

APPLICATION FOR ADMISSIONS ALLIANCE INTERNATIONAL UNIVERSITY

Biographical Data	First Name		Middle Name	
amamo	Thorramo		Wilddio Namo	
Former Or Maiden Name		Date Of Birth (dd/mm/yyyy)	Social Security Number	r (If Applicable) or Your ID
Street Address		Apt. / Ste.	City	
State / Province	Zip Code or Interna	tional Postal Code	Country (If not United State	es)
Telephone Residence Telephone Business		s Email (Require	Email (Required)	
Gender Eth ☐ Male ☐ Female ☐	I nic Heritage Code (O African ☐ Asian /	· · · —	Indian / Alaska Native	aucasian 🔲 Other
Professional Experienc	е			
Position		Employer		Dates
Educational Experience nstitution	(Applicant is respons		ee awarded – area of study	Dates
Certification				
hereby make application for an atisfaction. All fees and tuition abligations have been complete property of AIU.	must be paid in full pr	ior to graduation. I un	derstand that degree cannot b	e conferred until all my financ
hereby further affirm that the in misstatements in my application				

I have received and read a copy of University Catalog, bulletin listing, schedules o bellow, I herby apply for admission to the degree program selected.	of fees, and course description. By entering my name				
Application for Admission will not be considered unless sent with supporting documents from your previous schools. Please Scan your Application Form along with all documents and send them by email with two passport size picture.					
COURSE ENROLLING: Degree/Diploma:					
Degree Major:					
(Please Print Applicant Name)					
(Applicant Signature)	Date				