



No.1

APPLICATION FOR ADMISSION

* INSTRUCTIONS

Please provide the information requested. The back page of this folder provides additional information regarding things you will need to do to be admitted to a degree program. You may submit this application in person, by mail, or by fax.

Name: _____
Last First Middle

Address: _____
Street Apt
_____ City State Zip Code

Overseas Address(if any) _____
City Country

E- Mail Address:

Phone: Cell Phone: Home Phone:

Your Country of Citizenship:

Birthplace: **Birth Date:** Month Day Year

Sex: Male Female **Age:**

Check University degrees you have received: Associate Bachelors Masters Other

Admission Status: Entering as an Undergraduate Entering as a Graduate Other



Application for Admission

Please List University and Universities you have attended, including professional School:			
Name of School	From(Date)	To(Date)	Degree

SPECIAL AWARDS OR HONORS YOU HAVE RECEIVED (Optional)

STATEMENT OF PURPOSE (Optional)

Please write a brief statement explaining your reason or reasons for pursuing University study at this institution. Include, in your comments, any information regarding your preparation or work experience that is relevant to the program you would like to complete. Attach an additional page if needed. You may also attach a resume or letters of reference if you wish.

APPLICANT'S CERTIFICATION

I certify that the information provided in this application is accurate. Further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the University to release 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 legal proceedings. I authorize this University to verify my credentials for admission. I understand that any misrepresentation or omission of facts in this application may lead to the denial, cancellation, or rescission of admission or enrollment.

Date Signed: _____

Applicant's Signature: _____



ENROLLMENT AGREEMENT

Any questions or problems concerning this school, which have not been satisfactorily answered or resolved by the school should be directed to the:

Bureau for Private Postsecondary Education
400 R St. Ste 5000 Sacramento, CA 95814 • (916) 445-3427

Date: _____

Student Name: _____

Adress: _____

Social Security No.: _____ Tel: _____

I would like to pay my tuition in full upon enrollment for each course, and I understand that a minimum of 10 units matriculation is required for to remain the status of active student.

I would like to pay my tuition in installments, according to the following payment plan.

A third party payer will pay my tuition. Complete 'The Agreement of Financial Support' form.

Total Units Enrolled:		Units
Cost per unit (See schedule of fees for current tuition):	\$ _____	.00
Total Tuition (Line 1 multiplied by Line 2):	\$ _____	.00
Other Fees:	\$ _____	.00
Total Fees Due (Add Lines 3 - 5):	\$ _____	.00
Initial Deposit:	\$ _____	.00
Remaining Balance Due (Subtract Line 7 from Line 6):	\$ _____	.00

Payment Plan

Student agrees to pay American Trinity University Financial Office located at:
3434 West 6th Street suite 200, Los Angeles, California 90020

SUM of: \$ _____ .00 in monthly installments of \$ _____ .00
First tuition payment payable on _____ 20 _____ and all subsequent tuition
and all subsequent tuition payments on the same day of each month until paid in full. Tuition
payments not received within fifteen (15) days of the above due date will be subject to a
LATE CHARGE of \$10.00.

This agreement is a legally binding instrument when signed and accepted by the school.
Your signature on this agreement acknowledges that you have been given reasonable time to



read and understand it and that you have been given (a) a written statement of the refund policy including examples of how it applies, (b) a catalog including a description of how the course or educational service including all materials facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll and (c) buyer's right to cancel. Immediately upon signing this agreement, you will be given a copy of it to retain.

The agreement for the course / program or educational service of:

A total of _____ units are required to complete the course / program.

Start date: _____ Scheduled completion date: _____

Students Right To Cancel

Student has right to cancel this enrollment agreement and receiving a refund by providing a written notice to the dean. REMEMBER, YOU MUST CANCEL IN WRITING. You do not have the right to cancel just by telephoning the school or by not coming to class. Effective date of cancellation notice is the date received by dean or a University administrator.

The student has a right to a full refund of all charges less \$30.00 for the Application Fee if student cancels this agreement prior to or on the first day of instruction. Students enrolled in a tutorial / correspondence course shall have the right to cancel until midnight of the eighth business day after the first lesson was mailed.

