



# South Baylo University APPLICATION

## CERTIFICATION PROGRAM FOR BODYWORKS

**Recently Taken Photo**  
(within 6 months)

**FOR OFFICE USE ONLY**  
Date \_\_\_\_\_  
Application Receipt # \_\_\_\_\_  
Evaluation Receipt # \_\_\_\_\_  
I-20 Issued on \_\_\_\_\_  
I.D. # \_\_\_\_\_

- Anaheim Campus : 1126 N. Brookhurst St. Anaheim, CA 92801  
Tel: 714-533-1495 Fax: 714-533-6040
- Los Angeles Campus : 2727 W. 6th St. Los Angeles, CA 90057  
Tel: 213-738-0712 Fax: 213-480-1332
- 300 Hours Program
- 500 Hours Program       \_\_\_\_\_ Hours Program

### PERSONAL DATA

Name \_\_\_\_\_  Mr.     Ms.

Social Security # \_\_\_\_\_ (If applicable)      Driver License # \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Place of birth \_\_\_\_\_  
Month      Day      Year      City      State or Country

Home phone # \_\_\_\_\_      Work phone # \_\_\_\_\_      E-mail \_\_\_\_\_

Street \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_      Country \_\_\_\_\_

Present Occupation \_\_\_\_\_

**Please mark all applicable:**

- U.S. RESIDENT       NON-RESIDENT ALIEN       ASIAN/PACIFIC ISLANDER       AMERICAN INDIAN
- WHITE       HISPANIC       BLACK       OTHERS \_\_\_\_\_

**In case of emergency, notify:**      NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_      RELATIONSHIP \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Official transcripts from ALL high schools and colleges where course work has been completed must be sent directly to the Office of Admissions in Anaheim campus.

#### NAME AND LOCATION OF ALL HIGH SCHOOL(S), COLLEGE(S), AND TRADE SCHOOL(S) IN ORDER OF ATTENDANCE

NAME OF SCHOOL	LOCATION	YEAR	MAJOR	DEGREE

**DO YOU HAVE ANY MEDICAL CONDITION WE SHOULD BE AWARE OF?**       Yes       No  
(If yes, please explain) \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NO CONTEST TO A FELONY OR A MISDEMEANOR?**       Yes       No  
(If yes, please explain) \_\_\_\_\_

**ARE YOU REQUESTING FOR ANY SPECIAL /DISABILITY ACCOMMODATION?**       Yes       No  
( If yes, please explain and submit official special/disability documentation)

**How did you hear about us? (Please be specific and provide the sources)**

- Newspaper / Magazine \_\_\_\_\_       Television / Radio Station \_\_\_\_\_       Website \_\_\_\_\_
- Career / Transfer Day Presentations \_\_\_\_\_       Search Engine \_\_\_\_\_       Yellow Pages \_\_\_\_\_
- Referral (Name) \_\_\_\_\_       Others \_\_\_\_\_

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge. False information will invalidate my enrollment at SBU. If my application is accepted, I agree to pay the current tuition charges and fees. I also agree to abide by all rules and regulations of the University.

**Applicant's signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**THE APPLICATION FEE IS NON-REFUNDABLE. DOCUMENTS SUBMITTED TO SBU WILL NOT BE RETURNED.**  
South Baylo University does not discriminate against any individual on the basis of age, sex, race, color, religion, national and ethnic origin, and handicap in the admission of students.