



STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844
Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

APPLICATION FOR ADMISSION FORM 입학신청서

Personal Information 개인정보

1. Name (on your ID or passport) _____
Last(family name) 성 First(given name) 이름 Middle Name
Other Name on Previous Records) _____
Last(family name) 성 First(given name) 이름 Middle Name

2. Birth date and place ____/____/____ City / Country Gender ☐ Male ☐ Female
MM DD YYYY

3. Address 주소 Mailing Address/Foreign Address(if applicable) 한국주소
Street _____ (If different from current address 왼쪽 주소와 다른 경우)
City _____
State, Zip _____

4. Phone _____ Mobile Phone _____

5. Email Address _____

6. Nation of Citizenship 국적 _____

7. Race/Ethnicity

Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

☐ Others. Please specify. _____

U.S. Citizens do not need to answer 8, 9, 10, 11. 미국시민인 경우에는 8, 9, 10, 11번을 답을 하지 않으셔도 됩니다.

8. If you are not a U. S. Citizen, are you a resident alien? 영주권자 Yes ☐ No ☐

a. If yes, please provide your Alien Registration Number. _____

9. Will you be applying for the I-20 to receive an F-1 Visa? 학생비자발급을 위해 I-20를 신청합니까? ☐ Yes ☐ No

10. If yes, do you have dependents who will need F-2 Visa? ☐ Yes ☐ No

a. Name _____ Relationship _____

b. Name _____ Relationship _____

c. Name _____ Relationship _____

11. If no, what kind of visa do you have? 그밖의 경우, 비자종류를 기재하십시오 (F-1, F-2, H-1, R-1, B-1, B-2, other _____)

Enrollment Information 입학정보

Intended Program and Major 지원학과

Professional Golf Mgmt.: ☐ AAS PGGCM

Business Management: ☐ B.A. ☐ MBA

Oriental Medicine: ☐ M.S.O.M

Intended Entry Term 입학예정 학기 ____ Winter ____ Spring ____ Summer ____ Fall Year (20 ____)

IN CASE OF Emergency, NOTIFY

Name _____ Relationship _____

Address Street _____ Phone _____

City, State, Zip _____ Email Address _____

Educational Background 학력

List high schools, colleges or universities you have attended(Most recent first) (출석했던 고등학교 또는 대학교들을 최근것부터 열거하십시오.)

Please use the back side of the application to add additional schools.

1. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
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2. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
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3. Name of school 학교이름 _____

Location (City/State/Country) 소재지 _____

From	To	Degree (Diploma, Certificate)	Major	Graduation Date
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Reference 추천인

Who will be supplying for your recommendations?(Attach Recommendation Form to your application.)아래에 추천인 성명과 전화번호를 기재해 주시기 바랍니다. (입학서류 가운데 포함되어 있는 추천서 용지에도 기재를 해주시기 바랍니다.)

Name	Phone number	Email Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please Read Before Signing 아래의 내용을 읽고서명하시기 바랍니다.

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to be respectful of Stanton University's mission and will abide by the rules and regulations contained in the current catalog. I understand that all required submissions to Stanton University become the property of the Stanton University and will not be forwarded to me. 본인이 진술한 내용은 사실이며 틀림이 없습니다. 본인은 스탠튼대학교의 요람에 기재된 목표와 교칙을 준수할것을 약속합니다. 본인이 스탠튼대학교에 제출한 모든 서류들은 학교의 소유이며 반환되지 않음을 알고 있습니다.

* THE APPLICATION FEE IS NON-REFUNDABLE

Signature _____ Date _____

Please return to 보내실 곳: Stanton University Office of Admissions and Records
9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844