



**University of Pasadena**  
1600 E. Francisquito Avenue, West Covina, California- 91791

### **APPLICATION FOR ADMISSION**

<b>PERSONAL INFORMATION</b>				
Last Name				
First Name				
Gender	Male	Female	Marital Status	Single    Married
Date of Birth (MM/DD/YYYY)		Nationality		
Social Security Number		Driving license No		

<b>CORRESPONDENCE ADDRESS</b>			
Address			
City		Postal Code	
State		Country	
Email ID		Contact Number	

<b>PREVIOUS EDUCATION (if any)</b>	
Degree	
Institution	
Year of Completion	

<b>CURRENT WORK EXPERIENCE (if any)</b>	
Company	
Job title	
Total work experience	

<b>INTENDED PROGRAM</b>	
Program	
Intake Term	Spring / Summer/ Fall



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### PERSONAL STATEMENT FOR SEEKING ADMISSION @ UPAS (Not more than 150 words)

### APPLICATION SUBMISSION CHECK LIST

1	Government issued photo identification, example driving license	
2	Official transcripts	
3	Undergraduate degree certificate (for graduate program only)	
4	Transfer of credit request (if any, include detailed syllabus)	

### DECLARATION AND SIGNATURE

I declare the above information is true and complete. I am aware that my application will be processed only after application fee payment. I authorize University of Pasadena to verify the academic credentials listed above. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal of my enrollment and that this withdrawal may take place any time during my enrollment

Signature:

Date:

Name in block letters:



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**Annexure - COURSE REGISTRATION FORM**

<b>Student Name</b>	
<b>Program</b>	

UPAS Course title	Core / Elective	No of Credit	Semester (Spring/summer/fall) & Year (YYYY)	Enroll / Transfer	Office Use Only	
					Transfer Approved / Rejected	Remarks
Total Number of credits						

\*Enroll – student intend to study in UPAS, Transfer – if student is requesting to transfer his /her credits for UPAS credits. Any transfer request without proper mapping and related documents like transcripts and syllabus will be rejected.

Office Use Only		
Total Number of credit required		Duration of the program:
Total Number of credit transferred		
Total credit to be enrolled		Name and Signature: _____ Date: _____



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**TRANSFER OF CREDIT (if any)**

List your transfer of credit request in order of priority for our perusal. Students can transfer up to 60 credits for the undergraduate programs and 10 credits for graduate programs.  
(Enclose transcripts and syllabus for each course)

	Previous education – Course title	UPAS - Course title
Course 1		
Course 2		
Course 3		
Course 4		
Course 5		
Course 6		
Course 7		
Course 8		
Course 9		
Course 10		
Course 11		
Course 12		
Course 13		
Course 14		
Course 15		
Course 16		
Course 17		
Course 18		
Course 19		
Course 20		