



Southwestern DePaul University

3801 W. Temple Ave. Pomona, CA 91768 U.S.A.
556N. Diamond Bar Blvd. #300 Diamond Bar CA 91765 U.S.A

International Education College International Students Service Center Student Application Form

(Copies available)

Southwestern University DePaul University Saint Paul University Columbia University

Legal Name	Family/ Last name		First	Middle
Mailing Add.	Street Number	Street Name	City	State & Zip
Office Tel.	()		Home Tel.	()
Email				
BirthDay	Month/ Day/ Year/		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
SSN	-	-	Native Place	Age
Education Background	High School: Associate Degree:		College: University:	
Enroll for	<input type="checkbox"/> Unit <input type="checkbox"/> Associate Bachelor <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor			
Department Selected	<input type="checkbox"/> Medical College & Institute <input type="checkbox"/> Physiotherapy College & Institute		<input type="checkbox"/> Medicine <input type="checkbox"/> Nutrition <input type="checkbox"/> Pathology <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medicine Management <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Chiropractic	
	<input type="checkbox"/> Chinese Medicine College & Institute <input type="checkbox"/> Oriental Medicine College & Institute		<input type="checkbox"/> Chinese Medicine <input type="checkbox"/> Acupuncture <input type="checkbox"/> Oriental Medicine <input type="checkbox"/> Chinese Materia Medical <input type="checkbox"/> Biological Pharmacy <input type="checkbox"/> Biotechnology	
	<input type="checkbox"/> Natural Medicine College & Institute		<input type="checkbox"/> Natural Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Hospital Management	
	<input type="checkbox"/> Literature & Art College <input type="checkbox"/> Literature & Art Institute		<input type="checkbox"/> Sociology <input type="checkbox"/> Literature <input type="checkbox"/> philosophy <input type="checkbox"/> Psychological <input type="checkbox"/> Education <input type="checkbox"/> Art <input type="checkbox"/> Fine Art <input type="checkbox"/> Music	
	<input type="checkbox"/> Religion College & Institute <input type="checkbox"/> Theology College & Institute		<input type="checkbox"/> Religion <input type="checkbox"/> Religion Management <input type="checkbox"/> Religious philosophy <input type="checkbox"/> Religious Education <input type="checkbox"/> Religious psychology <input type="checkbox"/> Religious Sociology <input type="checkbox"/> Buddhism <input type="checkbox"/> Taoism <input type="checkbox"/> Confucianism <input type="checkbox"/> theology	
	<input type="checkbox"/> College of Business <input type="checkbox"/> Business Research Institute		<input type="checkbox"/> Business management <input type="checkbox"/> Economics <input type="checkbox"/> Accounting <input type="checkbox"/> Financial Insurance <input type="checkbox"/> International Trade <input type="checkbox"/> Hospitality management <input type="checkbox"/> Computer Information <input type="checkbox"/> Financial <input type="checkbox"/> Asset management <input type="checkbox"/> Marketing	
<input type="checkbox"/> Integrated medicine College & Institute		<input type="checkbox"/> Integrative Medicine <input type="checkbox"/> Traumatology <input type="checkbox"/> Anatomy and Physiology <input type="checkbox"/> Pathology <input type="checkbox"/> Cell Nutrition <input type="checkbox"/> Anatomical Biology		
Regulations Of Enrollment	I, the undersigned, am willing to abide by the regulations of enrollment of the university. Any drop of classes during the semester will regard as voluntary abstention and no claim is allowed. I also hereby agree to give up my right of counterpleading.			
All the information given above is true and correct to the best of my knowledge.				
Applicant Signature:		Date:		