Cavalla International University

APPLICATION for ADMISSION

admissions@cavallauniversity.education

PERSONAL INFORMATION:

Last Name _____ First Name _____ Middle Name_____

Social Security Number (if applicable) _____ Date of Birth _____

Gender _____ Nationality _____

Email Address_____

Phone No. _____Cell Phone Number _____

Permanent Address_____
                                    Street   Town/City

_____

County/State   Country   Zip Code

Mailing Address _____
                                    Street   Town/City

_____

County/State   Country   Zip Code

Last School Attended _____Year _____

Degree Obtained_____Year_____

PROGRAM OR DEGREE INFORMATION

(Please check the educational level and program you are seeking for admission)

___ Doctorate/Doctoral   ___Barclay College of Law

___ Master's Program

____Bachelor's degree   ___ LLB   ___ EJD   ___ JD

___ College Program   ___ LLM   ___ JSD/PhD

___ Certificate Courses   ___ MLS

www. cavallauniversity.education

Field of Interest

     ___Agriculture

     ___Arts and Humanities

     ___Banking and Finance

     ___Business Administration

     ___Computer Science   ___ Information Technology

     ___Education

             ___Early Childhood Development   ___Elementary Education

             ___Human Development   ___Secondary Education

             ___Special Education   ___Educational Leadership

     ___Entrepreneurship

     ___Environmental Science

     ___Information Technology

     ___Law

     ___Nursing

     ___Public Health

     ___Psychology

     ___Others (please specify _____

Signature over Printed Name

Date

Please email the following to**: *admissions@cavallauniversity.education***

1. Filled-Up Application Form for Admission.

2. Evaluation Copy of Transcript of Records from Last School Attended

3. Goal Statement/ or Statement of Purpose (Why do you want to study at CIU?)

Form No. 1 Admissions Office