



# APPLICATION FORM

Please complete ENTIRE form both sides

NAME (Last, First, middle initial)		Date of Birth
Address, City, State, Zip		
Country	Social Security Number	Email
Parent Employer (Business Name)	Business Phone	Cell Phone
How did you hear about Amerstate? Did someone refer you here? Whom?		

**CURRENT INTENT AND OBJECTIVE:**

MASTER OF SCIENCE

**Applying for classes beginning:**

- Fall     Spring     Summer  
 FULL TIME     PART TIME

AOS— **Business Administration and Entrepreneurship—Taekwondo**

**Applying for classes beginning:**

- Fall     Spring     Summer  
 Full-time     Part-Time

**ACADEMIC BACKGROUND:**

School Attended:

Yr. of High School Grad/ GED

Degree Accomplished

What is/was your major

What do you hope to achieve through the program you are applying for?

**The following documents are necessary to complete our application process:**

- Application Form                       \$100.00 non-refundable Application Fee  
 Release Statement (other side)                       One (1) picture of yourself

And...

**FOR YOUR MASTERS ...**

**FOR YOUR ASSOCIATES ...**

- College Transcripts from Bachelors Program  
 (translated if necessary)

- High School Diploma, GED

- An Associates Degree, OR...  
 High School Diploma/GED certificate

Or equivalent

- Certification of 4th Dan/higher Black Belt in Martial Arts  
 Certificate of Qualification for Master Instructor  
 Martial Arts teaching experience:  
      12 years with high school diploma/GED  
      6 years with Associates degree

Course enrollment is available at anytime of the year. Orientation and course work begins upon acceptance. Faxed or emailed applications are only valid upon receipt of the \$100.00 admission fee.

PLEASE DETACH AND SEND WITH ADMISSION FEE TO—AMERSTATE UNIVERSITY, 401 WISCONSIN AVE., RACINE, WI 53403

# HEALTH/MEDICAL , FINANCIAL AND ACADEMIC RELEASE STATEMENT

I have read all the information and requirements to attend Amerstate University, Ltd. I fully understand the cost(s) of the program and agree to accept responsibility for payment of these expenses.

In case of illness/injury, permission is granted to any appropriate medical center to examine/treat and make any referral deemed necessary. I will be financially responsible for any medical attention needed during the program.

Permission is also granted to release medical information to other appropriate individuals. I hereby waive and release the program management and sponsors from any liability for any injury or illness incurred while enrolled at Amerstate University, Ltd. I will be financially responsible for any medical attention needed during the program.

I also release all photographs/images taken of me while at Amerstate as the property of the University and I permit the use of these photographs to be used for educational research and promotional materials.

\_\_\_\_\_  
Signature of Applicant Date

## CITIZENSHIP/VISA INFORMATION

I AM A U.S. CITIZEN

I AM RESIDING IN THE US AS AN IMMIGRANT

I AM NOT RESIDING IN THE US AS AN IMMIGRANT

\_\_\_\_\_  
Alien Registration Number

\_\_\_\_\_  
Visa Category

\_\_\_\_\_  
Visa Expiration Date

**PAYMENT FORM**— Amerstate University has instituted the following methods of payment for your convenience (please choose)

**PERSONAL CHECK**  **CASHIERS CHECK**  **CREDIT CARD**  **BANK TRANSFER/ELECTONIC FUNDS (EFT)**

There is an \$35.00 NSF fee for all returned Checks. A late payment fee of \$100.00 is added to all accounts paid 10 days after promissory date.

All major credit cards accepted. A 3% plus processing fee is added to all credit card transactions. If selecting credit card payment.

### CREDIT CARD INFORMATION

### BANK TRANSFER/ELECTRONIC FUNDS TRANSFER

**Type of card:**  Visa  Master Card  Discover  American Express  Other \_\_\_\_\_

Name \_\_\_\_\_

Name on card face \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Account Number \_\_\_\_\_

Security Code; \_\_\_\_\_ Expiration date \_\_\_\_\_

Account Holders name \_\_\_\_\_

Billing Address \_\_\_\_\_

Amount Authorized \_\_\_\_\_

City State Zip \_\_\_\_\_ Amount Authorized \_\_\_\_\_

By signing to the right , I agree to pay Amerstate University all tuition in a Timely fashion. I understand that fulfilling my financial obligations with Amerstate University is required to be considered a student in good Standing with the university.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

FAMILY INFO	RELATIONSHIP	NAME	DOB	OCCUPATION

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS:** Amerstate University, Ltd. admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to student at the school. It does not discriminate on the basis of race, color, national or ethnical origin in the administration of its educational policies, admission policies, scholarship and loan programs or athletic and other school administered programs.