

JEFFERSON INTERNATIONAL UNIVERSITY



+14075598266

support@jiub.us

www.jiub.us

ADMISSION FORM

Registration Number: _____

STUDENT INFORMATION

Name:

Programme Applied:

Date of Birth: / /

Address:

City:

State:

Zip Code:

Gender: Male Female Other

Nationality:

EDUCATIONAL BACKGROUND

University:

Degree:

Other:

Country:

Programme:

Any Professional Degree:

CONTACT INFORMATION

Present Address.:

Email:

Phone Number:

JUSTIFICATION

- I hereby justify that all of the information provided in this form and supporting documents attached to this form are true, genuine and complete.
- I have carefully reviewed the information about the university on its official website and am submitting this application with full knowledge of all relevant facts about the university.
- I also acknowledge that the submitted documents will be the property of Jefferson University.

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Place:

Date: / /

Signature: _____