Student Withdraw / Refund Policy

American Trinity University complies with the requirements of the California Administrative Code, Section 88680429. Under this code, the minimum refund allowed shall be as follows:

<i>Percent of Attendance Time</i>	<i>Maximum Amount of Refund</i>
Up to 10% if class attendance hours:	90%
Over 10% - 25% of class attendance hours:	75%
Over 25% - 60% of class attendance hours:	60%
Over 60% of class attendance hours:	No refund

I understand that a degree or diploma cannot be conferred until all my financial obligations have been completed or otherwise cleared with the registrar.

I have read and understood this agreement and the refund policy in the catalog of American Trinity University before signing. Further, I understand that my tuition does not include books



and materials. Also, I received a copy of the school catalog and have read and understand it. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signature: _____ Date: _____

This agreement is not operative until the student makes an initial visit to the institution and receives a thorough tour, or attends the first class session of instruction. This requirement is not applicable to correspondence or other distance learning programs.

Date of Tour or visit _____ Signature _____ Date _____

I certify that American Trinity University has met the disclosure requirements of Educational Code, 88680429 of the Bureau for Private Postsecondary Education Reform Act of 2005.

I understand, according to the passage of Assembly Bill (AB) 201 and AB 2967, the student is responsible for the STRF fees which the school may collect the fees and submit to the Bureau for Private Postsecondary Education.

I further certify that the institution has met all requirements for the administration if any state financial aid program under Chapter 2 (commencing with section 69500) or part 42 or any federal assistance program under Title IV of the federal Higher Education Act of 1965 (P.L. 89 -329), extensions of the act, amendments to the act, and rules and regulations adopted under that act.

This agreement is accepted by:

Director of Admissions/Registrar: _____ Date: _____

No.3



AGREEMENT OF FINANCIAL SUPPORT

I. STUDENT INFORMATION

Student Name: Last First Middle

Address:

E-mail:

Phone: Home: Cell:

Date of Birth: : *SSN:*

Student' s Signature: _____ Date: _____

II. GUARANTOR' S LEGAL NAME

Name: Last First Middle

Relationship to Applicant:

Address:

Company Name:

Position:

Tel: Home Phone:

Cell Phone:

Date of Birth:

Social Security #:

By signing this **AGREEMENT OF FINANCIAL SUPPORT**, I agree to be financially responsible for the applicant stated above in the way of tuition, fees and relevant educational expenses.

Guarantor' s Name: _____ Guarantor' s Signature: _____ Date: _____



INSURANCE POLICY

All American Trinity University students should carry their own insurance. If you do not have insurance and want to obtain a policy, the University can assist you. Otherwise, if sickness or accidents befall you, American Trinity University will not be held responsible.

I do carry my on insurance.

I do not carry my on insurance and I understand that if any sickness or accidents befalls me on the American Trinity University campus or grounds, the University is not responsible.

Student Name: _____ Student Signature: _____ Date: _____



Let's go to the Power Life!..... American Trinity University

No.5

DECLARATION FORM

Here in I, _____ Student No.: _____

Guarantee that I will provide all needed official transcripts, foreign evaluations (if required), recommendations, official exams scores (if required) and sign all required admissions documentation for American Trinity University during my educational tenure at American Trinity University.

I understand that failure to do so may result in withholding of my degree.

Student Name: _____ Student Signature: _____ Date: _____

American Trinity University



RECOMMENDATION FORM

This portion to be completed by the applicant.

This form must accompany the letter of recommendation. After filling out the top portion, please give this form to a professor, professional associate, and employer. If you are unable to obtain a faculty recommendation, obtain the recommendation from a teacher or other scholarly person who is acquainted with you and can evaluate first-hand your academic and intellectual performance.

Applicant' s First Name: _____

Phone Number: _____

Address:

City

State

Zip Code

This recommendation is from a (check one):

Teacher/Professor

Professional acquaintance

Employer

Other _____

Under the Family Education Rights and Privacy Act of 2005 (Buckley Amendment), which gives Students the right to inspect and review their education records, students may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

I waive my right to examine this form.

Applicant' s signature: _____ *date:* _____

This portion to be completed by the recommender.

The individual named above is applying for admission to American Trinity University. Please note the provisions of the Family Education Rights and Privacy Act of 2005 as indicated above which give the applicant the right to review the contents of this recommendation unless the right to do so has been waived by signing the waiver above.

Recommender' s Name: _____

Address: _____

Signature: _____ *Phone Number:* _____