



*Please type or print clearly in ink. No fee required.*

1. Name \_\_\_\_\_ 2. SSN or JFKU ID # \_\_\_\_\_  
Last First MI
3. Home address \_\_\_\_\_  
Number/Street City/State 9-digit Zip code
4. Email \_\_\_\_\_ 5. Previously attended JFKU (incl. Continuing Ed.)  Yes  No
- 6a. Home phone (\_\_\_\_\_) \_\_\_\_\_ 6b. Business phone (\_\_\_\_\_) \_\_\_\_\_  
Area code Area code
7. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. Country of Citizenship \_\_\_\_\_  
Month Day Year
9. Term and year for which you are applying  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
Year Year Year Year  
 (College of Law applicants ONLY)  Fall Semester \_\_\_\_\_  Spring Semester \_\_\_\_\_  Summer Semester \_\_\_\_\_  
Year Year Year
10. College to which you are applying  College of Undergraduate Studies  College of Graduate and Professional Studies  College of Law
11. Campus you will be attending  Pleasant Hill  Berkeley  Campbell  Costa Mesa
12. Highest degree attained  High School  Bachelor's  Master's  Doctoral
13. Last school attended \_\_\_\_\_

14. Please provide your race or ethnicity. This information is required by law and reported as required by state and federal laws. It is not used for admission or any other screening purpose.

Hispanic/Latino. (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Please indicate any other racial or ethnic group that describes your ancestry. Check all that apply.

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

*I certify that the information provided on this application and any attached document is true and accurate to the best of my knowledge, and understand that omissions or falsifications may result in withdrawal of acceptance or expulsion from the University. Credits are not guaranteed to apply to a degree program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Program Advisor only.**

I approve the admission of this student as an auditor to the \_\_\_\_\_ program.

Limits or conditions of attendance are attached:  Yes  No

Advisor's Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Return **signed and dated** application to:

Registrar's Office  
 JOHN F. KENNEDY UNIVERSITY  
 100 Ellinwood Way, Pleasant Hill, CA 94523-4817  
 Phone: 925-969-3535