



Please type or print clearly in ink

1. Name _____
Last First Middle

2. List all previous and/or birth name (s) _____

3. Social Security number _____ - - 4. Gender: Female Male

5. Home address _____
Number/Street City/State 9-digit Zip code

6. Phone/Cell number (_____) _____ - _____ Email address: _____
Area code

7. Date of birth _____ / _____ / _____ 8. Birthplace _____
Month Day Year City, State and Country (if not USA)

9. Country of Citizenship _____ If not a U.S. citizen, are you a permanent resident of the U.S.? Yes No
Alien registration # _____ Type of Visa held _____ OR type requesting _____
Green Card

10. Term and year for which you are applying: Fall Cohort* _____ Fall Qtr _____ Winter Qtr _____ Spring Qtr _____ Summer Qtr _____
*Applies only to MA Marriage and Family Therapy program offered at Berkeley campus.

11. Have you ever been convicted of a felony? No Yes (If Yes, please provide explanation on a separate paper.)

12. Indicate the name and numerical code for the program and, if applicable, specialization to which you are applying.
NOTE: Codes are listed on the 2nd page of this application. For MA Counseling Psychology - Holistic, only a specialization code is needed along with the program and specialization name; there is no program code in this area.

Degree or Certificate Program	Code	Specialization (if applicable)	Code

I am applying as a nondegree student in the following academic area of interest: _____

13. If you are an applicant to one of the campuses listed below, check appropriate box.
 Pleasant Hill Berkeley San Jose Costa Mesa

14. In chronological order (most recent first), list **ALL** colleges and universities attended since high school graduation, including school(s) currently attending. Please indicate degrees conferred or to be conferred by each institution. **NOTE:** You are **required** to obtain transcripts from any and all colleges and universities, including community colleges and other schools, **even if** the units are listed on another transcript.

School, College or University and Armed Forces Record	Location	Major	Dates	Degree/Units Completed

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. I further understand that, if I am applying to a certificate or degree program, I must provide all items required as outlined in the Application Requirements for that particular program.

A **nonrefundable** application fee **must** accompany the application form.

Signature _____ Date _____

Return **signed and dated** application with fee to: Admissions Office
JOHN F. KENNEDY UNIVERSITY
100 Ellinwood Way, Pleasant Hill, CA 94523-4817
Phone: 925-969-3535

