

VR PROFESSIONAL ACADEMY

1600 S. Azusa Avenue #242
City of Industry, CA 91748
(626) 600-4766

APPLICATION FOR ADMISSION

Personal Data:

Last Name		First Name:		Middle Initial:	
Street Address		City		State	Zip Code
Phone No.	- -	Email		Soc. #	- -
Birth date	- -	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Alien No. A- <input type="checkbox"/> Other
Personal handicap that may affect your job limitations, if any:				Veteran (Active duty in the US Armed Forces):	<input type="checkbox"/> Yes <input type="checkbox"/> No
As of today, are you:	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed OR <input type="checkbox"/> Married/remarried				

Race/Ethnicity: (This information below is required for enrollment statistical reporting to IPEDS, a contractor of the U.S. Department of Education)

<input type="checkbox"/> Hispanic/Latino	OR	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White (Not Hispanic)	

Educational Data:

Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system

Please read carefully!!!

HIGH SCHOOL: (If needed, use AACRAO for reference in recognized foreign educational levels)

Check this box **ONLY** if you completed **U.S. High School** or its equivalent ☐

High School Name _____ City _____

If you have not completed High School or its equivalent, provide last U.S. High School grade completed _____

Certificate, Diploma or Degrees earned within USA or abroad by the applicant: (Check as many as applicable)

☐ Diploma/Certificate/Trade ☐ Associate Degree ☐ Bachelor Degree ☐ Master's Degree ☐ Ph.D. Doctorate

Last College/University Attended _____ Graduation Date _____

Have Received Aid? ☐ Yes ☐ No

If yes, do you owe a refund or defaulted on a loan? ☐ Yes ☐ No

Family Data and Emergency Contact:

Emergency Contact

Name			
Address			
City/State/Zip			
Phone			
Email			

How did you learn about this school		Referred by:	
Course of study you plan to enroll		Would you enroll	Full time <input type="checkbox"/> or Part time <input type="checkbox"/>
How soon would you be able to start school?		How can we contact you:	<input type="checkbox"/> email <input type="checkbox"/> text message
Males ages 18-26: Are you registered with Selective Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Females: Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/> How far along? _____
Must be registered for Federal Aid (See the FAO for assistance)			
Do you have a felony record? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, (check (if applicable) your eligibility for the State Board Licensing Exam.)			
I certify with my signature that all the information on this form is true and correct to the best of my knowledge, I understand that if required, I must provide supporting documentation for the information reported. Via the provided student portal, I can view my tuition account, my unofficial academic transcript and my attendance record, received academic and financial activity notices from RGM on behalf of the institution and participate in the use of electronic signature when available using my email and password as proof of personal identification used by the third-party servicer (RGM).			
I understand that if I want to opt-out of the student portal, e-mail notices and E-signature, I can do so by entering my initials here. _____			
Applicant's Signature:		Date:	