



CONTACT INFORMATION

Name _____
Last Name First Name Middle

Other name(s) that may appear on your academic records _____

Current Mailing Address _____
Number & Street City State Zip

Home Phone Number (_____) _____ Mobile Phone Number (_____) _____

Email Address _____

PERSONAL INFORMATION

1 Gender: Female Male

2 Date of Birth: _____
mm / dd / yyyy

3 Social Security Number: _____

4 Are you a US Citizen? Yes No (If yes, skip to question 7)

5 Are you a Permanent Resident? Yes No
If no, what is your current Visa status? F-1 Student B-2 Visitor Other (specify): _____

6 If you are neither a US Citizen nor a Permanent Resident, please list the following:

Country of Birth Country of Citizenship Visa Type Date Issued

7 Which race/ethnic group do you identify yourself as? (optional)

American Indian/Alaskan Native Asian Black/African American (non-Hispanic)

Hispanic/Latino(a) Native Hawaiian/Pacific Islander Nonresident Alien

White (non-Hispanic) Two or More Races Other (specify) : _____

EDUCATIONAL BACKGROUND

I plan to enroll or have enrolled in a degree or certificate program at UWS: Yes No

If yes, which program: Doctor of Chiropractic Bachelor of Science Master of Science Massage Therapy

If yes, indicate first term of attendance at UWS: Fall 20____ Winter 20____ Spring 20____ Summer 20____

Check the box that best matches your educational objectives:

Complete prerequisites for the DC Program Take classes for personal reasons Earn a degree or certificate

Official transcripts are required from all colleges/universities previously attended:

I have requested my official transcripts to be sent to UWS

I have previously applied to UWS and my official transcripts are on file

I have never attended any other college/university

Course Registration: Please list below the courses you intend to take during the term for which you are applying

Course Number	Course Title	Credits	Term & Year

By checking this box, I hereby affirm and declare that all statements contained in this application for admission are true, correct and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed, affect my application unfavorably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application, or, if successfully admitted, suspension or expulsion from UWS upon discovery of any such false statement.

Signature

Date

Application Fee: \$50
(waived if you have already applied to either the DC or MT program)

Please submit applications to:
University of Western States
Attn: Admissions
2900 NE 132nd Ave
Portland, OR 97230
Fax: (503) 251-5723