	Foster	

Schools Student Attended (Name, address, month and year you graduated):

1. _____

2. _____

3. _____

Have you previously earned a bachelor's degree? _____ If yes, from where

- Reason for Selecting EUCON _____
- Have you ever been retained in any grade? _____ If yes, what grade? _____
- Have you taken the TOFEL test? () yes, () no.
- Have you taken the ACT or SAT examination? () yes, () no.
- Please attach a copy of your recent transcript, health certificate, criminal clearance, passport, and a current 2" photo.

HEALTH HISTORY

Please answer the following questions concerning student's health by writing "yes" or "no" in the blanks provided.

Glasses	_____	Speech Problems	_____	
Contact Lens	_____	Allergies	_____	Please list _____
Hearing Problems	_____	Diabetes	_____	
Partial Deafness	_____	Medications	_____	Please list _____
Hearing Aid	_____	Visual Impairment	_____	
Asthma	_____	Other	_____	Please explain _____

Student's Physician _____

Name	Address	Telephone No.
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Check appropriate box:

- Yes No Have you ever used illegal or dangerous drugs?
- Yes No Do you in any way use alcoholic beverages?
- Yes No Do you use tobacco in any form?
- Yes No Were you ever expelled, dropped, or suspended by any school or college?
- Yes No Are you or have you ever been under supervision of a parole officer ore court?
- Yes No Have you ever been arrested for any reason other than a minor traffic violation?

If any answer is affirmative, please give complete details on a separate sheet of paper.

RECOMMENDATIONS

EUCON requires three recommendations on each applicant. These include the applicant's teachers, principals, employers, and adult family friends who know you well. Do not list relatives. The Admissions Office will or may be contacting these individuals. (Please provide their names and phone number or email addresses).

1. _____
2. _____
3. _____

CERTIFICATION

In making application, it is my desire to receive good quality education in a highly moral atmosphere. I absolve EUCON International College of any injury at campus or during any college activity to me. I understand that my attendance, is a privilege and not a right; and that if any time my conduct or cooperation with the college's authorities is not in keeping with the college's requirements, the college reserves the right to terminate my enrollment.

If I voluntarily withdraw from the college or am requested by the college to withdraw, I understand that no refund of registration fee will be made. I am willing to abide by the college student handbooks, including all the rules and regulations, dress and hair standards, and discipline policies. I will cooperate with all the standards outlined therein. I will to be diligent in all class work and homework. I will cooperate with the college and do my part to make this a rewarding and unforgettable year. With my signature, I certify that the above information is true.

Student's Signature

Date